Form	990
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## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev. January 2020)
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

		the Treasury ue Service	Go to www	v.irs.gov/Form990 for instru	ctions and th	he latest i	nformatio	on.		Inspection	
		· · · · · · · · · · · · · · · · · · ·	ear, or tax year beginnin			, 2019, a			06	5-30 , <b>20</b> 20	
в	Check if a	applicable:	C Name of organizationEduc	ational Enrichment	Foundati	ion			D Emplo	oyer identification number	
	Address		Doing business as						•	74-2354578	
	Name ch	-		ox if mail is not delivered to street add	iress)		Room/suite		E Teleph	none number	
	nitial retu		5049 E Broadway H		,		1	07		(520) 325-8688	8
		rn/terminated		e, country, and ZIP or foreign postal c	ode				G Gross	s receipts	
Ē.	Amendec	d return	Fucson, AZ 85711						\$	976,	570
$\overline{\Box}$	Applicatio	on pending		al officer: Xavier Walker			ŀ	-l(a) Is this a g	group return t		X No
			Same as C above	1 •.				H(b) Are all s	subordinate	es included?	No
1	Tax-exem	npt status: 🗴 501	(c)(3) 501(c) ( )	(insert no.) 4947(a)(1) c	r 527			lf "No,"	attach a lis	st. (see instructions)	
J	Website:		eftucson.org				ł	H(c) Group	exemptior	n number 🕨 🕨	
к	Form of c	organization: 🗴 Cor	poration 🔲 Trust 🗌 Associa	ition 🗌 Other 🕨	L Ye	ear of formation	on: <b>1984</b>	L MS	State of leg	al domicile: AZ	
Pa	rt I	Summary									
	1	Briefly describe	the organization's mission	or most significant activities:	<u>To pro</u>	vide r	esource	es to e	expand	d and enrich t	he
e		student lea	arning experience	in the Tucson Unit	fied Scho	ol Dis	trict.				
Governance											
ern		<u> </u>									
Š	2		-	scontinued its operations or d	•				1 1		
	3		g members of the governin	0,10,7					⊢ Ť ┥	1	15_
ies	4	-	-	f the governing body (Part VI,	-			• • • • •	4	1	15
ivit	5			lendar year 2019 (Part V, line	•			• • • •	. 5		5
Activities &	6		volunteers (estimate if nec	• /					· 6	1(	03
	7a		ousiness revenue from Par					• • • • •	- 7a		0
	b	Net unrelated bu	isiness taxable income from	m Form 990-1, line 39	· · · · · · · · · · · · · · · · · · ·	• • • • •	<u>····</u>		. 7b		
		O antikutiana an						Prior Year		Current Year	
ø	8		id grants (Part VIII, line 1h)					842	2,408	852,	
nue	9	-		)					101	42	0
Revenue	10			ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)					3,481	· · · · · · · · · · · · · · · · · · ·	248
Ľ.	12	-		st equal Part VIII, column (A)					5,477)		390
	13		ar amounts paid (Part IX, o		, iiiie 12) • • • • • • • •				5,412 074	906,	
	14		or for members (Part IX, or					401	.,074	258,	075
	15	-	•	enefits (Part IX, column (A), li				1 95	8,858	170,	746
ses	16a		draising fees (Part IX, colu						,000	1/07	0
Expenses	b		expenses (Part IX, colum			98,072					<u>,</u>
ä	17	-	(Part IX, column (A), lines					185	5,959	205,	150
_	18	-		ual Part IX, column (A), line 2	5)				5,891	633,	
	19	Revenue less ex	kpenses. Subtract line 18	from line 12					,521	272,	
5	s		-				Beginn	ning of Curr		End of Year	
Net Assets or	20	Total assets (Pa	rt X, line 16)					1,373	8,628	1,516,	924
Ass	n 21	Total liabilities (F	Part X, line 26)				•	134	,584		379
		Net assets or fu	nd balances. Subtract line	21 from line 20			•	1,239	9,044	1,497,	545
	rt II	Signature									
				ncluding accompanying schedules an is based on all information of which p			of my knowle	dge and beli	ef, it is		
		Ι.									
Sig	n		-								
		Signature of	officer						Da	ite	
He	re		O'Leary, Treasure	r						······································	
		1.	name and title		1.5	into				DTIN	
Pai	d	Print/Type prepare		reparer's signature	$\sim$	ate		Check	Xif	PTIN	
	o epare		J Phillips (	your we we		4-12-20		self-em	ployed	P01607578	
	e Onl			J Phillips CPA PLLC				m's EIN 🕨			<u> </u>
03	0.011	Y   Firm's address ▶					Pho	one no.	E00	047 7007	
May	the IP	S discuss this retu	Tucson AZ	above? (see instructions)			L		520-	247-7087 •••• X Yes	No
_			Act Notice, see the separ			<u> </u>					
										Form <b>990</b> (2	∠019)

Form	n 990 (2019) Educational Enrichment Foundation	74-2354578 Page 2
Pa	Int III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	To provide resources to expand and enrich the student learning experience	e in the Tucson Unified
	School District.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	· · · · · · · 🗌 Yes 🛛 🗽 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	· · · · · · · · · · · Yes 👖 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	-
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 405,272 including grants of \$ 258,075 ) (Re	evenue \$ )
	During the 2019-2020 school year, EEF awarded 66 classroom grants for ed	
	projects. EEF also awarded 13 college scholarships to graduating TUSD se	niors and provided
	funding for 1,468 interscholastic participation fees assistance to TUSD :	
	school students. EEF provided students in need with 64 eye exams and 84	
	420 pairs of shoes and 1,200 pairs of socks at our "shoe shopping" party	events; and over 900
	hygiene packs to student families in need.	
4b	(Code:) (Expenses \$ including grants of \$ ) (Re	evenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Re	evenue \$ )
		·
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e EEA	Total program service expenses     405,272	Form <b>990</b> (2019)

Form 990 (2	2019
Part IV	

9)	Educational	Enrichment	Foundation
Checklist of	Required Sch	edules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Pa	rt IV Checklist of Required Schedules (continued)				
		_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	· · · · [;	22	х	<u> </u>
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	· · · · [_]	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
_	through 24d and complete Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· · · ·   2	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	· · · ·   2	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
		···· 4	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		26		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	· · · ·	20		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		21		<u>x</u>
20	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				
a	"Yes," complete Schedule L, Part IV		28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	····			<u> </u>
C	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	x	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>	
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I • • • • •		31		x
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	3	35b		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	х	
Par		I	(		
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • • • • • • • • 1a	7			
b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	1	с	х	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>x</u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>x</u>
C Ca	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ch		
-	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	х	
С	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		v
А	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •	70		<u>x</u>
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<u>x</u>
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form	990 (2019) Educational Enrichment Foundation 74-23545	78	F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No″		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b> 1a 15</b>			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b 15</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O <b></b> <b>tion B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue Code.)	9		x
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u></u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         X       Upon request         Other (explain on Schedule O)			
10	Own website       Another's website       Image: Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
19	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Corporation (520) 325-8688, 5049 E Broadway Blvd Ste 107, Tucson, AZ 85711			
FEA	The corporation (520,525 0000, 5049 E broadway bive Ste 107, Tucson, A2 05/11	Form	990 (	2019)

Form 990 (201	9) Educational Enrichment Foundation	74-2354578	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employee	es, and
	independent contractors		_
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with or wil	thin the	
organization's	tax year.		

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

	eu organizado		iheu	sale	u ai	iy cum			usiee.	
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	`				nan one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or In	In	q	Ke	Hi	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	divid	stitut	Officer	∘y en	ghes	Forme	(11 2, 1000 11100)	· · · · · ·	related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	t cor				
	below	uste	trus		/ee	nper				
	dotted line)	e	tee			Highest compensated employee				
						ğ				
(1) Eden_Britt	1.00									
Board Member		х						0	0	0
(2) Elaine Nathanson	<u>1.00</u>									
Board Member		х						0	0	0
(3) Erika_O'Dowd	1.00									
Board Member		х						0	0	0
(4) Therese McDonald	1.00									
Secretary		х		х				0	0	0
(5) Connie McDonald	1.00									
Board Member		х						0	0	0
(6) Jeffrey Sawyer	1.00									
Board Member		х						0	0	0
(7) Amanda Thomas	<u>1.00</u>									
Treasurer		х		х				0	0	0
(8) Xavier Walker	1.00									
President		х		х				0	0	0
(9) Agnes Attakai	1.00									
Board Member		х						0	0	0
(10)Dawn_Bell	1.00									
Vice President		х		х				0	0	0
(11)Maria Parham	1.00									
Board Member		х						0	0	0
(12)Ryan_Anderson	1.00			T						
Board Member		х						0	0	0
(13)Lisa_Gonzalez	1.00									
Board Member		х						0	0	0
(14)Megan O'Leary	1.00									
Treasurer		х		х				0	0	0
FFA										Form <b>990</b> (2019)

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Part VII Section A. Officers, Directors, Truster	es, Key Emplo	yees,	and	High	lest	Comp	bens	sated Employees	(continued)		
				(C							
(A)	(B)	(do r	not che	Posi ck mo		an one		(D)	(E)		(F)
Name and title	Average	,				both an		Reportable	Reportable	Estimat	ed amount
	hours					trustee)		compensation	compensation		other
	per week							from the organization	from related organizations		ensation n the
	(list any	or Inc	ng l	ç	Ke	en Hi	Fo	(W-2/1099-MISC)	(W-2/1099-MISC)		ation and
	hours for related	dire	stitut	Officer	y en	ghes	Former			related o	rganizatior
	organizations	ual t	ona		Key employee	ree t co					
	below	Individual trustee or director	Institutional trustee		yee	mpe					
	dotted line)	ö	stee			Highest compensated employee					
						ed					
15)Melinda_Gomez	1.00										
Board Member		х						0	o		0
16)Leslie Edwards	40.00										
Executive Director					x			47,949	o		9,210
17)Karen T Baden											.,
Interim Executive Director					x			0	o		0
40)											
<sup>1</sup> <u>0</u> )											
19)											
20)											
21)											
22)											
23)											
(25)											
1b Subtotal · · · · · · · · · · · · · · · · · · ·							۲				
c Total from continuation sheets to Part VII, Se	ction A ·				• •						
d Total (add lines 1b and 1c)							•	47,949	0		9,210
2 Total number of individuals (including but not lim	ited to those lis	ted ab	ove)	who	rece	eived r	nore				
reportable compensation from the organization	•										
										Y	res No
3 Did the organization list any former officer, direct	tor, trustee, key	/ empl	oyee,	, or h	nighe	est con	npe	nsated			
employee on line 1a? If "Yes," complete Schedu	le J for such ind	dividua	a/							3	x
4 For any individual listed on line 1a, is the sum of				and o	othe	er comp	oens	sation from the			
organization and related organizations greater th											
individual · · · · · · · · · · · · · · · · · · ·										4	x
<ul><li>5 Did any person listed on line 1a receive or accru</li></ul>						d ordai	niza	tion or individual			A
for services rendered to the organization? If "Yes			-			-	mza			5	x
Section B. Independent Contractors	<i>,, complete co</i>	nouun	0 101	. 000	n pe						А
1 Complete this table for your five highest compen	sated independ	dent co	ontrac	ctors	that	t receiv	ved	more than \$100 00	00 of		
compensation from the organization. Report con											
(A)				. <b>j</b> = -				(B)		(C)	
Name and business add	ess							Description of servic	es	Compensat	on
	-									ponodi	
						-+					
						I					
2 Total number of independent contractors (includi	ng but not limite	ed to f	hose	liste	d ab	ove) w	vho				

	00 (2019) Educational Enrichmen	nt Foundatio	n		74-23545	78 Page 9
Part	VIII Statement of Revenue Check if Schedule O contains a response or not	te to any line in this	Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s, Grants Amounts	1aFederated campaigns1abMembership dues1bcFundraising events1cdRelated organizations1d	44,283 74,262				
Contributions, Gifts, Grants and Other Similar Amounts	e       Government grants (contributions)       1e         f       All other contributions, gifts, grants, and similar amounts not included above       1f         g       Noncash contributions included in lines 1a-1f       1g	734,208 \$ 141,524				
and	h Total. Add lines 1a-1f	,	852,753			
ervice ue	2a [ b					
Program Service Revenue	c d f All other program service revenue					
ш.	g Total. Add lines 2a-2f					
	<ul> <li>3 Investment income (including dividends, interest, an other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proceed</li> <li>5 Royalties</li> </ul>	eds · · · ►	43,248			43,248
	6a     Gross rents     6a       b     Less: rental expenses     6b       c     Rental income or (loss)     6c	(ii) Personal				
	d Net rental income or (loss)	(ii) Other				
evenue	and sales expenses         7b         52,000           c         Gain or (loss)          7c					
Other Reve	d Net gain or (loss)	28,344				
	b Less: direct expenses 8b	<u>18,179</u>	10,165			10,165
	9a       Gross income from gaming activities, See Part IV, line 19       9a         b       Less: direct expenses       9b					
	c Net income or (loss) from gaming activities          10a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b					
anous	11a	Business Code				
Miscellanous Revenue	c d All other revenue	900099	225			225
	e Total. Add lines 11a-11d           12 Total revenue. See instructions		225 906,391	0	0	53,638

#### Educational Enrichment Foundation Statement of Functional Expenses Part IX

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

Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	258,075	258,075		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	37,311	11,272	15,829	10,210
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	101,951	30,801	43,253	27,897
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions) ••	10 470	5 504	<b>F</b> 000	
9 10	Other employee benefits · · · · · · · · · · · · · · · · · · ·	18,479	5,584	7,839	5,056
10	Fees for services (nonemployees):	13,005	3,929	5,517	3,559
	Management				
a b					
c	Accounting	10,785	3,258	4,576	2,951
d		10,785	5,230	4,570	2,951
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,162		4,162	
g	Other. (If line 11g amount exceeds 10% of line 25, column	4,102		4,102	
5	(A) amount, list line 11g expenses on Schedule O.)	37,799	11,419	16,037	10,343
12	Advertising and promotion	2,757	833	1,170	754
13	Office expenses	15,269	4,612	6,479	4,178
14	Information technology	3,951	1,194	1,676	1,081
15	Royalties · · · · · · · · · · · · · · · · · · ·	- /			_/ • • =
16	Occupancy	33,351	20,048	8,087	5,216
17	Travel				- ,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization •••••	4,384	1,325	1,859	1,200
23	Insurance	2,459	743	1,043	673
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Fiscal sponsored projects	42,853	42,853		
b	Bank fees	4,950	1,495	2,101	1,354
С	Donated fundraising costs	16,507			16,507
d	Community relations/events	10,617	3,207	4,505	2,905
е	All other expenses	15,306	4,624	6,494	4,188
25	<b>Total functional expenses.</b> Add lines 1 through 24e	633,971	405,272	130,627	98,072
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here <b>i</b> f				
	following SOP 98-2 (ASC 958-720)				

|--|

4-2	35	45	78	3

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Form Par	990 (20 t <b>X</b>	119) Educational Enrichment Foundation Balance Sheet	74	4-235	4578 Page 11
					П
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	486,804	1	638,051
	2	Savings and temporary cash investments	8,291	2	5,652
	3	Pledges and grants receivable, net	43,961	3	40,925
	4	Accounts receivable, net	- /	4	- /
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	7,473	9	2,700
	10a	Land, buildings, and equipment: cost or other	· · ·		· · · · ·
		basis. Complete Part VI of Schedule D 10a 35,184			
	b	Less: accumulated depreciation 10b 10,379	28,409	10c	24,805
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	656,168	12	661,389
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	142,522	15	143,402
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,373,628	16	1,516,924
	17	Accounts payable and accrued expenses	23,374	17	18,379
	18	Grants payable • • • • • • • • • • • • • • • • • • •	111,210	18	1,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	134,584	26	19,379
<i>(</i> <b>)</b>		Organizations that follow FASB ASC 958, check here			
ICes	07	and complete lines 27, 28, 32, and 33.		07	
alan	27	Net assets without donor restrictions	356,230	27 28	355,138
Ä	28	Net assets with donor restrictions       Organizations that do not follow FASB ASC 958, check here	882,814	20	1,142,407
oun		-			
г	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
tsc	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	30 31	Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,239,044	32	1 /07 5/5
Ne	33	Total liabilities and net assets/fund balances	1,239,044	33	<u>1,497,545</u> 1,516,924
FFA			1,373,020		Form <b>990</b> (2019)

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Form 990 (2019)

Form	990 (2019) Educational Enrichment Foundation 7	4-2354578	3	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				- 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		906,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		633,	971
3	Revenue less expenses. Subtract line 2 from line 1	3		272,	420
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	239,	044
5	Net unrealized gains (losses) on investments	5		(13,	919)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	497,	545
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>-                                     </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	000 /	0010

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Form 990 (2019)

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#### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

(Form 990 or 990-EZ)

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number Educational Enrichment Foundation 74-2354578 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 х 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** U **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c U Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

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

(E) Total OMB No. 1545-0047

2019

Schedule A (Form 990 or 990-EZ) 2019 Part II

Page 2

990 or 990-EZ) 2019Educational Enrichment Foundation74-2354578Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	560,315	750,002	605,043	842,408	852,753	3,610,521
2	Tax revenues levied for the						<u> </u>
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	560,315	750,002	605,043	842,408	852,753	3,610,521
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						60,093
6	Public support. Subtract line 5 from line 4						3,550,428
	ction B. Total Support						
Ca	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
7	Amounts from line 4	560,315	750,002	605,043	842,408	852,753	3,610,521
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	36,121	20,197	33,427	34,474	43,248	167,467
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11							3,777,988
12	Gross receipts from related activities, etc. (se			• • • • • • • • •		12	117,563
13	First five years. If the Form 990 is for the org	•			•		, ,
_	organization, check this box and stop here						<b>▶</b> ∐
	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 6, co	.,	-			14	93.98 %
	Public support percentage from 2018 Schedu					15	92.54 %
168	<b>33 1/3% support test - 2019.</b> If the organization						_
	box and <b>stop here</b> . The organization qualifie						
	<b>33 1/3% support test - 2018.</b> If the organizat						
17-	this box and <b>stop here</b> . The organization qua <b>10%-facts-and-circumstances test - 2019</b> .			-			_
1/6	10% or more, and if the organization meets the	-					
	Part VI how the organization meets the "facts					•	
	6			0			_
	organization						
		•					
	15 is 10% or more, and if the organization me Explain in Part VI how the organization meets						clv
							· _
19	supported organization <b>Private foundation.</b> If the organization did no						🖛 🗆
10	instructions						▶ □
FFA						Schedule A (Form	

Schedule A (Form 990 or 990-EZ) 2019

Schee			nt Foundati			74-235457	8 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sect	tion 509(a)(2	2)		
	(Complete only if you checked the complete only if you checked the	ne box on lin	e 10 of Part I	or if the orga	nization failed	to qualify und	er Part II.
	If the organization fails to qualify	under the te	ests listed belo	ow, please co	mplete Part I	l.)	
Sec	ction A. Public Support			-	-	· ·	
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	<u> </u>		(-)		<u> </u>	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, 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						
Ŭ	unrelated trade or business under section 513 •						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities						
5							
	furnished by a governmental unit to the						
~	organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
9	Amounts from line 6						
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 businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the org	nanization's fir	st second third	d fourth or fift	i tax vear as a	section 501(c)(3	3)
17	organization, check this box and <b>stop here</b>	•			•		,
Sec	ction C. Computation of Public Suppor	t Percentag	<u> </u>				···· • 🗋
	Public support percentage for 2019 (line 8, co			column (f))		15	%
		()	•	( ) /			<u>%</u> %
	Public support percentage from 2018 Schedu					16	%
	ction D. Computation of Investment Inc			a 12 anti-	(f))	47	0/
	Investment income percentage for <b>2019</b> (line					17	%
	Investment income percentage from <b>2018</b> Sc						%
19a	33 1/3% support tests - 2019. If the organiza						_
-	17 is not more than 33 1/3%, check this box	-	-			· •	
b	33 1/3% support tests - 2018. If the organization						
	line 18 is not more than 33 1/3%, check this I	-	-			•••	=
20	Private foundation. If the organization did not	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and s	see instructions	▶ []

	e A (Form 990 or 990-EZ) 2019 Educational Enrichment Foundation 74-2354	578	F	Page 4
Par				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c	omplete	Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	Part V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>			
•••	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
5	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$	50		
С	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4~	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
40	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
h		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	41-		
-	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination $P_{\rm eff}(x) = \frac{1}{2} \int \frac{1}{$			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	lou		
N	determine whether the organization had excess business holdings.)	10b		
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	Schedule A	. (1 0111 990	Ji 330-E	

-	Iule A (Form 990 or 990-EZ) 2019         Educational Enrichment Foundation         74-2354	578	P	age
Pa	rt IV Supporting Organizations (continued)			
			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ах		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019

3

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- the organization maintained a close and continuous working relationship with the supported organization(s). 2

#### c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No

2a 2b 3a 3b



Dage 5

Schedule A (Form 990 or 990-EZ) 2019 Educational Enrichment Foundation		74-235	4578 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explai	n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organiz	ations	s must complete Section	s A through E.
Section A - Adjusted Net Income	(B) Current Year		
		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

	Le A (Form 990 or 990-EZ) 2019 Educational Enrichment Fo		74-2354	1578 Page 7
Pai	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organiz		
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in <b>Part VI</b> ). See instructions.	•		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
_	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
2	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
EEA			Schedu	le A (Form 990 or 990-EZ) 2019

	990 or 990-EZ) 2019 Pa
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Par
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Name of the organization

# Schedule of Contributors

OMB No. 1545-0047

2019

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number Educational Enrichment Foundation 74-2354578 Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- х For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Page 2
Employer identification number

Educational Enrichment Foundation

74-2354578

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_1_	Community Foundation for SoAZ 5049 E Broadway Blvd Tucson, AZ 85711	\$ <u>65,000</u>	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_2_	<u>Mission Management Trust</u> <u>3567 E Sunrise Dr Ste 235</u> <u>Tucson, AZ 85718</u>	\$ <u>20,000</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_3_	Margaret E Mooney Foundation 2440 E Broadway Blvd Tucson, AZ 85719	\$100,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Pima County Treasurer Finance Offic 1010 E 10th St Tucson, AZ 85719	\$ <u>44,283</u>	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

SCHEDULE D	
(Form 990)	

Department of the Treasury

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

2019

Open to Public Inspection

Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	on.
Name of the organization		Ε

Employer identification number
74-2354578

Edu	cational Enrichment Foundation	74-2354578
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year • • • • • • • • • • • • • • • • • • •	
2	Aggregate value of contributions to (during year) · · · ·	
3	Aggregate value of grants from (during year) · · · · ·	
4	Aggregate value at end of year • • • • • • • • • • • • • • • • • • •	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	···· Ves 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	· · · · · · · · · Yes 🗌 No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	storically important land area
	Protection of natural habitat Preservation of a cel	rtified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	on during the
	tax year 🕨	Ũ
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	
	►	5,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	ents during the vear
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?	Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance	sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	1
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she	eet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	· · · • \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	
-	Revenue included on Form 990, Part VIII, line 1	
a b		
U		

	ule D (Form 990) 2019 Educational Enr			-		74-235			Page 2
Pa	rt III Organizations Maintaining	Collections of /	Art, Historical T	reasures,	or Ot	her Similar A	sset	s (con	tinued)
3	Using the organization's acquisition, accession	n, and other records, o	check any of the follo	wing that mal	ke signifi	cant use of its			
	collection items (check all that apply):								
а	Public exhibition		d 🗌 Loan (	or exchange p	programs	6			
b	Scholarly research		e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain he	ow they further the o	rganization's e	exempt p	ourpose in Part			
	XIII.		-	-					
5	During the year, did the organization solicit or	receive donations of a	art, historical treasure	es, or other sir	nilar				
	assets to be sold to raise funds rather than to l						[	Yes	□ No
Pa	rt IV Escrow and Custodial Arra		0						
	Complete if the organization a	answered "Yes" o	on Form 990, Pa	art IV, line 9	), or re	ported an am	ount	on Fo	rm
	990, Part X, line 21.					•			
1a	Is the organization an agent, trustee, custodia	n or other intermediar	v for contributions or	other assets	not				
							[	Yes	
b	If "Yes," explain the arrangement in Part XIII a								
		····				А	mount		
с	Beginning balance				. 1c				
d	0 0								
e	· · · · · · · · · · · · · · · · · · ·								
f	Ending balance				. 1f				
2a	Did the organization include an amount on For				·		r	Yes	No
b	If "Yes," explain the arrangement in Part XIII. C				•		_		
	t V Endowment Funds.		anation has been pro						
I u	Complete if the organization a	answered "Yes" (	n Form 990 Pa	nt IV line 1	10				
				1		( )) TI			
4-		(a) Current year	(b) Prior year	(c) Two years		(d) Three years bac		e) Four ye	
1a -	Beginning of year balance   ••••••     Contributions   •••••••	659,555	532,409		,246	507,20	8	52	0,510
b		14,808	107,155	10	<u>,874</u>				5,483
С	Net investment earnings, gains, and								
		24,101	34,232		,389	41,15			0,785)
d	Grants or scholarships	22,290	14,241	18	,100	31,11	6		8,000
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	676,174	659,555		,409	517,24	6	50	7,208
2	Provide the estimated percentage of the current	•	ine 1g, column (a)) h	eld as:					
а	Board designated or quasi-endowment	1.00 %							
b	Permanent endowment 99.00 9	6							
С	Term endowment   %								
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possess	sion of the organizatio	n that are held and a	dministered for	or the			_	
	organization by:						F	<u> </u>	'es No
	(i) Unrelated organizations			• • • • • •		• • • • • • • • •	••	3a(i)	x
	(ii) Related organizations						••	3a(ii)	х
b	If "Yes" on line 3a(ii), are the related organization					• • • • • • • • •	•• [	3b	
4	Describe in Part XIII the intended uses of the c		nent funds.						
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization a	answered "Yes" o	on Form 990, Pa	art IV, line 1	11a. Se	e Form 990,	Part	X, line	10.
	Description of property	(a) Cost or othe	er basis (b) Cost o	or other basis	(c)	Accumulated	(	d) Book v	alue
		(investme	nt) (	other)	de	epreciation			
1a	Land	• •							
b	Buildings								
с	Leasehold improvements			13,003		939		1	2,064
d	Equipment			,					,
e	Other			22,181		9,440		1	2,741
	Add lines 1a through 1e. (Column (d) must eq		, column (B), line 10d						4,805
									,

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.         (e) Description discription discriptin discription discription discription discription	Schedule D (Form		chment Found	ation	74-	-2354578	Page <b>3</b>
(b) Description of acceller y product and derivatives         (b) Dark value         (c) Dark value           (1) Financial derivatives         (c)         (c) <td< th=""><th>Part VII</th><th>Investments - Other Securities.</th><th></th><th></th><th></th><th></th><th></th></td<>	Part VII	Investments - Other Securities.					
(redulty area at acuth)         Data or and-styper metat wave           (2) Flancial deviatives         (3) Other           (3) Other         (4)           (5)         (5)           (6)         (6)           (7)         (6)           (6)         (6)           (7)         (6)           (8) Description (f) must equal Form 990, Part X, col. (5) line 12)         (6)           (9) Description (f) must equal form 990, Part X, col. (5) line 72)         (6)           (9) Description (f) must equal form 990, Part X, col. (5) line 12)         (6)           (9) Description (f) must equal form 990, Part X, col. (5) line 13)         (6)           (6)         (9) Description (f) must equal form 990, Part X, col. (5) line 13)         (1)           (4)         (6)         (6)         (6)           (6)         (6)         (6)         (6)           (7)         (6)         (6)         (6)           (7)         (6)         (6)         (6)           (6		Complete if the organization answered	d "Yes" on ⊢ori	m 990, Part IV, lii '	ne 11b. See Form	990, Part X,	line 12.
(2)       Closely-held equity interests       (2)         (3)       Other       (3)         (4)       (6)       (6)         (5)       (6)       (7)         (6)       (9)       (9)         (7)       (9)       (9)         (9)       (9)       (9)         (10)       (10)       (10)         (11)       (11)       (11)         (12)       (11)       (11)         (12)       (11)       (11)         (12)       (11)       (11)         (12)       (11)       (11)         (12)       (11)       (11)         (12)       (11)       (11)         (12)       (11)       (11)         (13)       (11)       (11)         (14)       (11)       (11)         (13)       (11)       (11)         (14)       (11)       (11)         (13)       (11)       (11)         (14)       (11)       (11)         (11)       (11)       (11)       (11)         (12)       (11)       (11)       (11)         (12)       (11)       (11)       (11)				(b) Book value			
(3) Other         (3) Other           (3) Other         661,389           (3)         (3) Other           (3)         (3) Other           (3)         (3) Other           (3)         (3) Other           (4)         (4)           (5)         (5)           (6)         (6)           (7)         (6)           (8)         (6)           (9) Description of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (4)         (5)           (5)         (6)           (7)         (6)           (8)         (6)           (9)         (6)           (7)         (7)           (8)         (9)           (9)         (10)           (11)         (11)           (12)         (11)           (13)         (11)           (14)         (11)           (15)         (11)           (16)         (11)           (17)         (11)           (18)         (11)           (19)         (11)           (11)         (11)           (11)         (11)	(1) Financial c	erivatives · · · · · · · · · · · · · · · · · · ·					
(-Watural Funds         661,389         PW           (6)	•••••	ld equity interests					
(B)       (C)         (C)       (C)         (D)       (C)         (E)       (C)         (F)       (C)         (G)       (							
(C)       (D)         (B)       (D)         (F)       (D)         (G)       (D)         (F)       (D)         (G)       (D)         (F)       (D)         (G)       (D)         (F)       (D)         (G)       (D)         (F)       (D)         (F)       (D)         (G)       (D)         (H)       (D)         (D)		funds		661,389	FMV		
(D)         (E)           (F)         (G)           (G)							
(E)       (F)         (G)       (G)         (H)							
(F)       (G)         (G)       (G)         (H)       (G)         (I)       (G)         (I)       (I)         (I)							
(G)       (H)         (H)       (G)         (F)       (G)         (F)       (G)         (G)							
(H)       661,389         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12, ▶       661,389         (a) Description of investment       (b) Book value       (c) Method of valuation: Control end-of year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Control end-of year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Control end-of year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Control end-of year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Control end-of year market value         (1)       (a) Description       (c) Method of valuation: Control end of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Description       (b) Book value       (c) Book value         (c) Description       (b) Book value       (c) Book value         (d) Description       (b) Book value       (c) Book value         (f)       (f)       (f)       (f)         (g)       (f) Description of invest end of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (f) Description of floating (f) Book value         (g) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
Total. Column (b) must equal Form 990, Part X, col. (B) line 12)       661, 389         Part Vill       Investments - Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.       (a) Method of valuation.         (b) Description of lowelinest       (b) Book value       (c) Method of valuation.         (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)         (e)       (c)       (c)       (c)         (f)       (c)       (c)       (c)         (d)       (c)       (c)       (c)         (f)       (c)       (c)       (c)         (g)       (c)       (c)       (c)       (c)         (f)       (c)       (c)       (c)       (c)       (c)         (g)       (c)       (c)       (c)       (c)       (c)       (c)         (g)       (c)       (c) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Part VIII         Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c)         (c) Method of valuation: Cost or end-of-year market value           (d)         (c)         (c) Method of valuation: Cost or end-of-year market value           (d)         (c)         (c)         (c)           (e)         (c)         (c)         (c)           (f)         (c)         (c)         (c)         (c)           (e)         (c)         (c)         (c)         (c)           (f)         (c)         (c)         (c)         (c)         (c)           (e)         (c)         (c)         (c)         (c)         (c)         (c)           (f)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (f)         (c)         <	,	(b) must equal Form 990, Part X, col. (B) line 12.)		661,389			
(a) Description of Investment         (b) Book value         (c) Method of valuation. Cost or end-of-year market value           (1)         (a)         (c)         (							
Cost or end-of-year market value           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)           (1) Exercision           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (1) Federal income taxes           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9) Description of liability           (1) Federa		Complete if the organization answered	d "Yes" on Fori	m 990, Part IV, lii	ne 11c. See Form	990, Part X,	line 13.
(1)       (2)         (3)       (4)         (6)       (5)         (6)       (7)         (8)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)       (9)         Total. (Column (c) must equal Form 990, Part X, col. (B) line 13)       (9)         (1) Eact if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (9)         (1) Eact if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, ed. (9)       (9)         (6)       (9)       (1) Federal income taxes         (2)       (1) Federal income taxes       (1) Federal income taxes         (2)       (2)       (2)         (3)       (4)       (5)         (6)       (7)       (1) Federal income taxes         (7)       (9)       (9)         (1) Federal income taxes       (1) Federal income taxes         (2)       (2)       (3)         (3)       (4)       (5)         (6)       (7)       (1) Federal income taxes         (2)       (2)       (3)         (6)       (1) Federal income taxes       (2)         (2)       (3)       (4) <td></td> <td>(a) Description of investment</td> <td></td> <td>(b) Book value</td> <td>(</td> <td>c) Method of valuation</td> <td>n:</td>		(a) Description of investment		(b) Book value	(	c) Method of valuation	n:
(2)       (3)         (3)       (4)         (6)       (5)         (6)       (7)         (8)       (9)         (9)       (10)         (11)       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (12)       (14)         (12)       (14)         (12)       (14)         (12)       (14)         (14)       (15)         (17)       (14)         (16)       (14)         (16)       (17)         (17)       (16)         (17)       (16)         (17)       (15)         (17)       (14)         (16)       (14)         (17)       (15)         (16)       (16)         (17)       (15)         (18)       (14)         (19)       (19)         (11)       (11)         (12)       (12)         (13)       (14)         (14)       (15)         (15)       (16)         (16)       (16)         (17)       (16) <t< td=""><td></td><td></td><td></td><td></td><td>Cost o</td><td>r end-of-year market v</td><td>/alue</td></t<>					Cost o	r end-of-year market v	/alue
(3)       (4)         (4)       (5)         (6)       (7)         (7)       (9)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1/Extrificates of deposit - banks       134,007         (2/Investment held at CFSA       9,395         (3)       (4)         (6)       (6)         (7)       (6)         (8)       (9)         (9)       (2)         (10) Foderal income taxes       (11) Federal income taxes         (2)       (3)         (1) Federal income taxes       (2)         (3)       (6)         (6)       (1) Federal income taxes         (2)       (3)         (6)       (1) Federal income taxes         (2)       (2)         (3)       (1) Federal income taxes         (2)       (2)         (3)       (2)         (4)       (5)         (6)       (2)							
(4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)       (9)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)       (9)         (1) Exercision       (9) Book value         (1) Exercision       (9) Book value         (1) Exercision       (9)         (6)       (9)         (7)       (9)         (6)       (9)         (7)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143, 402         (7)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143, 402         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143, 402         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143, 402         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143, 402         (1) Federal income taxes       (1) Federal income taxes       (2)         (2)       (3)       (4)       (							
(5)							
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1'Lertificates of deposit - banks       134,007         (2'Investment held at CFSA       9,395         (3)       (4)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (1) Federal income taxes         (2)       (3)         (4)       (5)         (5)       (6)         (7)       (6)         (6)       (7)         (7)       (9)         (1) Federal income taxes       (1)         (2)       (2)         (3)       (4)         (5)       (3)         (6)       (6) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
(7)       (8)       (9)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)       (1)         Part IX       Other Assets.       (9)         (9)       Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (1)       (9)       (9)         (1)       Exercision       (9)         (1)       Exercision       (9)         (4)       (9)       (9)         (6)       (7)       (6)         (7)       (8)       (9)         (7)       (8)       (9)         (7)       (1)       (14)         (8)       (9)       (14)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         Part X       Other Liabilities.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       (a) Description of liability       (b) Book value         (1)       (2)       (2)         (3)       (4)       (5)         (6)       (6)       (6)         (7)       (6)       (7)							
(8)							
(9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (ftDertificates of deposit - banks       134,007         (2) Investment held at CFSA       9,395         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         Part X       Other Liabilities.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)       (4)         (5)       (5)       (6)         (6)       (7)       (8)         (7)       (6)       (7)         (6)       (7)       (7)         (6)       (7)       (7)         (6)       (							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)         ►           Part IX         Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.           (a) Description         (b) Book value           (ltertificates of deposit - banks         134,007           (2Investment held at CFSA         9,395           (a)         9,395           (b)         (c)           (c)         (c)           (d)         (c)           (f)         (c)           (d)         (c)           (f)         (c)           (g)         (g)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         143,402           Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability           (b) Book value         (c)           (d)         (b) Book value           (f) Federal income taxes         (c)           (d)         (c)           (d)         (c)           (d)         (c)           (d)         (c)           (d)         (c)     <							
Part IX         Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.           (a) Description         (b) Book value           (1/Dertificates of deposit - banks         134,007           (2/Investment held at CFSA         9,395           (3)         (c)           (4)         (c)           (5)         (c)           (6)         (c)           (7)         (c)           (8)         (c)           (9)         (c)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         143,402           Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability           (b) Book value         (c)           (c)         (c)           (3)         (c)           (6)         (c)           (6)         (c)           (7)         (c)           (6)         (c)           (7)         (c)           (6)         (c)           (6)         (c)           (7)         (c)           (8)         (c		(h) must aqual Farm 000 Part X aal (P) lina 12)	<b></b>				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.           (a) Description         (b) Book value           (1) Excitificates of deposit - banks         134,007           (2) Investment held at CFSA         9,395           (3)         9,395           (4)         (6)           (5)         (7)           (6)         (7)           (7)         (7)           (8)         (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         143,402           Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description di liability           (1) Federal income taxes         (2)           (3)         (4)           (5)         (5)           (6)         (7)           (8)         (9)							
(a) Description         (b) Book value           (1}Certificates of deposit - banks         134,007           (2) Investment held at CFSA         9,395           (3)         9,395           (4)         (5)           (6)         (6)           (7)         (8)           (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)         143,402           Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability           (1) Federal income taxes         (2)           (3)         (4)           (5)         (5)           (6)         (7)           (8)         (9)			d "Yes" on For	m 990. Part IV. lii	ne 11d. See Form	990. Part X.	line 15.
(Ibertificates of deposit - banks       134,007         (2Investment held at CFSA       9,395         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)							
(2) Investment held at CFSA       9,395         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (7)         (9)       143,402         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (7)       (6)         (7)       (9)         (8)       (9)	(1)Certifi					(4) ==	
(3)       (4)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (a)         (6)       (7)         (8)       (a)							
(5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (8)							
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)	(4)						
(7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         Part X       Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (1) Federal	(5)						
(8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143,402         Part X       Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (1) Content (1)	(6)						
(9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143, 402         Part X       Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (3)       (d)         (4)       (f)         (5)       (f)         (6)       (f)         (7)       (a)         (8)       (f)	(7)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       143, 402         Part X       Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2)       (a)         (3)       (b)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)						ļ	
Part X       Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (a)         (3)       (b) Book value         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         (b) Book value         (c)           (2)         (c)         (c)           (3)         (c)         (c)           (4)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (8)         (c)         (c)							143,402
line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (a)         (2)       (b)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)	Fait A		l "Ves" on For	m 000 Part IV li	ng 11g or 11f Sec	Eorm 000 E	Part X
1.     (a) Description of liability     (b) Book value       (1) Federal income taxes     (a)       (2)     (b)       (3)     (c)       (4)     (c)       (5)     (c)       (6)     (c)       (7)     (c)       (8)     (c)				11 990, Fait IV, III		; i onn 990, r	art A,
(1) Federal income taxes       (2)       (3)       (4)       (5)       (6)       (7)       (8)	1		(h) Deelee				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	-		(b) BOOK V	alue			
(3)       (4)       (5)       (6)       (7)       (8)							
(4)     (5)       (6)     (7)       (8)     (8)							
(5)       (6)       (7)       (8)							
(6)       (7)       (8)							
(7)           (8)							
(8)							
	(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) • 🕨	-	b) must equal Form 990, Part X, col. (B) line 25.) 🔹 🕨					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			of the footnote to t	the organization's fina	incial statements that re	eports the	
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 😰	organization's	iability for uncertain tax positions under FASB ASC	740. Check here i	f the text of the footno	ote has been provided i	n Part XIII	<u>x</u>

	ule D (Form 990) 2019 Educational Enrichment Foundation	74-2354578	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	888,310
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	)	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	(13,919)
3	Subtract line 2e from line 1	3	902,229
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4, 162		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	4,162
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	906,391
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	629,809
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	629,809
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a 4,162		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	4,162
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	633,971
Pa	rt XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; P	art X, line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01.	Footnote for uncertain tax position under FIN 48 (Part X)		

Management	of	the	Foundation	considers	the	likelihood	of	changes	by	taxing	authorities	in	its	filed	ł
------------	----	-----	------------	-----------	-----	------------	----	---------	----	--------	-------------	----	-----	-------	---

tax returns and recognizes a liability for or discloses potential significant changes if management

believes it is more likely than not for a change to occur, including changes to the organization's

status as a not-for-profit entity. Management believes that the Foundation met the requirements to

maintain its tax-exempt status and has no income subject to unrelated business income tax,

therefore, no provision for income taxes has been provided in these financial statements.

SCHEDULE G	Supplemental Informati	on Regard	ding Fund	Iraising or Gan	ning Act	ivities _	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	organization ent	f the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. b to www.irs.gov/Form990 for instructions and the latest information.					
Name of the organization						Employer ide	Inspection ntification number
Educational Enrich	ment Foundation					74-23	54578
Part I Fundraisir	ng Activities. Complete if	the organiz	zation ans	wered "Yes" on	Form 99	0, Part IV,	line 17.
Form 990-E	Z filers are not required to cor	mplete this p	oart.				
1 Indicate whether the	organization raised funds through	any of the foll	owing activiti	es. Check all that ap	ply.		
a 🗌 Mail solicitations		е 🗌 :	Solicitation of	non-government gr	ants		
b 🗌 Internet and email	solicitations	f 🗌 🗄	Solicitation of	government grants			
c 🗌 Phone solicitations	6	g 🗌 :	Special fundr	aising events			
d 🗌 In-person solicitati	ons						
2a Did the organization h	nave a written or oral agreement w	ith any individ	dual (including	g officers, directors,	trustees,		
or key employees liste	ed in Form 990, Part VII) or entity i	in connection	with professi	onal fundraising serv	/ices?	🗌 Y	es 🗌 No
b If "Yes," list the 10 hig	hest paid individuals or entities (fu	undraisers) pu	irsuant to agr	eements under whic	h the fundr	aiser is to be	_
compensated at least	\$5,000 by the organization.		-				
(i) Name and address of or entity (fundrai		custody o	draiser have r control of outions?	(iv) Gross receipts from activity	ts (v) Amount paid to (or retained by) fundraiser listed in col. (i)		<b>(vi)</b> Amount paid to (or retained by) organization
		Yes	No			()	
1							
2							
3							
4							
		_					
5							
6							
7							
1							
8							
0							
9		+					
0							
10							
-							
	I	1	1				
Total · · · · · · · · · · ·							
	the organization is registered or lid			ns or has been notif	ied it is exe	mpt from	ı

registration or licensing.

Educational Enrichment Foundation

74-2354578

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

		gross receipts greater than	<i>φ</i> 5,000.			
			(a) Event #1 Davies lunch	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ani						
Revenue	1	Gross receipts	102,606			102,606
Re						
	2	Less: Contributions	74,262			74,262
	3	Gross income (line 1 minus				
		line 2) • • • • • • • • • • • • • • • • • •	28,344			28,344
	4	Cash prizes				
	5	Noncash prizes				
	_					
ses	6	Rent/facility costs	16,262			16,262
pen	_					
EX	7	Food and beverages • • • • • •				
Direct Expenses	•					
D	8	Entertainment				
	9	Other direct expenses	1,917			1 017
	3		1,917			1,917
	10	Direct expense summary. Add lines	4 through 9 in column (d)			18,179
	11	Net income summary. Subtract line				10,165
Pa	rt II					
		\$15,000 on Form 990-EZ,	line 6a.			
0			(a) Dinga	(b) Pull tabs/instant	(-) Other gening	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Seve						
ш —	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	_					
xpe	3	Noncash prizes				
ct E						
Dire	4	Rent/facility costs				
	_					
	5	Other direct expenses • • • • •		Yes %	Yes %	
	6	Volunteer labor	│	│	└ Yes %	
	0					
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	•					
			5 ()			
	8			ın (d) • • • • • • • • • •		
	8	Net gaming income summary. Subtr		ın (d) • • • • • • • • • • • • • • • • • • •		
9			ract line 7 from line 1, colum		· · · · · · · · · •	
9 a	En	Net gaming income summary. Subtr	ract line 7 from line 1, colum	es:	· · · · · · · · · · · · · · · · · · ·	· · · · ] Yes ] No
	En Is 1	Net gaming income summary. Subtr ter the state(s) in which the organizati	ract line 7 from line 1, colum	es:	· · · · · · · · · · · · · · · · · · ·	Yes 🗌 No
a	En Is 1	Net gaming income summary. Subtr ter the state(s) in which the organizati the organization licensed to conduct g	ract line 7 from line 1, colum	es:	· · · · · · · · · · · · · · · · · · ·	Yes 🗌 No
a	En Is 1	Net gaming income summary. Subtr ter the state(s) in which the organizati the organization licensed to conduct g	ract line 7 from line 1, colum	es:	•••••••	· · · · ] Yes ] No
a b 10a	En Is If " 	Net gaming income summary. Subtrater the state(s) in which the organization licensed to conduct go No," explain:	ract line 7 from line 1, colum ion conducts gaming activiti gaming activities in each of t	es: hese states? •••••		· · · · ] Yes ] No
a b 10a	En Is If " 	Net gaming income summary. Subtrater the state(s) in which the organization licensed to conduct g	ract line 7 from line 1, colum ion conducts gaming activiti gaming activities in each of t	es: hese states? •••••		

SCHEDULE I	1		ints and Other				1	OMB No. 1545-0047		
(Form 990)		Gove	rnments, and I if the organization an	ndividuals in	the United Sta	ites		2019		
Department of the Treasury	C	Open to Public								
Internal Revenue Service			Go to www.irs.g	ov/Form990 for the la	itest information.			Inspection		
Name of the organization							Employer identification			
Educational Enri Part I Genera	<u>chment</u> Foundati	Lon Grants and Assis	tance				74-2354578			
		substantiate the amour		ance the grantees' elig	nibility for the grants or a	assistance and				
-	ia used to award the gra		-	-				· X Yes No		
	0	edures for monitoring th								
					ts. Complete if the o	rganization answered "	'Yes" on Form 990	3		
		ent that received mo								
1 (a) Name and addre		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant		
or gover	nment		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance		
(1)										
(2)										
(3)										
(4)										
(4)										
(5)										
(6)										
(7)										
(7)										
(8)										
(9)										
(10)										
2 Enter total number	of section 501(c)(3) an	d government organizat	ions listed in the line 1 t	able • • • • • •			•••••	•		
	of other organizations									

Schedule I (Form 990) (2019) Educational Enrichment Foundation

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (e) Method of valuation (book, (c) Amount of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 Classroom grants to teachers 66 1,481 2 College Scholarships 13 1,000 3 Interscholastic scholarships 1,468 79,157 eye glasses, school 4 Special Needs 2,668 51,420 125,017 fair market value supplies and other 5 6

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

01. Monitoring procedures (Part I, line 2)

For all grants and fiscal sponsored project expenses, EEF requires proof of expenditure of awarded funds (receipts) that

match of awarded or fiscally sponsored project budgets.

EEA

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74-2354578

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

### Employer identification number

Educati	onal	Enrichment	Foundation
Part I	Tv	pes of Prope	rtv

74	-23	54	57	R

OMB No. 1545-0047

2019

Open to Public

Inspection

		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Methoo noncash co			
1	Art - Works of art			` <b>`</b>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded • • • • •							
10	Securities - Closely held stock • • • •							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies • • • • •							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Special Needs)	x	2,668	125,017				
26	Other (Fundraising)	x	1	16,507	fair mar	ket v	zalue	
27	Other ► ()							
28	Other ►( )							
29	Number of Forms 8283 received by the c	0	<b>o</b> ,	ons for				
	which the organization completed Form 8	3283, Part IV,	Donee Acknowledgement		29		No.	N
<b>.</b>							Yes	No
30a	During the year, did the organization rece	-		-				
	28, that it must hold for at least three yea			a which isn't required		20-		
L	to be used for exempt purposes for the e	-				30a		x
b 24	If "Yes," describe the arrangement in Par		at requires the review of any pe	natandard				
31	Does the organization have a gift accepta					24		
322	contributions?					31	X	
32a			ed organizations to solicit, proce			220		v
h	If "Yes," describe in Part II.					32a		<u>x</u>
b 33	If the organization didn't report an amour	t in colume (	c) for a type of property for which	h column (a) is checked				
55	describe in Part II.							
	describe in Part II.							

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

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

#### Educational Enrichment Foundation

74-2354578

#### 01. Form 990 governing body review (Part VI, line 11)

EEF's Finance Committee that includes the EEF Board President, Board Treasurer and 3-4

additional board members and staff will review the 990, comparing data to available

reports. After the Finance Committee approves the 990 before it is filed with the IRS.

#### 02. Conflict of interest policy compliance (Part VI, line 12c)

New employees and new board members are requested to sign EEF's Conflict of Interest

Policy, approved in 2004. Copies of the signed policy remain on file for all EEF board

members and EEF employees. No changes in the current Conflict of Interest Policy were

proposed nor approved during the year.

#### 03. CEO, executive director, top management comp (Part VI, line 15a)

Use comparable organizations' compensation of Executive Director to determine EEF's

Executive Director's salary.

#### 04. Governing documents, etc, available to public (Part VI, line 19)

EEF makes all governing documents and the conflict of interest policy available to members

of the public and/or media upon request.