Contexpection         Total constructions and the latest information.         Total constructions and the latest information.         Total colspan="2">Total colspan="2">Total colspan="2">Total colspan="2"           OF Colspan="2">Contexpecting of the provide pr	Forr	" <b>9</b>	90		ection 50	1(c), 527, or	4947(a)(	ation E	rnal Revenu	ie Code (	(excep	ot private	foundatio	ons)	<u>MB No. 1545-0047</u>	
A Torthe 2022 calendar vasa, or tax vasa tognining.       JUL 1, 2022 and ending.       JUN 30, 2023         B Cabel Jerror       Channe of cognization in umber of cognization in the second s	Depa Intern	rtment o al Reve	of the Treasury nue Service											0	Open to Public Inspection	
Amount of the control of the contro				ar year, o	or tax yea	r beginning	JUL	1, 202	22 and	dending	JU	N 30,	2023			
Control         Description         Description         Description         Description           Processing         Description         Processing         Processing <td>B C a</td> <td>Addre</td> <td></td> <td>HĔAST</td> <td>ERN 1</td> <td>[ LLI NOI</td> <td>S UN</td> <td>I VERSI I</td> <td>ſΥ</td> <td></td> <td>D</td> <td>Employ</td> <td>/er identifi</td> <td>cation ı</td> <td>number</td>	B C a	Addre		HĔAST	ERN 1	[ LLI NOI	S UN	I VERSI I	ſΥ		D	Employ	/er identifi	cation ı	number	
Burnber and street (of P2.0 to at if and is not divered to street address)     Roomstall     F Telephone number 773 - 442 - 4248       City or town, state or province, country, and 21P or foreign postal code (Bit CACO, 11 & 60625)     (i) is this a group rotun for subcontantes?		chang	ge Doing bi	usiness as	S							23-	70346	89		
approved Approved		returnNumber and street (or P.O. box if mail is not delivered to street address)Room/suiteETelephone numberFinal return/5500NORTH ST.LOUI SAVENUE773- 442- 4											8			
By Privation Privations       F Name and address of principal afficar. OLGA CAMARGO       H(b) Are all subordinates? Vest X No         I taxe exemption       State AS C ABOVE       H(b) Are all subordinates? Vest X No         I taxe exemption       State AS C ABOVE       No         I Website:       WWH: NEI U. EDU       H(c) Are all subordinates? - Vest X No         I' Berley describe the organization 's mission or most significant activities       THE FOUNDATION'S PRI MARY         FUNCTION IS TO DEVELOP PRI VATE SUPPORT ON BEHALF OF THE UNIVERSITY.       2 Check this box       If the organization discontinued its operations on disposed of more than 25% of Its net assets.         3 Number of independent voting members of the governing body (Part V), line 13)       -       -       -         3 Number of independent voting members of the governing body (Part V), line 12, -       -       -       -         4 Number of independent voting members of the governing body (Part V), line 12, -       -       -       -       -         4 To tal number of independent voting members of the governing body (Part V), line 12, -       -       -       -       -       -       -       -       -       0         5 Total number of independent voting members of the governing body (Part V), line 12, -       -       -       -       -       -       0       -       -       -       - <t< td=""><td></td><td>ated Amen</td><td>ded City or to</td><td>AGO,</td><td>IL (</td><td><b>30625</b></td><td></td><td></td><td></td><td></td><td>F</td><td>,</td><td></td><td colspan="3"></td></t<>		ated Amen	ded City or to	AGO,	IL (	<b>30625</b>					F	,				
I Tax.oxempt status: X       50%(c)(3)       50%(c)(1)       (insert no.)       4947(a)(1) or       527         I Web site       WW NET U. EDU       H10       Concurrent value and the expandation of the interval formation.       1969 M State of least domicile I L         Part I Summary       Fine organization function.       To the organization function.       1 More of low control interval formation.       1 More of low control interval formation.       1 More of low control interval formation.         1       Bref Mexico III.       Summary       The first Mexico III.       1 More of low control interval formation.       1 More of low control interval formation.       1 More of low control interval formation.         3       Number of independent voting members of the governing body (Part VI. Ine 1a)       1 More of low control interval formation.       1 More of low control interval formation.       1 More of low control interval formation.         3       Number of independent voting members of the governing body (Part VI. Ine 1a)       1 More of low control interval formation.       1 More of low control interval formatinterval formation.       1 More of		Applic tion	E Name a	nd addres	ss of princ	ipal officer: <b>0</b> E	DLGA	CAMARGO	)			for su	bordinates	5?~~	163 100	
J. Website:       WWW. NEI U. EDU       Hit(2) Grup exemption number         Kerran of analysistation:       X. Graporition       Trust       Association       Other       I. Year of formation:       1969 M. State of legal domidel:       IL         Putt I       Summary       The formation:       1969 M. State of legal domidel:       IL         Putt I       Summary       The organization discontinued its operations or disposed of more than 25% of its net assets.       10         A Number of noting members of the governing body (Part VI, line 1a)       3       10         A Number of independent voting members of the governing body (Part VI, line 1a)       4       100         A Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       0         A Total number of individuals employed in calendar year 2022 (Part V, line 2a)       7b       0.         A Contributions and grants (Part VIII, line 1h)       2       20       38, 168.       29, 459, 141.         B Pert unrelated business faxable income from Form 900 T. Part II. line 11       743, 747.       291, 159.       36, 168.       29, 459, 159.         10       Investment income (Part VIII, line 2g)       36, 844, 372.       2, 438, 965.       36, 844, 372.       2, 438, 965.         13       Grants and similar amounts paid (Part IX, column (A), line 1a)       0.	T	ax-ex	empt status:	<b>X</b> 501(c)	)(3)		)	(insert no.)	4947(a)(1)	or		• •				
THE FOUNDATION'S PRIMARY         Provide the organization's mission or most significant activities. THE FOUNDATION'S PRIMARY         Provide the organization's mission or most significant activities. THE FOUNDATION'S PRIMARY         Provide the organization's mission or most significant activities. THE FOUNDATION'S PRIMARY         Provide the organization's mission or most significant activities. THE FOUNDATION'S PRIMARY         Conck this box       If the organization's mission or most significant activities. THE FOUNDATION'S PRIMARY         A control of the organization's mission or most significant activities. THE FOUNDATION'S PRIMARY         Concet this box       If the organization's mission or most significant activities. THE FOUNDATION'S PRIMARY         A control of most members of the governing body (Part VI, line 1a)       4         Of the organization's mission or most significant activities. THE FOUNDATION'S PRIMARY         Control to independent voting members of the governing body (Part VI, line 1a)       4         Of the organization's mission or most significant activities. THE FOUNDATION'S PRIMARY         Of the organization is most significant activities. THE FOUNDATION'S PRIMARY         Of the prover notion members of the governing body (Part VI, line 1a)         Of the colspan="2"         Of the colspan="2" </td <td></td> <td></td> <td>te: <b>WWW.</b></td> <td>NEI U.</td> <td>EDU</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Н</td> <td>I(c) Grou</td> <td>o exemptio</td> <td>n numb</td> <td>er</td>			te: <b>WWW.</b>	NEI U.	EDU						Н	I(c) Grou	o exemptio	n numb	er	
I Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PRI MARY         FUNCTION IS TO DEVELOP PRIVATE SUPPORT ON BEHALF OF THE UNIVERSITY,         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of volting members of the governing body (Part VI, line 1a)       10         4       Number of volting members of the governing body (Part VI, line 1a)       10         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6       224         6       Total number of voltinteers (estimate if necessary)       6       24         7       Total number of voltinteers (estimate if necessary)       0       10         9       Program service revenue (Part VIII, column (C), line 12       74       368, 168.       29, 459, 459.         9       Program service revenue (Part VIII, column (A), lines 5, 4, and 7d)       743, 747.       2911, 159.         10       Other revenue (Part VIII, column (A), lines 5, 4, and 7d)       0       0       0         13       Grants and similar amounts paid (Part IX, column (A), lines 12)       1       4, 016.       4, 822.         10       Other revenue (Part VIII, column (A), lines 13, and 7d)       0       0       0         15				X Corpo	ration	Trust	Associa	ation O	ther	LY	'ear of f	ormation:	1969	∕I State c	of legal domicile: <b>I L</b>	
FUNCTI ON I S TO DEVELOP PRIVATE SUPPORT ON BEHALF OF THE UNIVERSITY,         2 Check his box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)	Pa								тне	FOUN	DAT			<b>ARV</b>		
a       Number of independent volung members of the governing body (Part VI, line 1b)       4       10         5       Total number of independent volunteers (estimate if necessary)       5       0         6       Total number of individuals employeed in calendary evar 2022 (Part VI, line 2a)       6       24         7       Total number of individuals employeed in calendary evar 2022 (Part VI, line 2a)       6       24         7       Total number of individuals employeed in calendary evan 202 (Part VI, line 2a)       6       24         9       Program service revenue from Part VIII, column (A), lines 3, 4, and 7d)       743, 747, 291, 159, 4, 016, -4, 822, 2, 438, 965, 11         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       743, 747, 291, 159, 4, 016, -4, 822, 2, 438, 965, 13         11       Other revenue (Part VIII, column (A), lines 12,       1, 497, 332, 1, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 844, 372, 2, 438, 965, 13         12       Total nurbaris mounts paid (Part IX, column (A), lines 110,	JCe	1	Briefly describ	e the orga N IS	anization' TODI	s mission or r E <b>VELOP</b>	most sigr <b>PRI V</b>	nificant activit							RSI TY	
a       Number of independent volung members of the governing body (Part VI, line 1b)       4       10         5       Total number of independent volunteers (estimate if necessary)       5       0         6       Total number of individuals employeed in calendary evar 2022 (Part VI, line 2a)       6       24         7       Total number of individuals employeed in calendary evar 2022 (Part VI, line 2a)       6       24         7       Total number of individuals employeed in calendary evan 202 (Part VI, line 2a)       6       24         9       Program service revenue from Part VIII, column (A), lines 3, 4, and 7d)       743, 747, 291, 159, 4, 016, -4, 822, 2, 438, 965, 11         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       743, 747, 291, 159, 4, 016, -4, 822, 2, 438, 965, 13         11       Other revenue (Part VIII, column (A), lines 12,       1, 497, 332, 1, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 831, 523, 14, 844, 372, 2, 438, 965, 13         12       Total nurbaris mounts paid (Part IX, column (A), lines 110,	rnar	2														
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5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       0         6       Total number of volunteers (estimate if necessary)       7       7       Total number of volunteers (estimate if necessary)       7         7       Total number of volunteers (estimate if necessary)       0       0       0         7       Total number of volunteers (estimate if necessary)       0       0         9       Program service revenue (Part VIII, column (C), line 12       0       0         9       Program service revenue (Part VIII, line 2g)       743, 747.       291, 159.         10       Investment income (Part VIII, column (A), lines 3, 4, and 70)       743, 747.       291, 159.         11       Other revenue (Part VIII, column (A), lines 1, 0, 0, and 11e)       3, 684, 372.       2, 438, 965.         13       Grants and similar amounts paid (Part IX, column (A), lines 1, 0,       0, 0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5, -0) ~       0, 0.       0.         14       Benefits paid to of for memployee benefits (Part IX, column (A), line 25)       24, 589.       699, 012.       813, 588.         17       Other expenses (Part IX, column (D), line 25)       24, 589.       699, 012.       813, 588.         17															10	
b Net unrelated business taxable income from Form 990-T. Part I. line 11       0.       0.         9       Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       2, 898, 441.       2, 123, 169.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       743, 747.       291, 159.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       4, 016.       -4, 822.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	es {	5		•	0		0	0 5 1							0	
b Net unrelated business taxable income from Form 990-T. Part I. line 11       0.       0.         9       Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       2, 898, 441.       2, 123, 169.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       743, 747.       291, 159.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       4, 016.       -4, 822.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	viti	6			-	-	-									
b Net unrelated business taxable income from Form 990-T. Part I. line 11       0.       0.         9       Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       2, 898, 441.       2, 123, 169.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       743, 747.       291, 159.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       4, 016.       -4, 822.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Acti	7 a					-									
8       Contributions and grants (Part VIII, line 1h)       2, 898, 441.       2, 123, 169.         9       Program service revenue (Part VIII, line 2g)       38, 168.       29, 459.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       743, 747.       291, 159.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 684, 372.       2, 438, 965.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       1, 497, 332.       1, 831, 523.         14       Benefits paid to or for members (Part IX, column (A), line 5.10)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 25)       24, 589.       699, 012.       813, 588.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		b	Net unrelated	business	taxable ir	ncome from F	orm 990	-T, Part I, line	11 ••••	• • • •	• • • •		•• 7b		0.	
Solutions and system         38, 168.         29, 459.           9         Program service revenue (Part VIII, line 2g)         743, 747.         291, 159.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         743, 747.         291, 159.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         3, 684, 372.         2, 438, 965.           12         Total revenue (Part VII, column (A), lines 1.3)         3, 684, 372.         2, 438, 965.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5)         24, 589.         0.         0.         0.           16         Professional fundraising fees (Part IX, column (D), line 2)         24, 589.         0.         0.         0.           17         Other expenses (Part IX, column (D), line 2)         24, 589.         1.         488, 028.         -206, 146.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         2.         1.488, 028.         -206, 146.           19         Revenue less expenses. Subtract line 18 from line 20         1.488, 028.         -206, 645, 349.         21, 842, 970.           20         Tot																
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       4, 016.       -4, 822.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 684, 372.       2, 438, 965.         13       Grants and similar amounts paid (Part IX, column (A), line 12)       1, 497, 332.       1, 831, 523.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       0.       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       24, 589.       699, 012.       813, 588.         17       Other expenses (Part IX, column (A), line 11e)       24, 589.       699, 012.       813, 588.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       2, 196, 344.       2, 645, 111.         19       Revenue less expenses. Subtract line 18 from line 12       1, 488, 028.       - 206, 146.         20       Total assets (Part X, line 26)       20, 665, 349.       21, 842, 970.         21       Total liabilities (Part X, line 26)       20, 665, 349.       21, 842, 970.         22       Total assets (Part X, line 26)       20, 096, 456.       21, 331, 546.	e	8	Contributions	and grant	ts (Part VI	II, line 1h) ~	~ ~ ~ ~ ~	~~~~~	. ~ ~ ~ ~ ~ ~	~~~	2			2		
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       4, 016.       -4, 822.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 684, 372.       2, 438, 965.         13       Grants and similar amounts paid (Part IX, column (A), line 12)       1, 497, 332.       1, 831, 523.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       0.       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       24, 589.       699, 012.       813, 588.         17       Other expenses (Part IX, column (A), line 11e)       24, 589.       699, 012.       813, 588.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       2, 196, 344.       2, 645, 111.         19       Revenue less expenses. Subtract line 18 from line 12       1, 488, 028.       - 206, 146.         20       Total assets (Part X, line 26)       20, 665, 349.       21, 842, 970.         21       Total liabilities (Part X, line 26)       20, 665, 349.       21, 842, 970.         22       Total assets (Part X, line 26)       20, 096, 456.       21, 331, 546.	enu	9	Program servi	ce revenu	ie (Part VI	II, line 2g) ~	~ ~ ~ ~ ~	~~~~~	. ~ ~ ~ ~ ~ ~	~~~						
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       4, 016.       -4, 822.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 684, 372.       2, 438, 965.         13       Grants and similar amounts paid (Part IX, column (A), line 12)       1, 497, 332.       1, 831, 523.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       0.       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       24, 589.       699, 012.       813, 588.         17       Other expenses (Part IX, column (A), line 11e)       24, 589.       699, 012.       813, 588.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       2, 196, 344.       2, 645, 111.         19       Revenue less expenses. Subtract line 18 from line 12       1, 488, 028.       - 206, 146.         20       Total assets (Part X, line 26)       20, 665, 349.       21, 842, 970.         21       Total liabilities (Part X, line 26)       20, 665, 349.       21, 842, 970.         22       Total assets (Part X, line 26)       20, 096, 456.       21, 331, 546.	Rev	10	Investment in	come (Par	t VIII, colu	umn (A), lines	3, 4, and	d 7d) ~~~~		~~~						
13       Grants and similar amounts ad (Part IX, column (A), lines 1-3)       1, 497, 332.       1, 831, 523.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0. <td< td=""><td>_</td><td>11</td><td>Other revenue</td><td>e (Part VIII,</td><td>, column (</td><td>(A), lines 5, 60</td><td>d, 8c, 9c,</td><td>, 10c, and 11</td><td>e) ~~~~~</td><td>~~~</td><td></td><td></td><td></td><td></td><td></td></td<>	_	11	Other revenue	e (Part VIII,	, column (	(A), lines 5, 60	d, 8c, 9c,	, 10c, and 11	e) ~~~~~	~~~						
14       Benefits paid and informs pers (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       24, 589.       699, 012.       813, 588.         17       Other expenses (Part IX, column (A), line 25)       24, 589.       699, 012.       813, 588.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 196, 344.       2, 645, 111.         19       Revenue less expenses. Subtract line 18 from line 12       1, 488, 028.       - 206, 146.         19       Revenue less expenses. Subtract line 21 from line 20       568, 893.       511, 424.         20       Total assets (Part X, line 26)       568, 893.       511, 424.         21       Total liabilities (Part X, line 26)       568, 893.       511, 424.         22       Vet assets or fund balances. Subtract line 21 from line 20       568, 893.       511, 424.         22       Vet assets or fund balances.       Subtract line 21 from line 20       0.       0.         Vet erroret, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date       01302744         Print		12	Total revenue	- add lines	<u>s 8 throug</u>	<u>ah 11 (must e</u>	qual Par	t VIII, column	(A), line 12)	•••		,				
14       Belaries, plant for the methods (if art X, column (A), line 3)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~ ~ ~       0.       0.         16       Professional fundraising expenses (Part IX, column (A), line 11e) ~ ~ ~ ~ ~ ~ ~ 0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		13			•			,		ſ		1, 497	-	1		
10       Subtract Competition of the competition of the product of the column (y), lines 3 (s) (y) (y) (y) (hereway)       0.       0.         16a       Professional fundraising ees (Part IX, column (A), line 11e)       24, 589.       699, 012.       813, 588.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			•					-								
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       20       6999, 012.       813, 336.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 196, 344.       2, 645, 111.         19       Revenue less expenses. Subtract line 18 from line 12       1, 488, 028.       - 206, 146.         19       Revenue less expenses. Subtract line 18 from line 12       1, 488, 028.       - 206, 146.         20       Total assets (Part X, line 26)	ses		Salares, other compensation, employee benefits (Farrix, column (A), intes 5 to )													
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       20       6999, 012.       813, 336.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 196, 344.       2, 645, 111.         19       Revenue less expenses. Subtract line 18 from line 12       1, 488, 028.       - 206, 146.         19       Revenue less expenses. Subtract line 18 from line 12       1, 488, 028.       - 206, 146.         20       Total assets (Part X, line 26)	en			-	-				91 5				0.		0.	
18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) ~~~~~       2, 196, 344.       2, 645, 111.         19       Revenue less expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	Exp			• •	-		-	/		<u> </u>		600	012		813 588	
19       Revenue less expenses. Subtract line 18 from line 12       1, 488, 028.       - 206, 146.         19       Revenue less expenses. Subtract line 18 from line 12       End of Year         20       Total assets (Part X, line 16)       21, 842, 970.         21       Total labilities (Part X, line 26)       568, 893.       511, 424.         20       Oesta sets or fund balances. Subtract line 21 from line 20       568, 893.       511, 424.         20       Openation of preparet of the 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       Signature of officer       Date         Part II       Signature of officer       Date         Part IV       Print/Type preparer's name       Preparer's signature         Paid       Print/Type preparer's name       Preparer's signature         Paid       Firm's name       Firm's address         Firm's address       Firm's EIN										~~~				2		
Provide ited to be openine to both the following to the foll																
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       Signature of officer         Part II       Signature of officer         DLGA CAMARGO, PRESIDENT       Date         Type or print name and title       Date         Print/Type preparer's name       Preparer's signature         Preparer       Date         Firm's name       Firm's name         Firm's address       Firm's address	es	19	Revenue less	<u>expenses</u>	<u>. Subtrac</u>	t line 18 from	i line 12	•••••	•••••	•••						
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       Signature of officer         Part II       Signature of officer         DLGA CAMARGO, PRESIDENT       Date         Type or print name and title       Date         Print/Type preparer's name       Preparer's signature         Preparer       Date         Firm's name       Firm's name         Firm's address       Firm's address	ets ( lanc	20	Total accote (	Dart V line	14)											
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       Signature of officer         Part II       Signature of officer         DLGA CAMARGO, PRESIDENT       Date         Type or print name and title       Date         Print/Type preparer's name       Preparer's signature         Preparer       Date         Firm's name       Firm's name         Firm's address       Firm's address	Ass I Ba	20								.~~~						
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       Signature of officer         Part II       Signature of officer         DLGA CAMARGO, PRESIDENT       Date         Type or print name and title       Date         Print/Type preparer's name       Preparer's signature         Preparer       Date         Firm's name       Firm's name         Firm's address       Firm's address	Net -unc	21									2			21		
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.								20				,	,		, ,	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         Date       Date         OLGA CAMARGO, PRESIDENT       Date         Type or print name and title       Preparer's name         Print/Type preparer's name       Preparer's signature         Preparer       Date         Use Only       Firm's name         Firm's address       Firm's ell						amined this re	eturn. inclu	uding accompa	nving schedul	es and sta	tement	s. and to tl	he best of m	v knowle	dae and belief, it is	
OLGA CAMARGO, PRESIDENT       Here     OLGA CAMARGO, PRESIDENT       Type or print name and title     Print/Type preparer's name       Paid     Print/Type preparer's name       Preparer     I1/02/23       Firm's name     Firm's elln       Use Only     Firm's address														<b>,</b>		
OLGA CAMARGO, PRESIDENT       Here     OLGA CAMARGO, PRESIDENT       Type or print name and title     Print/Type preparer's name       Paid     Print/Type preparer's name       Preparer     I1/02/23       Firm's name     Firm's elln       Use Only     Firm's address	Signature of officer Date															
Type or print name and title       Print/Type preparer's name     Preparer's signature     Date 11/02/23     PTIN If       Preparer     Firm's name     Prim's address																
Paid     Print/Type preparer's name KOSTA G. TCHOBANOV     Preparer's signature     Date 11/02/23     Check if self-employed     PTIN PO1302744       Preparer     Firm's name     Firm's saddress     Firm's EIN																
Preparer     Firm's name     Firm's EIN       Use Only     Firm's address     Firm's address	Paid		Print/Type pre	oarer's nam	пе	OV	Pre	parer's signatu	re							
Use Only Firm's address			Firm's name													
I Phone no.													one no.			

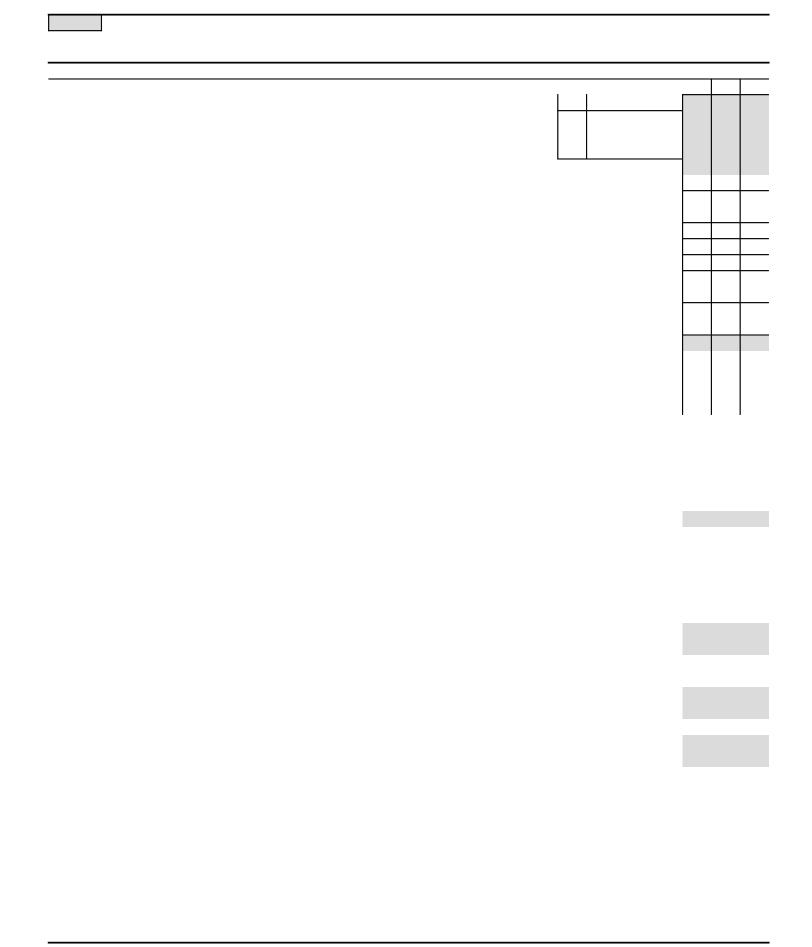
	NORTHEASTERN I           1 990 (2022)         FOUNDATI ON			<b>23- 7034689</b> Pa
Par	rt III Statement of Program Service Accor	-		
	Check if Schedule O contains a response or note	to any line in this Part III • •	• • • • • • • • • • • • • • • •	••••
1	Briefly describe the organization's mission: THE PRI MARY FUNCTION OF THE	FOUNDATION IS	TO DEVELOD DDI	VATE SUDDODT
	ON BEHALF OF THE UNIVERSITY,			
	TO RECEIVE AND ADMINISTER CO			
	PLAYS A VITAL ROLE IN ENSUR			
2	Did the organization undertake any significant program	services during the year wh	ich were not listed on the	
	prior Form 990 or 990-EZ? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Yes X
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make signific	ant changes in how it condu	ucts, any program services?~	Yes X
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplis Section 501(c)(3) and 501(c)(4) organizations are requir			
	revenue, if any, for each program service reported.			
4a	(Code: ) (Expenses \$ 2, 501, 522.	including grants of \$	<b>1, 831, 523.</b> ) (Revenu	e \$ <b>36, 96</b>
	THE FOUNDATION PROVIDED THE			
	UNIVERSITY DURING THE FISCAL			,
	FOUNDATION RAISED \$2, 163, 873 \$438, 487 WERE RESTRICTED TO			
	<b>5438, 487 WERE RESTRICTED TO</b> <b>FUTURE STUDENTS AND UNIVERSI</b>			
	CULTURAL PROGRAMS, COLLEGES,			
	FOUNDATION PROVIDED \$827, 56			
	FOR THE SUPPORT OF VARIOUS A			
	ACTI VI TI ES. IN ADDI TI ON, TI			
	· · · · · · · · · · · · · · · · · · ·		ULD NOT OTHERWI	
	BENEFIT FROM THE EXCELLENT			
	UNIVERSITY. MOST NORTHEASTE	RN STUDENTS (70	0%) RECEIVE FIN	ANCIAL AID OF
4b	(Code:) (Expenses \$	including grants of \$	) (Revenu	e \$
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	e\$
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	e \$
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4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	e \$
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	e \$
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	e \$
4c	(Code:) (Expenses \$	including grants of \$	) (Revenu	e \$
	Other program services (Describe on Schedule O.)			e \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of		) (Revenu	e \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of			e \$

			Yes	No
1	If "Ves " complete Cohodule A			
r	If "Yes," complete Schedule A	1 2		
2 3				
		3		
4	Section 501(c)(3) organizations.			
-		4		
5		5		
6				
		6		
7		-		
8		7		
0		8		
9				
		9		
10		9		
10		10		
11				
а		11a		
b		114		
		11b		
С		11.		
d		<u>11c</u>		
ŭ		11d		
е		11e		
f		116		
12a		11f		
.20		12a		
b				
13		12b 13		
13 14a		13 14a		
b				
15		14b		
15		15		
16				
		16		
17		47		
18		17		
10		18		
19				
		19		
20a b		20a 20b		
21		200		<u> </u>
		21		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24u 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	DiOlthe DRS an Exation of port Con y mithouths on Parth (Noness) of 32120 for Ir & Alabites of Rote or Quayables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III~~~~	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <sup>lf</sup> "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ~ ~ ~ ~ ~	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II	32		
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? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ? $\sim \sim \sim$	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35b</u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	If "Yes," complete Schedule R, Part VI	37		
38	Note:	38		

			Yes	No
1a	1a			
b	1b			
С				
		1c		

			Yes	No
2a				
	<u>2a</u>			
b		<u>2b</u>		
3a		<u>3a</u>		
b		<u>3b</u>		
4a				
		<u>4a</u>		
b				
-		-		
5a		<u>5a</u>		
b		<u>5b</u>		
C ,		<u>5c</u>		
6a				
		<u>6a</u>		
b				
_		<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a		<u>7a</u>		
b		7b		
С				
		7c		
d	7d			
е		<u>7e</u>		
f		7f		
g		7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds.			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
а		<u>9a</u>		
b		<u>9b</u>		
10	Section 501(c)(7) organizations.			
а	<u>10a</u>			
b	10b			
11	Section 501(c)(12) organizations.			
а	<u>11a</u>			
b				
	11b			
	Section 4947(a)(1) non-exempt charitable trusts.	<u>12a</u>		
b	12b			
13				
14				
45				
15				
4.4				
16				
4-				
17				



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

1a

current

current current

former

former directors or trustees

(A)	(B)			(0	C)			(D)	(E)	(F)
		(do box,	(do not check more than one box, unless person is both an officer and a director/trustee)							
			er an	uad						
		stee or di	rustee		0	Densated				
		Individual trustee or director	Institutional trustee	Jer	Key employee	Highest compensated employee	ner			
		Indi	Inst	Officer	Key	High	Former			

Form 990 (2022)												Pag	е
Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ghe	st C	Compensated Employe	<sub>es</sub> (continued)				
(A) Name and title	(B) Average hours per	(do box	not c	(C Posi heck ss pe	C) ition more rson i	) than is bot	one h an	(D) Reportable compensation	(E) Reportable compensatio		Estir	(F) mated ount of	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Offlicer D	Key employee	Highest compensated snut/uc employee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from relate organizatior (W-2/1099-MI 1099-NEC	d ns SC/		0 ount	
		-											
1b Subtotal c Total from continuation sheets to Part VI	II, Section A												
<u>d Total (add lines 1b and 1c)</u> 20 0 1 4Tj1 0 0 1 42.0 d tit.54 697.58 Tm (comp	0.4H.0 d	11 0	0 Tr	n0i9	b14	2.0	d ti	t.54 0 1 383.06 687.2m	L pe0 utheets to F	Part V ~ -	~~~~	- ~ ~ ~	- ~ -
											Y	/es N	No
3 former If "Yes," complete Schedule J for s	such individual									- 6	3		
4	If "Yes,	" со	mple	ete S	Sche	edul	e J f	for such individual			4		
5 If "Yes," com	plete Schedul	e J f	or su	uch	pers	son					5		
Section B. Independent Contractors													
(A)								(B)			(C)		
							_						
							+						
2													

	(A)	(B)	(C)	(D)				
1								
1								
2								
3								
4								
5								
6								
-								
7								
8								
9								
9 10								
11								
a b								
С								
d e								
f								
g								
12								
13								
14 15								
16								
17 18								
19 20								
21								
22 23								
23								
Total functional expenses. Joint costs.								
com costs.								
if following SOP 98-2 (ASC 958-720)				I				

		OMB No. 1545-0047
Department of the Treasury		
Department of the Treasury Internal Revenue Service		

(i) Name of supported organization	(ii)	(iii) Type of organization (described on lines 1-10 above (see instructions))			(iv) Is the organization listed in your governing document?		(ν) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		. "						

## Schedule A (Form 990) 2022

(Complete only if you checked fails to qualify under the tests			-	on failed to qualify	under Part III. If the	e organization
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.") ~ ~						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf ~~~~						
3 The value of services or facilities						
furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~~~						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the amount shown on line 11,otf						
amount shown on line 11,oti						
6 Public support. Subtract line 5 from line 4.						
Calendar year (or fiscal year beginning in)	(a)	(b)	(C)	(d)	(e)	(f)
7						
8						
9						
,						
10						
11 Total support. Add lines 7 through 10						
11 Total support. Add lines 7 through 10 12					12	
13 First 5 years.						
stop	here					
					1	
14					14	
15 16a 33 1/3% support test - 2022.					15	
stop here.						
b 33 1/3% support test - 2021.						
stop here.						
17a 10% -facts-and-circumstances test	- 2022.					
			stop he	re.		
b 10% -facts-and-circumstances test	- 2021					
	2021.		51	top here.		

18 Private foundation.

Schedule A (Form 990) 2022

# NORTHEASTERN ILLINOIS UNIVERSITY FOUNDATION

# Schedule A (Form 990) 2022 FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

C . . . . . .

(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.)

Colondar waar (ar ficaal waar basinning in)						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.") ~~						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513 $\sim \sim \sim \sim \sim$						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf $\sim \sim \sim \sim$						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge ~						
6 Total. Add lines 1 through 5 ~ ~ ~		+				
7a Amounts included on lines 1, 2, and						
3 received from disqualified person	IS					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~~~						
c Add lines 7a and 7b $\sim \sim \sim \sim \sim \sim$						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6 ~~~~~~			(0/2020	(4) 2021	(0) 2022	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
b Unrelated business taxable income						
(less section 511 taxes) from businesse acquired after June 30, 1975 $\sim \sim \sim \sim$						
c Add lines 10a and 10b $\sim \sim \sim \sim \sim \sim$						
<ol> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ~~~~~~~</li> </ol>	s					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~						
	.)					
15 TOLAI SUPPOIL. (Add lines 9, TUC, TT, and T2	-					
	the organization's f	irst, second, third.	fourth, or fifth tax	year as a section !	501(c)(3) organiza	ation,
14 First 5 years. If the Form 990 is for	•					
14 First 5 years. If the Form 990 is for check this box and stop here ••	••••					
14 First 5 years. If the Form 990 is for check this box and stop here •• Section C. Computation of Pu	blic Support Pe	ercentage	•••••	•••••	•••••••	•••••
<ul> <li>14 First 5 years. If the Form 990 is for check this box and stop here •</li> <li>Section C. Computation of Pu</li> <li>15 Public support percentage for 2022</li> </ul>	blic Support Pe 2 (line 8, column (f),	ercentage divided by line 13,	column (f)) ~~~	~~~~~~~	15	 %
<ol> <li>First 5 years. If the Form 990 is for check this box and stop here •</li> <li>Section C. Computation of Pu</li> <li>Public support percentage for 202</li> <li>Public support percentage from 20</li> </ol>	blic Support Pe 2 (line 8, column (f), 21 Schedule A. Part	ercentage divided by line 13, t III. line 15 •••	column (f)) ~~~	~~~~~~~	•••••••	•••••
<ul> <li>14 First 5 years. If the Form 990 is for check this box and stop here •</li> <li>Section C. Computation of Pu</li> <li>15 Public support percentage for 2022</li> <li>16 Public support percentage from 20</li> <li>Section D. Computation of Inv</li> </ul>	blic Support Pe 2 (line 8, column (f), 121 Schedule A. Pari restment Incom	ercentage divided by line 13, t III, line 15 • • • he Percentage	column (f)) ~ ~ ~	~~~~~	15 16	 % %
<ul> <li>14 First 5 years. If the Form 990 is for check this box and stop here ••</li> <li>Section C. Computation of Pu</li> <li>15 Public support percentage for 2022</li> <li>16 Public support percentage from 20</li> <li>Section D. Computation of Inv</li> <li>17 Investment income percentage for</li> </ul>	blic Support Pe 2 (line 8, column (f), 21 Schedule A. Part 2022 (line 10c, colu	ercentage divided by line 13, t III. line 15 • • • ne Percentage mn (f), divided by l	column (f)) ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	15 16 17	****** % %
<ul> <li>14 First 5 years. If the Form 990 is for check this box and stop here •</li> <li>Section C. Computation of Pu</li> <li>15 Public support percentage for 2022</li> <li>16 Public support percentage from 20</li> <li>Section D. Computation of Inv</li> <li>17 Investment income percentage for</li> <li>18 Investment income percentage for</li> </ul>	blic Support Pe 2 (line 8, column (f), 21 Schedule A. Part 2022 (line 10c, colu m 2021 Schedule A,	ercentage divided by line 13, t III. line 15 • • • ne Percentage mn (f), divided by l Part III, line 17 ~	column (f)) ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	15 16 17 18	****** % ~% %
check this box and stop here •• Section C. Computation of Pu 15 Public support percentage for 202 16 Public support percentage from 20 Section D. Computation of Inv 17 Investment income percentage for 18 Investment income percentage from 19a 33 1/3% support tests - 2022. If the	blic Support Per 2 (line 8, column (f), 21 Schedule A. Part 2015 (line 10c, colu 2022 (line 10c, colu 2021 Schedule A, he organization did	ercentage divided by line 13, t III. line 15 • • • ne Percentage mn (f), divided by l Part III, line 17 ~ not check the box	column (f)) ~ ~ ~ ine 13, column (f))		15       16       17       18       33 1/3%, and line	% % % % 2 17 is not
<ul> <li>14 First 5 years. If the Form 990 is for check this box and stop here •</li> <li>Section C. Computation of Pu</li> <li>15 Public support percentage for 202</li> <li>16 Public support percentage from 20</li> <li>Section D. Computation of Inv</li> <li>17 Investment income percentage for</li> <li>18 Investment income percentage from</li> <li>19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box</li> </ul>	blic Support Pe 2 (line 8, column (f), 21 Schedule A. Part 2022 (line 10c, colu m 2021 Schedule A, he organization did c andstop here. The	ercentage divided by line 13, t III. line 15 • • • ne Percentage mn (f), divided by l Part III, line 17 ~ not check the box organization qual	column (f)) ~ ~ ~ ine 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than 3	15       16       17       18       33 1/3%, and line       ition	% % % 2 17 is not
<ul> <li>14 First 5 years. If the Form 990 is for check this box and stop here •</li> <li>Section C. Computation of Pu</li> <li>15 Public support percentage for 202</li> <li>16 Public support percentage from 20</li> <li>Section D. Computation of Inv</li> <li>17 Investment income percentage for</li> <li>18 Investment income percentage from</li> <li>19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box</li> <li>b 33 1/3% support tests - 2021. If the more tests - 2021.</li> </ul>	blic Support Per 2 (line 8, column (f), 21 Schedule A. Part 2022 (line 10c, colu m 2021 Schedule A, he organization did i c and stop here. The he organization did i	ercentage divided by line 13, t III. line 15 • • • ne Percentage mn (f), divided by l Part III, line 17 ~ not check the box e organization qual not check a box or	column (f)) ~~~ ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a	e 15 is more than 3 aupported organiza a, and line 16 is more	15       16       17       18       33 1/3%, and line       ition       ~~~~       ore than 33 1/3%	% % % 2 17 is not ~ ~ ~ ~ ~ o, and
<ul> <li>14 First 5 years. If the Form 990 is for check this box and stop here ••</li> <li>Section C. Computation of Pu</li> <li>15 Public support percentage for 2022</li> <li>16 Public support percentage from 20</li> <li>Section D. Computation of Inv</li> <li>17 Investment income percentage for</li> <li>18 Investment income percentage from</li> <li>19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box</li> <li>b 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, check that 13%, check the line 18 is not more than 33 1/3%, check that 13%, check that 14%, check</li></ul>	blic Support Pe 2 (line 8, column (f), 21 Schedule A. Part 2022 (line 10c, colu m 2021 Schedule A, he organization did i c and stop here. The he organization did i theck this box and s	ercentage divided by line 13, till, line 15 ••• ne Percentage mn (f), divided by l Part III, line 17 ~ not check the box organization qual not check a box of top here. The orga	column (f)) ~~~~ ine 13, column (f)) on line 14, and line files as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 aupported organiza a, and line 16 is more as a publicly support	15       16       17       18       33 1/3%, and line       ition       ore than 33 1/3%       orted organization	% % % 2 17 is not ~~~~~~ , and n ~~~~~
<ul> <li>14 First 5 years. If the Form 990 is for check this box and stop here •</li> <li>Section C. Computation of Pu</li> <li>15 Public support percentage for 202</li> <li>16 Public support percentage from 20</li> <li>Section D. Computation of Inv</li> <li>17 Investment income percentage for</li> <li>18 Investment income percentage from</li> <li>19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box</li> <li>b 33 1/3% support tests - 2021. If the more tests - 2021.</li> </ul>	blic Support Pe 2 (line 8, column (f), 21 Schedule A. Part 2022 (line 10c, colu m 2021 Schedule A, he organization did i c and stop here. The he organization did i sheck this box and s	ercentage divided by line 13, till, line 15 ••• ne Percentage mn (f), divided by l Part III, line 17 ~ not check the box organization qual not check a box of top here. The orga	column (f)) ~~~~ ine 13, column (f)) on line 14, and line files as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 aupported organiza a, and line 16 is more as a publicly support	15         16         17         18         33 1/3%, and line         ition         ore than 33 1/3%         orted organization         structions	% % % 2 17 is not ~~~~~~ , and n ~~~~~

lines 3b and 3c below.

purposes.

5a 4), (5), or (6) and

b Type I or Type II only.

c Substitutions only.

Part VI.

6

7

8

9a

b

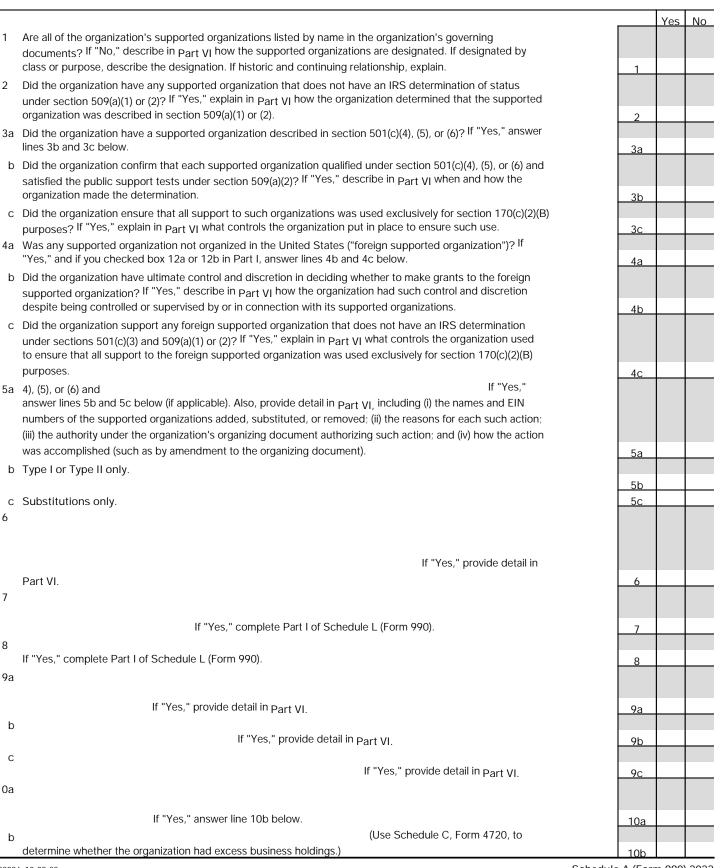
С

10a

b

1

(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.)



11     -     Yes     No.       11     -     -     -       b     -     -     -       c     -     -     -       Part VI.     -     -     -       1     Part VI     -     -       2     Part VI     -     -       1     Part VI     -     -       1     Part VI     -     -       2     Part VI     -     -       1     Part VI     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -       1     -     -     -
a   11a   11b   1 b   11b   1 Part VI. 11c   1 1   1   1 Part VI     1 Part VI     1 Part VI     1 1   1 Part VI     1 1   1   1   1   1
b c Part VI. 11a 11b 11b 11b 11c 11c Ves No 1 Part VI 2 Part VI 2 Part VI 2 VI 1 1 1 1 1 1 1 1 1 1 1 1 1
b c 11b 1 Part VI. 11c 1 1 VI
Part VI.     11c       1     Yes       1     Yes       2     1       Part VI     2       1     1       2     1       1     1       1     1       1     1       1     1       1     1       1     1       1     1
1       Yes       No         Part VI       I       I         2       I       I         Part VI       I       I         1       I       I         2       I       I         1       I       I         1       I       I         1       I       I         1       I       I         1       I       I         1       I       I         1       I       I         1       I       I
1     Part VI       2     1       Part VI     2       1     1       2     2       1     1       2     2       1     1
Part VI     1     1       2     1     1       Part VI     2     1       1     1     1
2 Part VI 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2 Part VI 2 1
2 Part VI 2 1
1 2 Yes No
1 2 Yes No
1
1
1
Yes No
1
2
Part VI
3
Part VI 3
1 (see instructions).
a line 2 b line 3
c Part VI
2 Answer lines 2a and 2b below. Yes No
Part VI identify
those supported organizations and explain
b la
3
a
b la

	r
	1

Г

					OMB No. 1545-0047
(Forr	n 990)	Complete if the orga	anization answered "Yes" on Form 990,		
•	,	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury I Revenue Service		Attach to Form 990. 20 for instructions and the latest information		Inspection
Nam	e of the organizati	on		Em	ployer identification number
		n an average "Mars" and Farma 000. Don't W. Bu			Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Eur	nds and other accounts
1	Total number at ar	ad of year		(D) Fui	
1 2		nd of year ~~~~~~~~~~~~~~~~ f contributions to (during year) ~~~~			
3		f grants from (during year) $\sim \sim \sim \sim \sim \sim$			
4		t end of year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
5			writing that the assets held in donor advised f	unds	
	are the organization	on's property, subject to the organization's	s exclusive legal control? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~	Yes No
6	-	-	advisors in writing that grant funds can be use	-	
			or donor advisor, or for any other purpose cont	•	
	impermissible priv		ganization answered "Yes" on Form 990, Part		
1	Purpose(s)(af Edit	sewiallichtAeastertiantstheeld by the organizat		v, ine /	·
I	-	n of land for public use (for example, recrea		storically	y important land area
		of natural habitat	Preservation of a ce	-	
	Preservation	n of open space			
2			ified conservation contribution in the form of a	conserv	
	day of the tax year				Held at the End of the Tax Year
a			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>2a</u>	
b					
c d		vation easements included in (c) acquired	ructure included in (a) $\sim \sim \sim$	<u>2c</u>	
u				2d	
3			eleased, extinguished, or terminated by the org		n during the tax
	year				
4					
5					
,					Yes No
6					
7					
8					
					Yes No
9					
1a					
b					
	(i)				
	(i) (ii)				
2	、 /				
а					
b					

Schedule D (Form 990) 2022         FOUNDATI ON         23-7034689         Part XIII           Supplemental Information (continued)         Continued         Continued <th>ige 5</th>	ige 5
RECOGNI ZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL	
STATEMENTS UNCERTAIN TAX POSITIONS THAT THE FOUNDATION HAS TAKEN OR	
EXPECTS TO TAKE IN ITS TAX RETURNS. UNDER THE GUIDANCE, THE FOUNDATION	
MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT	IS
"MORE LIKELY THAN NOT" THAT IT IS SUSTAINABLE, BASED ON ITS TECHNICAL	
MERITS. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS, WHICH	
INCLUDE SUCH MATTERS AS THE TAX EXEMPT STATUS OF THE FOUNDATION AND	
VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS	
INCOME. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION	ON
AND HAS CONCLUDED THAT AS OF JUNE 30, 2022, THERE ARE NO UNCERTAIN	
POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF	F
A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION	
BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS	
RETURNS.	

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NET AGAINST REVENUES ON 990

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NET AGAINST REVENUES ON 990

Schedule D (Form 990) 2022

232055 09-01-22

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#### NORTHEASTERN ILLINOIS UNIVERSITY FOUNDATI ON

Schedule D (Form 990) Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		r
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
DODGE AND COX INTERNATIONAL STOCK FUND	1, 742, 763.	FMV
DWS BROAD REAL ASSETS BOND FUND	651, 550.	FMV
VANGUARD 500 INDEX	5, 653, 376.	FMV
VANGUARD SMALL CAP INDEX	2, 124, 056.	FMV
32421 04-01-22 <b>31</b>		Schedule D (Form 99

#### NORTHEASTERN ILLINOIS UNIVERSITY FOUNDATI ON

23-7034689 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 n +1ntributio 000 57 " as 1 and 4h list o onto with ainte **\*F 0 0 0** . . ا ما ا م ا م ا . \_ ...

	of fundraising event contributions and gr	(a) Event #1 KANE GOLF OUTING	(b) Event #2 GALA	(c) Other events <b>NONE</b>	(d) Total events (add col. (a) through col. (c))
e		(event type)	(event type)	(total number)	
Revenue 1	Gross receipts ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	37, 798.	91, 202.		129, 000.
2	Less: Contributions	22, 310.	74, 622.		96, 932.
3	Gross income (line 1 minus line 2) • • • •	15, 488.	16, 580.		32, 068.
4	Cash prizes ~~~~~~~~~~~~~				
s 5	Noncash prizes ~~~~~~~~~~~~	775.			775.
xpense	Rent/facility costs ~~~~~~~~~~~	16, 201.			16, 201.
Direct Expenses	Food and beverages		15, 673.		15, 673.
8	Entertainment ~~~~~~~~~~~~~~~		1, 500.		1, 500.
9	Other direct expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10, 136.	114.		10, 250.
10	Direct expense summary. Add lines 4 throug	h 9 in column (d) ~~~~	~~~~~~~	~~~~~~~~	44, 399.
11	Net income summary. Subtract line 10 from I	ine 3, column (d) • • •	<u> </u>	• • • • • • • • • <u>• • •</u>	- 12, 331.

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.

Schedule G (Form 990) 2022

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue • • • • • • • • • • • • • •				
s	2	Cash prizes ~~~~~~~~~~~~~~~~				
Direct Expenses	3	Noncash prizes ~~~~~~~~~~~~~~~				
Direct E	4	Rent/facility costs ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
_	5	Other direct expenses •••••••••				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d) ~~~~	~~~~~~~~~~	~~~~~~~~	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:		states? ~ ~ ~ ~ ~ ~ ~ ~	~~~~~~~~~~	Yes No

Yes b If "Yes," explain: \_

232082 10-27-22

Schedule G (Form 990) 2022

No

2022. 05000 NORTHEASTERN ILLINOIS UNIVE 000131S1

Schedule I (Form 990) FOUNDA Part IV Supplemental Information

### (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE UNIVERSITY'S MISSION

#### IN PROVIDING PROGRAM ASSISTANCE USING DONOR FUNDS

Schedule I (Form 990)

38 2022. 05000 NORTHEASTERN ILLINOIS UNIVE 000131S1

232291 04-01-22

	OMB No. 1545-0047
Department of the Treasury	

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

THE FOUNDATION HAS NO EMPLOYEES AND THERE ARE NO COMPENSATED OFFICERS,

OTHER THAN THE EXECUTIVE DIRECTOR WHO IS COMPENSATED BY NORTHEASTERN

ILLNOIS UNIVERSITY.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A

LIESL DOWNEY, THE EXECUTIVE DIRECTOR OF THE FOUNDATION, IS AN EMPLOYEE

OF AND COMPENSATED BY NORTHEASTERN ILLINOIS UNIVERSITY. A PORTION OF

HER TIME (45.5%) IS DEDICATED TO THE FOUNDATION AND THE RESPECTIVE

AMOUNTS FOR SALARY, RETIREMENT AND OTHER NONTAXABLE BENEFITS HAVE BEEN

ALLOCATED FOR PURPOSES OF THE FOUNDATION'S RETURN AND INCLUDED ON PART

VII, SECTION A, P. 7. THESE ARE NOT INCLUDED IN THE FUNCTIONAL EXPENSES

ON PART IX, P. 10 AS THEY ARE DONATED BY THE UNIVERSITY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

**HONORARI UM:** 

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAI SI NG EXPENSES

TOTAL EXPENSES

PROGRAM ADMIN-TRUTH TELLING, PNAP, ENSEMBLE, AND WRITING PROJECT:

232212 10-28-22

Schedule O (Form 990) 2022

26, 645.

26, 645.

0.

0.

### NORTHEASTERN ILLINOIS UNIVERSITY

## Schedule R (Form 990) 2022 FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(C)	(d)	(	(e)	(f)		(g)	(	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under 512-514)	Share of incom		Share of end-of-year assets	alloca	ations?	Code V-UBI amount in bo 20 of Schedu K-1 (Form 106	x mar e par	tner?	Percentac ownershi
	_													
	_													
	_													
	-													
	-													
	-													
t IV Identification of Related O organizations treated as a c	rganizations Taxable orporation or trust dur	as a Corpo ing the tax	ration or Trust. Co year.	omplete if th	ne organizati	ion answer	ed "Yes"	" on Form 990	Part IV,	line 34	4, because it ha	d one	or mo	ore relate
(a)			(b)	(C)	(d)		(e)		(f)		(g)	(h)		(i) Section
Name, address, and	EIN	Prim	ary activity	Legal domicile	Direct cont	trolling T	Type of e	entity Shar	e of tota		Share of F	Percen	tage	512(b)(1

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contro enti Yes	

Part VI Unrelated Organizations Taxable as a Partnership.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partners 501(c orgs Yes	) all s sec. :)(3) :? <b>No</b>	(f)	(۲ Disprotion allocat	opor- ate ions?	of Schedule K-1	(j) General o managin partner? Yes NC	(K)

Schedule R (Form 990) 2022

NORTHEASTERN	I LLI NOI S	UNI VERSI TY
FOUNDATI ON		

Schedule R	(Form 990) 2022	FOUN
Part VII	(Form 990) 2022 Supplemental	Information

Provide additional information for responses to questions on Schedule R. See instructions.

232165 09-14-22	46	Schedule R (Form 990) 2022

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