

Return of Organization Exempt From Income Tax

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

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

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

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

| | | | |
|--|---|---|--|
| 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 | C Name of organization EDUCATION FOR EMPLOYMENT | | D Employer identification number 82-0578781 |
| | Doing business as | | E Telephone number (202) 464-5218 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 1660 L STREET, NW | | G Gross receipts \$ 6,191,293. |
| | City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| F Name and address of principal officer: ANDREW BAIRD SAME AS C ABOVE | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | If "No," attach a list. See instructions | |
| J Website: HTTP://WWW.EFE.ORG | | H(c) Group exemption number | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 2002 | M State of legal domicile: DC |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 13 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 6 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 3,856,162. | 5,035,868. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 317,778. | 144,068. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 795. | -2,260. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,189. | -35,248. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,178,924. | 5,142,428. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,690,921. | 1,681,413. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,786,462. | 1,757,287. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 240,121. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,196,239. | 948,308. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,673,622. | 4,387,008. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -1,494,698. | 755,420. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 3,145,400. | 3,826,135. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,444,120. | 1,139,435. |
| | | 1,701,280. | 2,686,700. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|----------------------|-----------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | ANDREW BAIRD, PRESIDENT/CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | EUGENE BORGONZI | | 08/01/25 | | P01269879 |
| Preparer Use Only | Firm's name | Firm's EIN | | Phone no. | |
| | EAG NEW ENGLAND LLC | 99-2277914 | | 617-227-6161 | |
| | Firm's address | | | | |
| | 160 FEDERAL STREET, 9TH FLOOR BOSTON, MA 02110 | | | | |

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 541,770. including grants of \$ 402,563.) (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. IN 2024, EFE-YEMEN COMPLETED THE THIRD ITERATION OF THE MEDICAL EMPLOYMENT AND DEVELOPMENT PROJECT, WHICH WAS SUPPORTED BY CATHOLIC RELIEF SERVICES AND AIMED TO ADDRESS THE CRITICAL HUMANITARIAN NEEDS FOR MEDICAL CARE IN YEMEN WHILE PROVIDING UNEMPLOYED YEMENI YOUTH WITH ACCESS TO ECONOMIC OPPORTUNITIES IN THE HEALTHCARE SECTOR. EFE-YEMEN ALSO COMPLETED THE RESILIENCE, EMPOWERMENT,

4b (Code:) (Expenses \$ 510,338. including grants of \$ 163,231.) (Revenue \$ 0.) 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.

4c (Code:) (Expenses \$ 452,718. including grants of \$ 290,402.) (Revenue \$ 75,000.) SINCE ITS INCEPTION IN 2016, EFE-SAUDI ARABIA ("EFE-KSA") HAS CONNECTED SAUDI YOUTH WITH EMPLOYMENT SKILLS AND OPPORTUNITIES WHILE PROVIDING SKILLED YOUNG TALENT TO BUSINESSES IN SAUDI ARABIA. EFE-KSA DEVELOPS PRACTICAL TRAINING PROGRAMS ALIGNED WITH THEIR WORKFORCE REQUIREMENTS, QUALIFYING JOB-READY AND RETAINABLE EMPLOYEES. IN 2024, EFE-KSA STARTED PHASE II OF THE LEAGUE OF WOMEN IT PROJECT WITH JPMORGAN CHASE FOUNDATION TO PROVIDE ENTRY-LEVEL JTP IN ICT SKILLS. EFE-KSA ALSO COMPLETED ITS PROJECT WITH CITI FOUNDATION TO PROVIDE JTP TO SAUDI YOUTH. ADDITIONALLY, EFE-KSA COMPLETED A PROJECT IMPLEMENTING IT JOB FAIRS AND GENERATED NEW EMPLOYER LEADS IN COLLABORATION WITH BECHTEL GLOBAL CORP., AS WELL AS CONTINUED THE TOUMOUHI PROJECT, WHICH EXPOSES YOUNG SAUDI WOMEN TO LEADERSHIP SKILLS RELATED TO THE SPORTS INDUSTRY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,386,151. including grants of \$ 825,217.) (Revenue \$ 69,068.)

4e Total program service expenses 2,890,977.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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... 15; 1b Enter the number of voting members included on line 1a... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 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 | | | 290,318. | 0. | 18,827. | |
| (2) AMR ABDALLAH DIRECTOR-GULF PROGRAMS | 40.00 | | | | X | | 123,108. | 0. | 45,756. | |
| (3) ASHLEY E. BARRY VP - STRATEGY & IMPACT | 40.00 | | | | X | | 130,795. | 0. | 17,084. | |
| (4) SARAH K. LITTLE DIRECTOR OF PROGRAMS | 40.00 | | | | X | | 130,617. | 0. | 16,960. | |
| (5) DIMA NAJIM UAE MANAGING DIRECTOR | 40.00 | | | | X | | 136,279. | 0. | 0. | |
| (6) NOUR KAMEL - PARTNERSHIPS & COMMUNICATIONS DIRECTOR | 40.00 | | | | X | | 109,958. | 0. | 8,656. | |
| (7) RONALD BRUDER CHAIR/DIRECTOR | 35.00 | X | | X | | | 0. | 0. | 0. | |
| (8) SAMER KHOURY DIRECTOR | 1.50 | X | | | | | 0. | 0. | 0. | |
| (9) KARTHIK VENKATARAMAN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (10) MARY DEDINSKY DIRECTOR | 1.50 | X | | | | | 0. | 0. | 0. | |
| (11) BRAD KUSHNER CFO, TREASURER | 16.00 | | | X | | | 0. | 0. | 0. | |
| (12) ABED EL JAOUNI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) ANDREA BRENTAN DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (14) YORICK VAN SLINGELANDT DIRECTOR | 1.50 | X | | | | | 0. | 0. | 0. | |
| (15) TARIQ HASSAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) ANIS ACLIMANDOS DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (17) CAROL BELLAMY DIRECTOR (RESIGN 12/31/24) | 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) NAYLA RIZK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) CYNTHIA MULLER DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (20) LUAY ABU-GHAZALEH DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (21) ZINEB GUESSOUS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) NOOR SWEID DIRECTOR (RESIGN 1/1/24) | 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) ALI KOUBAA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) OMAR WOHABE DIRECTOR (APPT. 6/26/24) | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 921,075. | 0. | 107,283. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 921,075. | 0. | 107,283. |

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 former 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 | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 205,501. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 216,014. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 4,614,353. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 992,585. | | | | |
| | h Total. Add lines 1a-1f | | 5,035,868. | | | | |
| Program Service Revenue | 2 a CONTRACTED SERVICES | Business Code | | | | | |
| | | 541900 | 144,068. | 144,068. | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 144,068. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 13. | | | 13. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 20,845. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 20,845. | | | | |
| | d Net rental income or (loss) | | 20,845. | | | 20,845. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 985,399. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 987,672. | | | | |
| | c Gain or (loss) | 7c | -2,273. | | | | |
| d Net gain or (loss) | | -2,273. | | | -2,273. | | |
| 8 a Gross income from fundraising events (not including \$ 205,501. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 5,100. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | 61,193. | | | | | |
| c Net income or (loss) from fundraising events | | -56,093. | | | -56,093. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | 5,142,428. | 144,068. | 0. | -37,508. | | |

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 | 1,681,413. | 1,681,413. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 309,145. | 102,576. | 167,585. | 38,984. |
| 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 | 1,225,547. | 608,855. | 525,673. | 91,019. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 52,948. | 28,821. | 18,889. | 5,238. |
| 9 Other employee benefits | 76,731. | 37,941. | 30,666. | 8,124. |
| 10 Payroll taxes | 92,916. | 45,703. | 37,442. | 9,771. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 32,099. | | 32,099. | |
| 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.) | 351,893. | 210,867. | 89,739. | 51,287. |
| 12 Advertising and promotion | 12,708. | 552. | 7,218. | 4,938. |
| 13 Office expenses | 74,315. | 36,346. | 37,073. | 896. |
| 14 Information technology | 122,924. | 22,996. | 95,708. | 4,220. |
| 15 Royalties | | | | |
| 16 Occupancy | 136,510. | 56,154. | 67,551. | 12,805. |
| 17 Travel | 181,150. | 57,707. | 111,688. | 11,755. |
| 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 | 4,073. | | 4,073. | |
| 23 Insurance | 18,655. | | 18,655. | |
| 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 MISCELLANEOUS | 5,175. | 1,046. | 3,045. | 1,084. |
| b STAFF DEVELOPMENT/RECRU | 4,327. | | 4,327. | |
| c DUES & SUBSCRIPTIONS | 3,373. | | 3,373. | |
| d FILING FEES | 1,106. | | 1,106. | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 4,387,008. | 2,890,977. | 1,255,910. | 240,121. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 |
|---|--|--------------------------|-------------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,806,739. | 1 | 2,430,323. |
| | 2 Savings and temporary cash investments | 71,389. | 2 | 71,497. |
| | 3 Pledges and grants receivable, net | 312,728. | 3 | 705,254. |
| | 4 Accounts receivable, net | 283,993. | 4 | 33,901. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 71,596. | 9 | 92,654. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 77,225. | | |
| | b Less: accumulated depreciation | 10b 68,495. | 10c 8,129. | 8,730. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 590,826. | 15 | 483,776. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 3,145,400. | 16 | 3,826,135. | |
| Liabilities | 17 Accounts payable and accrued expenses | 282,120. | 17 | 435,619. |
| | 18 Grants payable | 546,705. | 18 | 110,939. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 615,295. | 25 | 592,877. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,444,120. | 26 | 1,139,435. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 671,949. | 27 | 684,141. |
| | 28 Net assets with donor restrictions | 1,029,331. | 28 | 2,002,559. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 1,701,280. | 32 | 2,686,700. |
| 33 Total liabilities and net assets/fund balances | 3,145,400. | 33 | 3,826,135. | |

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 | 5,142,428. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,387,008. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 755,420. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,701,280. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | 250,000. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -20,000. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,686,700. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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. | X | |
| 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? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2024)

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4445846. | 6387058. | 5152998. | 3856162. | 5035868. | 24877932. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 4445846. | 6387058. | 5152998. | 3856162. | 5035868. | 24877932. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 6533697. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 18344235. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 4445846. | 6387058. | 5152998. | 3856162. | 5035868. | 24877932. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 64. | 8. | 2,223. | 2,563. | 20,858. | 25,716. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 24903648. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,974,478. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 73.66 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 74.47 % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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> | | |
| 2 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> | | |
| 3a 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 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> | | |
| c 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> | | |
| 4a 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 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 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> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 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)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| 2a | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 3b | | |

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

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

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

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

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <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)

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|---|---|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | |
| a | From 2019 | | |
| b | From 2020 | | |
| c | From 2021 | | |
| d | From 2022 | | |
| e | From 2023 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to under distributions of prior years | | |
| h | Applied to 2024 distributable amount | | |
| i | Carryover from 2019 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2024 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2020 | | |
| b | Excess from 2021 | | |
| c | Excess from 2022 | | |
| d | Excess from 2023 | | |
| e | Excess from 2024 | | |

Schedule A (Form 990) 2024

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)

(Rev. December 2024)

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

**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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of 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 | | 77,225. | 68,495. | 8,730. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 8,730. |

Part VII Investments - Other Securities

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (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) | | |
| Total. (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 | 470,092. |
| (2) DEPOSITS | 13,684. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 483,776. |

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 | 530,062. |
| (3) REFUNDABLE ADVANCES | 62,815. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 592,877. |

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.

| | | | | |
|----------|--|-----------|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 7,208,911. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | | |
| | b Donated services and use of facilities | 2b | 2,064,210. | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | 2e | 2,064,210. | |
| 3 | Subtract line 2e from line 1 | | 3 | 5,144,701. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | b Other (Describe in Part XIII.) | 4b | -2,273. | |
| | c Add lines 4a and 4b | 4c | -2,273. | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 5,142,428. |

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.

| | | | | |
|----------|---|-----------|------------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 6,223,491. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | 1,814,210. | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 22,273. | |
| | e Add lines 2a through 2d | 2e | 1,836,483. | |
| 3 | Subtract line 2e from line 1 | | 3 | 4,387,008. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | b Other (Describe in Part XIII.) | 4b | | |
| | c Add lines 4a and 4b | 4c | 0. | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 4,387,008. |

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 X, LINE 2:

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF THE FASB'S ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION HAS ASSESSED ITS TAX POSITION TAKEN AND HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION OF AN ASSET OR LIABILITY OR DISCLOSURE AS OF DECEMBER 31, 2024.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REALIZED LOSS ON DONATED STOCK RECORDED AS EXPENSE IN FINANCIAL STATEMENTS -2,273.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON UNCOLLECTIBLE CONTRIBUTIONS 20,000.
 REALIZED LOSS ON DONATED STOCK RECORDED AS EXPENSE IN FINANCIAL STATEMENTS 2,273.
 TOTAL TO SCHEDULE D, PART XII, LINE 2D 22,273.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

**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 LIST 59 _ 2 JDEMA | 1,518,183. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN REGION | N/A | 163,230. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 1 | 11 | PROGRAM SERVICES | STAFF COMPENSATION, OFFICE LEASE, CONFERENCES & RETREATS, CONSULTING AND TRAINING, | 633,041. |
| 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 | 4 | PROGRAM SERVICES | INTERNS, CONSULTING, EXPENSE REIMBURSEMENTS, MEMBERSHIP | 242,441. |
| NORTH AMERICA | 0 | 0 | AUCTION PROCEED PAYMENT | N/A | 337. |
| 3 a Subtotal | 1 | 15 | | | 2,557,232. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 1 | 15 | | | 2,557,232. |

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

Schedule F (Form 990) (Rev. 12-2024)

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 | 113,343. | WIRE TRANSFER | 0. | N/A | N/A |
| | | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | PROGRAM SUPPORT | 402,564. | WIRE TRANSFER | 0. | N/A | N/A |
| | | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | PROGRAM SUPPORT | 103,801. | WIRE TRANSFER | 0. | N/A | N/A |
| | | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | PROGRAM SUPPORT | 246,912. | WIRE TRANSFER | 0. | N/A | N/A |
| | | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | PROGRAM SUPPORT | 144,068. | WIRE TRANSFER | 0. | N/A | N/A |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | PROGRAM SUPPORT | 159,651. | WIRE TRANSFER | 0. | N/A | N/A |
| | | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | PROGRAM SUPPORT | 290,402. | WIRE TRANSFER | 0. | N/A | N/A |
| | | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | PROGRAM SUPPORT | 144,605. | 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 1

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | MIDDLE EAST AND NORTH AFRICA | PROGRAM SUPPORT | 72,488. | WIRE TRANSFER | 0. | N/A | N/A |
| | | | | | | | | |
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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

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: STAFF COMPENSATION, OFFICE LEASE, CONFERENCES & RETREATS, CONSULTING AND TRAINING, EVENT PAYMENTS, HONORARIUM, INTERNS, INSURANCE, VIDEO EDITING, OFFICE EXPENSES, APPLICATION FEES

PART II, LINE 1 (ACCOUNTING METHOD):

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR GRANTS.

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. IT ALSO MADE PAYMENTS TO FOREIGN CORPORATIONS FOR SERVICES RENDERED. SINCE THE ORGANIZATION DID TRANSFER CASH TO FOREIGN CORPORATIONS, 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 | 210,601. | | 210,601. |
| | 2 | Less: Contributions | 205,501. | | 205,501. |
| | 3 | Gross income (line 1 minus line 2) | 5,100. | | 5,100. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 61,193. | | 61,193. |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 61,193. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | -56,093. | |

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 | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 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)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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 |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) (Rev. 12-2024)

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) | 290,318. | 0. | 0. | 17,419. | 1,408. | 309,145. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) AMR ABDALLAH DIRECTOR-GULF PROGRAMS | (i) | 123,108. | 0. | 0. | 8,040. | 37,716. | 168,864. | 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) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

Go to 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 | 3 | 987,672. | 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 (AUCTION ITEMS) | X | 21 | 4,913. | 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 on 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) 2024

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):

TWO SEPARATE STOCK DONATIONS WERE DONATED BY ONE DONOR WHILE THE OTHER STOCK DONATION WAS DONATED BY ANOTHER DONOR. 16 DONORS DONATED 21 AUCTION ITEMS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ADVANCEMENT & DEVELOPMENT FOR YEMENI WOMEN PROJECT, WHICH WAS FUNDED BY
UN WOMEN AND AIMED TO INCREASE YEMENI WOMEN'S ACCESS TO EMPLOYMENT AND
PROSPEROUS LIVELIHOODS THROUGH JOB PLACEMENT TRAINING AND JOB SEARCH
TRAINING. THE PROJECT ALSO BUILT THE CAPACITIES OF LOCAL WOMEN'S
SUPPORT CENTERS TO INCREASE YEMENI WOMEN'S AWARENESS OF AND ACCESS TO
PROTECTION AND GENDER-BASED VIOLENCE SERVICES. FINALLY, EFE-YEMEN
CONTINUED IMPLEMENTING THE MUSTAQBAL II PROJECT WITH FUNDING FROM
ALWALEED PHILANTHROPIES. MUSTAQBAL II PROVIDES TRAINING FOR YOUTH IN
ADEN IN VARIOUS VOCATIONAL SECTORS AND CONNECTS THEM TO JOBS AND
SELF-EMPLOYMENT OPPORTUNITIES. IN 2024, EFE-YEMEN EXPANDED THE TARGET
POPULATION FOR THIS PROGRAMMING TO INCLUDE YOUTH WITH DISABILITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
FURTHERMORE, EFE-KSA WORKED WITH AGILITY PUBLIC WAREHOUSE COMPANY TO
TEST AND MONITOR EFE'S NEW AI MODULE AND COMPLETED A PROJECT WITH HYATT
HOTELS FOUNDATION THAT TRAINED YOUTH IN HOSPITALITY SKILLS, AS WELL AS
LAUNCHED TWO NEW HYATT PROJECTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
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 2024, EFE-PALESTINE BEGAN DELIVERING EMERGENCY
MEDICAL TRAINING IN GAZA TO ADDRESS THE URGENT NEEDS OF DISPLACED
POPULATIONS REQUIRING EMERGENCY CARE AT THE ONSET OF THE MILITARY
INCURSION. IN PARTNERSHIP WITH JUZOOR FOR HEALTH AND SOCIAL
DEVELOPMENT, EFE-PALESTINE DELIVERED TRAINING IN THREE AREAS: EMERGENCY
MIDWIFERY, EMERGENCY FIRST AID, AND PSYCHOSOCIAL FIRST AID. THIS
PROGRAMMING WAS FUNDED BY ISLAMIC RELIEF USA UNDER THE VITALIZATION &
YOUTH EMPOWERMENT IN GAZA PROJECT, AS WELL AS A VARIETY OF INDIVIDUAL
DONORS WHO RESPONDED TO A GAZA EMERGENCY APPEAL LED BY EFE. IN LATE
2024, EFE-PALESTINE RECEIVED A FOLLOW-ON GRANT FROM ISLAMIC RELIEF USA,
AGENTS OF HOPE, TO CONTINUE THIS EMERGENCY MEDICAL PROGRAMMING AND
SUPPORT YOUNG ENTREPRENEURS IN GAZA TO LAUNCH AND/OR REBUILD
BUSINESSES.

EXPENSES \$ 386,737. INCLUDING GRANTS OF \$ 246,912. REVENUE \$ 0.

EDUCATION FOR EMPLOYMENT-EGYPT ("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 2024, EFE-EGYPT CONTINUED TO WORK WITH BOEING TO SUPPORT

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

| | |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| EDUCATION FOR EMPLOYMENT | 82-0578781 |
| YOUTH EMPLOYMENT THROUGH THE PROVISION OF JPTP AND CD TRAININGS. EFE-EGYPT ALSO WORKED WITH JPMORGAN CHASE FOUNDATION TO START PHASE II OF ITS PROJECT THAT IS TRAINING YOUNG WOMEN IN ICT SKILLS. ADDITIONALLY, EFE-EGYPT COMPLETED THE TWO-YEAR PROJECTS WITH BECHTEL TO IMPLEMENT IT JOB FAIRS FOR BENEFICIARIES, AND WITH AGFUND TO TRAIN BENEFICIARIES IN JPTP AND CD. LASTLY, EFE-EGYPT IMPLEMENTED A PROJECT WITH AGILITY TO DEVELOP AND PILOT AN AI MODULE IN EFE'S PATHWAYS CLASSES. | |
| EXPENSES \$ 339,523. INCLUDING GRANTS OF \$ 144,605. REVENUE \$ 0. | |

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. IN 2024, EFE-TUNISIE COMPLETED THE MY CAREER PROJECT FUNDED BY THE CITI FOUNDATION. MY CAREER AIMED TO ENHANCE THE AGENCY, SOCIO-ECONOMIC RESILIENCE, AND LIVELIHOODS OF YOUTH IN TUNISIA THROUGH BESPOKE CAPACITY BUILDING, GUIDANCE, MENTORSHIP, NETWORKING AND JOB MATCHING SERVICES. EFE-TUNISIE ALSO LAUNCHED TWO NEW PROJECTS IN THE FOURTH QUARTER OF 2024 THE REBUILDING ROOTS PROJECT FUNDED BY THE U.S. DEPARTMENT OF STATE BUREAU OF NEAR EASTERN AFFAIRS OFFICE OF ASSISTANCE COORDINATION, AND THE STARTECH CLIMATE ACTION LAB PROJECT FUNDED BY THE U.S. EMBASSY IN TUNIS. THE REBUILDING ROOTS PROJECT AIMS TO SUPPORT THE SOCIAL AND ECONOMIC REINTEGRATION OF REPATRIATED TUNISIAN MIGRANTS THROUGH A COMPREHENSIVE NEEDS ASSESSMENT, DIRECT SERVICE PROVISION, AND CAPACITY BUILDING FOR THE GOVERNMENT OF TUNISIA AND OTHER RELEVANT STAKEHOLDERS. IT IS BEING IMPLEMENTED BY EFE-GLOBAL AND EFE-TUNISIE IN PARTNERSHIP WITH DELOITTE TUNISIE AND COOPERAZIONE INTERNAZIONALE. THE STARTECH CLIMATE ACTION LAB PROJECT PROVIDES TUNISIAN YOUTH WHO ARE INTERESTED IN STARTING A BUSINESS FOCUSING ON CLIMATE ACTION WITH ENTREPRENEURSHIP AND SOFT SKILLS TRAINING WHILE SIMULTANEOUSLY ENHANCING THEIR UNDERSTANDING OF U.S. CULTURE THROUGH MENTORSHIP AND COACHING FROM AMERICAN ENTREPRENEURS AND CLIMATE EXPERTS. IT IS BEING IMPLEMENTED BY EFE AND EFE-TUNISIE IN PARTNERSHIP WITH INTERNATIONAL STRATEGIC MANAGEMENT, INC.

EXPENSES \$ 285,896. INCLUDING GRANTS OF \$ 216,556. REVENUE \$ 69,068.

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 2024, EFE-JORDAN CONDUCTED PROGRAMMING UNDER THE BRIDGING BORDERS PROJECT FUNDED BY THE WESTERN UNION FOUNDATION. THIS PROJECT AIMED TO PREPARE VULNERABLE YOUTH IN JORDAN, INCLUDING REFUGEES, TO EARN SUSTAINABLE INCOME THROUGH VIRTUAL EMPLOYMENT AND FREELANCE OPPORTUNITIES. EFE-JORDAN ALSO COMPLETED THE THIRD ITERATION OF THE "FUTURE HOTELIERS ACADEMY" PROJECT FUNDED BY THE HYATT HOTELS CORPORATION, WHICH TRAINED YOUTH IN AMMAN AND AQABA FOR JOBS IN THE TOURISM AND HOSPITALITY SECTOR. FINALLY, EFE-JORDAN BEGAN IMPLEMENTING THE MAKAREM EMPOWERMENT HUB INITIATIVE FUNDED THROUGH THE ANNUAL EFE'S SHARK TANK INNOVATION COMPETITION. THE MAKAREM EMPOWERMENT HUB ESTABLISHES A SPACE FOR YOUTH DEVELOPMENT AND EFE ALUMNI ENGAGEMENT WITHIN THE MAKAREM TRAINING CENTER IN AQABA. IT WILL PROVIDE SPECIALIZED TRAINING COURSES TO ALUMNI AND SERVE AS AN INCUBATION SPACE FOR ASPIRING ENTREPRENEURS TO EXCHANGE IDEAS AND LAUNCH BUSINESSES.

EXPENSES \$ 187,789. INCLUDING GRANTS OF \$ 113,343. REVENUE \$ 0.

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

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 2024, EFE-MAROC DELIVERED PROGRAMMING UNDER THE SKILLED FOR STEM PROJECT FUNDED BY BOEING, WHICH TRAINED YOUTH IN MOROCCO IN EMPLOYABILITY AND SOFT SKILLS, AND PLACED JOB TRAINING & PLACEMENT ("JTP") GRADUATES INTO JOBS RELATED TO THE STEM INDUSTRY. EFE-MAROC ALSO STARTED IMPLEMENTING THE INTERCONTINENTAL INNOVATORS PROJECT FUNDED BY THE STEVENS INITIATIVE AT THE ASPEN INSTITUTE. UNDER THIS PROJECT, EFE-MAROC IS PARTNERING WITH EFE AND THE COLLEGE OF WOOSTER IN THE UNITED STATES TO DELIVER A TRAINING AND VIRTUAL EXCHANGE PROGRAM FOR YOUNG ASPIRING ENTREPRENEURS IN MOROCCO AND THE UNITED STATES OF AMERICA. IN 2024, EFE-MAROC BEGAN DELIVERING ENTREPRENEURSHIP TRAINING FOR MOROCCAN PARTICIPANTS, AND IT WILL CONDUCT THE VIRTUAL EXCHANGE COMPONENT WITH AN ENTREPRENEURSHIP CLASS AT THE COLLEGE OF WOOSTER BEGINNING IN THE FIRST QUARTER OF 2025. EXPENSES \$ 186,206. INCLUDING GRANTS OF \$ 103,801. REVENUE \$ 0.

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 WHO HAS A CONFLICT SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S DISCUSSION 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:

