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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)											
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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														,		
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.			

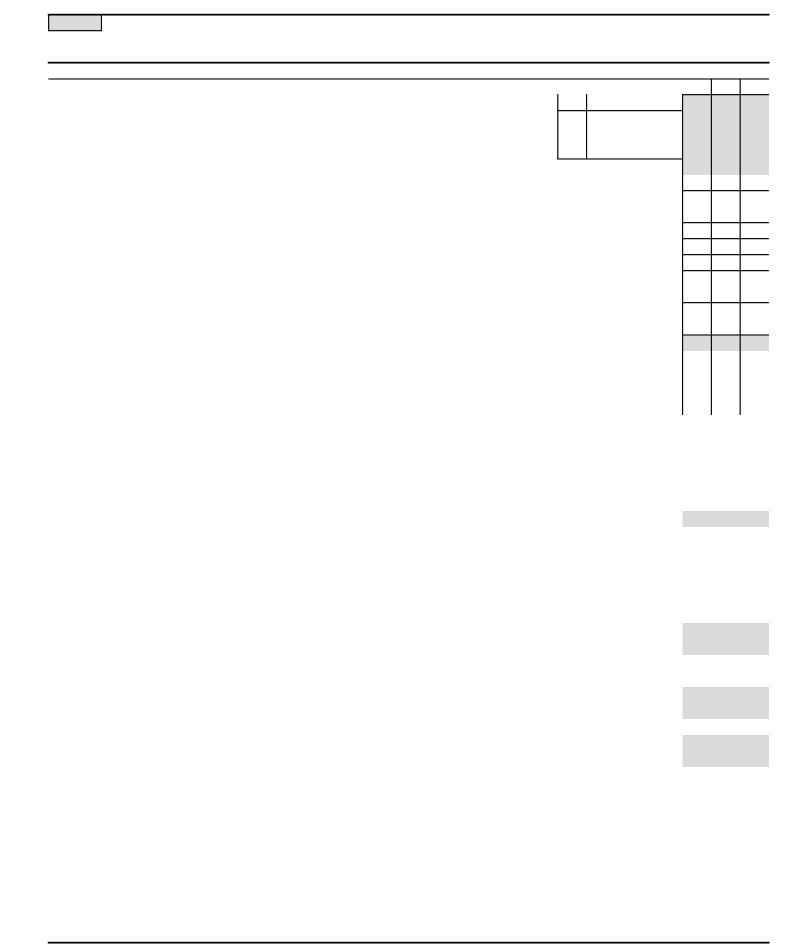
	NORTHEASTERN I 1 990 (2022) FOUNDATI ON			23- 7034689 Pa
Par	rt III Statement of Program Service Accor	-		
	Check if Schedule O contains a response or note	to any line in this Part III • •	• • • • • • • • • • • • • • • •	••••
1	Briefly describe the organization's mission: THE PRI MARY FUNCTION OF THE	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 \$	1, 831, 523.) (Revenu	e \$ 36, 96
	THE FOUNDATION PROVIDED THE			
	UNIVERSITY DURING THE FISCAL			,
	FOUNDATION RAISED \$2, 163, 873 \$438, 487 WERE RESTRICTED TO			
	5438, 487 WERE RESTRICTED TO FUTURE STUDENTS AND UNIVERSI			
	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 \$
	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		
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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? ^{lf} "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	_{es} (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								
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a b								
С								
d e								
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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 $\sim \sim \sim \sim \sim \sim$						
 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ~~~~~~~ 	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	•••••	•••••	•••••••	•••••
 14 First 5 years. If the Form 990 is for check this box and stop here • Section C. Computation of Pu 15 Public support percentage for 2022 	blic Support Pe 2 (line 8, column (f),	ercentage divided by line 13,	column (f)) ~~~	~~~~~~~	15	 %
 First 5 years. If the Form 990 is for check this box and stop here • Section C. Computation of Pu Public support percentage for 202 Public support percentage from 20 	blic Support Pe 2 (line 8, column (f), 21 Schedule A. Part	ercentage divided by line 13, t III. line 15 •••	column (f)) ~~~	~~~~~~~	•••••••	•••••
 14 First 5 years. If the Form 990 is for check this box and stop here • Section C. Computation of Pu 15 Public support percentage for 2022 16 Public support percentage from 20 Section D. Computation of Inv 	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	 % %
 14 First 5 years. If the Form 990 is for check this box and stop here •• Section C. Computation of Pu 15 Public support percentage for 2022 16 Public support percentage from 20 Section D. Computation of Inv 17 Investment income percentage for 	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	****** % %
 14 First 5 years. If the Form 990 is for check this box and stop here • Section C. Computation of Pu 15 Public support percentage for 2022 16 Public support percentage from 20 Section D. Computation of Inv 17 Investment income percentage for 18 Investment income percentage for 	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
 14 First 5 years. If the Form 990 is for 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 more than 33 1/3%, check this box 	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
 14 First 5 years. If the Form 990 is for 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 more than 33 1/3%, check this box b 33 1/3% support tests - 2021. If the more tests - 2021. 	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
 14 First 5 years. If the Form 990 is for check this box and stop here •• Section C. Computation of Pu 15 Public support percentage for 2022 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 more than 33 1/3%, check this box 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	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 ~~~~~
 14 First 5 years. If the Form 990 is for 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 more than 33 1/3%, check this box b 33 1/3% support tests - 2021. If the more tests - 2021. 	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

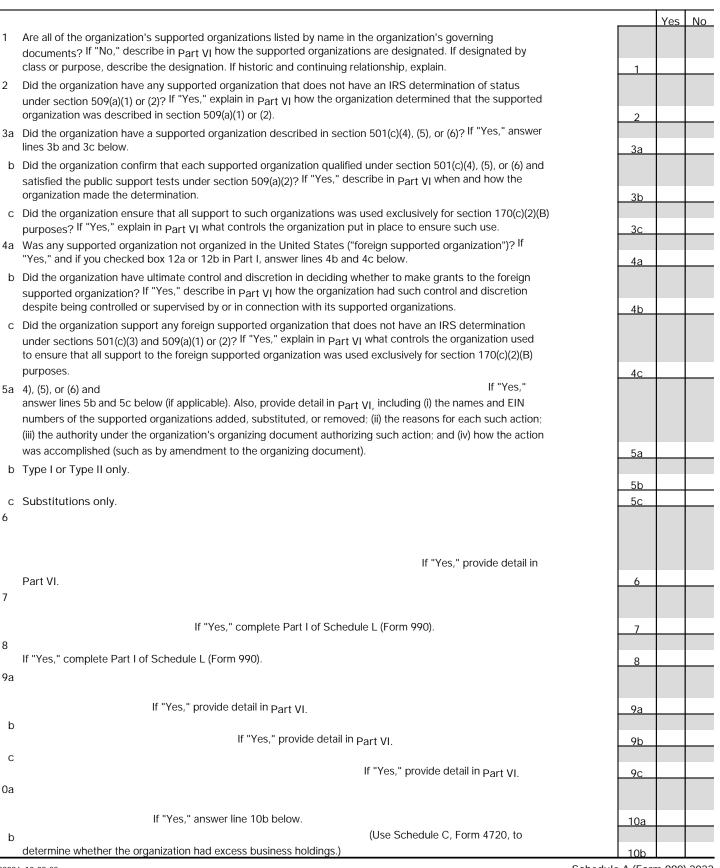
С

10a

b

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(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 31		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 NONE	(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.

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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) :? No	(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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