

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **National Alliance of Black School Educators Founda**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1428 Juniper Street NW
 City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20012-1416

D Employer identification number
20-3922474

E Telephone number
(202) 247-7000

F Name and address of principal officer: **Emma Epps**
Same as C above

G Gross receipts
 \$ **124,154**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.NABSEF.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1986** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Foundation supports Activities Related to The NABSE Research & Development Institute3		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	90
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	84,202	100,048
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,106	24,106
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,308	124,154
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	85,161	103,771	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	85,161	103,771	
19 Revenue less expenses. Subtract line 18 from line 12	23,147	20,383	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,127,458	1,226,914
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances. Subtract line 21 from line 20	1,127,458	1,226,914

Part II Signature Block

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

Sign Here
 Signature of officer: **Emma Epps**
 Date: _____
 Type or print name and title: **Emma Epps, Board of Director**

Paid Preparer Use Only
 Preparer's name: **Ben Davis** Preparer's signature: **Ben Davis** Date: **09-29-2025** Check if self-employed PTIN: **P00191534**
 Firm's name: **Davis & Davis** Firm's EIN: _____
 Firm's address: **16254 Meyers Rd** Phone no.: **313-861-7293**
Detroit MI 48235

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2024)

The NABSE Foundation, Inc.
Statement of Financial Position
As of December 31, 2024
With Summarized Financial Information for 2023

December, 31,	2024	2023
Assets		
Current Assets		
Cash and Cash equivalents	\$ 117,237	\$ 60,345
Prepaid Expenses	0	0
Total Current assets	\$	\$
Investments	\$ 1,109,677	\$ 1,067,113
Total Assets	\$ 1,226,914	\$ 1,127,458
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expense	\$ 0	\$ 0
Grants Payable	0	0
Total Current Liabilities	\$ 0	\$ 0
Net Assets		
Unrestricted	\$1,226,914	\$ 1,127,458
Temporarily Restricted	\$ 0	\$ 0
Total Net Assets	\$1,226,914	\$1,127,458
Total Liabilities and Net Assets	\$1,226,914	\$1,127,458