

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

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Inspection


A For the 2020 calendar year, or tax year beginning Sep 1, 2020, and ending Aug 31, 2021	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>NURSES EDUCATIONAL FUNDS, INC.</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>137 MONTAGUE STREET</u> <u>144</u> City or town, state or province, country, and ZIP or foreign postal code <u>BROOKLYN, NY 11201-3548</u> D Employer identification number <u>13-6122744</u> E Telephone number <u>(917) 524-8051</u> G Gross receipts \$ <u>559,040.</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ _____
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer: <u>JOAN ARNOLD, 17 RONAN ROAD, GLEN COVE, NY 11542</u>
J Website: ▶ <u>INFO@N-E-F.ORG</u>	L Year of formation: <u>1956</u> M State of legal domicile: <u>NY</u>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>PROVIDE FUNDS FOR NURSING EDUCATION</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>18</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>18</u>
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<u>5</u> <u>1</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u> <u>18</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> <u>0.</u>
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>7b</u> <u>0.</u>
Revenue	
8 Contributions and grants (Part VIII, line 1h)	Prior Year: <u>126,997.</u> Current Year: <u>190,119.</u>
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>361,581.</u> <u>190,913.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>488,578.</u> <u>381,032.</u>
Expenses	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>149,000.</u> <u>165,000.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>68,127.</u> <u>69,010.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>65,237.</u> <u>63,704.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>282,364.</u> <u>297,714.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>206,214.</u> <u>83,318.</u>
Net Assets or Fund Balances	
20 Total assets (Part X, line 16)	Beginning of Current Year: <u>3,450,398.</u> End of Year: <u>4,187,260.</u>
21 Total liabilities (Part X, line 26)	<u>16,550.</u> <u>23,325.</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>3,433,848.</u> <u>4,163,935.</u>

Part II Signature Block

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

Sign Here		<u>12/01/2021</u>
	Signature of officer	Date
	<u>JOAN ARNOLD, TREASURER</u>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>MARTIN D. KORTJOHN</u>	<u>MARTIN D. KORTJOHN</u>	<u>12/07/2021</u>		<u>P00122589</u>
	Firm's name ▶ <u>MARTIN D. KORTJOHN</u>	Firm's EIN ▶ <u>13-3244270</u>			
	Firm's address ▶ <u>271 BURNSIDE PLACE, RIDGEWOOD, NJ 07450</u>	Phone no. (201) <u>444-2746</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 09/08/21 PRO

Form 990 (2020)