Form	9	9	0
Departm	nent o	fthe	Treasury

Return of Organization Exempt From Income Tax

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. al the two devices the set set

2 20 M Open to Public

OMB No. 1545-0047

		enue Serv				1990.	Inspection
A F	or th	e 202	20 calendar year, or tax year beginning	, 2020, and endi	<u> </u>		, 20
Р.			C Name of organization		D	Employer identif	ication number
вс	heck if ap		EARTH UNIVERSITY FOUNDATION, INC.				
	Addre chang		Doing Business As			38-292063	9
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephone numb	er
	Initial	return	151 ELLIS ST. NE FLOOR 1 SUITE 133		(4	04) 995-	1230
	Termi	inated	City or town, state or province, country, and ZIP or foreign postal code	L.			
	Amen		ATLANTA, GA 30303		G	Gross receipts \$	8,743,406.
	Applic	cation	F Name and address of principal officer: ELMA GODUTO		H(a)	Is this a group ret	turn for Yes X No
	_ penan	ng	151 ELLIS ST. NE FL 1 STE 133, ATLANTA	, GA 30303	H(b)	subordinates? Are all subordinates	included? Yes No
I	Tax-exe	empt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.) 49	47(a)(1) or 52	27	lf "No," attach a li	ist. (see instructions)
J	Websit	te: 🕨	WWW.EARTH-USA.ORG			Group exemption	number
к	Form o	of organ	nization: X Corporation Trust Association Other ►	L Year o			e of legal domicile: DE
	art I		mmary				
			y describe the organization's mission or most significant activities:	O PROVIDE FI	INANCIAI	ASSISTA	NCE AND OTHER
e	-		PORT FOR THE EDUCATION OF STUDENTS ATTENI				
anc		FOR	EARTH'S PROGRAMS AND INITIATIVES IN SUPP	PORT OF THAT	EDUCATI	LON.	
Governance	2		k this box 🕨 🔄 if the organization discontinued its operations of				
Š							15.
∞ ∞ð			per of independent voting members of the governing body (Part VI, line Pa)	ne 1h)			15.
ies			number of individuals employed in calendar year 2020 (Part V, line 2				10.
i <u><i< u="">t</i<></u>							17.
Activities &							
			unrelated business revenue from Part VIII, column (C), line 12				
	D	net u	nrelated business taxable income from Form 990-T, line 34	<u></u>		ior Year	Current Year
		• •				,828,453.	4,671,134.
ne			ibutions and grants (Part VIII, line 1h)	COPY FOR		,020,453. 0.	4,071,134.
Revenue			am service revenue (Part VIII, line 2g)	JBLIC INSPECTION	1	.0. ,196,383.	4,071,186.
Re			tment income (Part VIII, column (A), lines 3, 4, and 7d)		· <u> </u>		1,086
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	1,863. ,026,699.	8,743,406.
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), li		-		
			ts and similar amounts paid (Part IX, column (A), lines 1-3)			,890,025. 0.	7,192,835.
			fits paid to or for members (Part IX, column (A), line 4)			0. 187,423.	•
ses	15		ies, other compensation, employee benefits (Part IX, column (A), lines				1,302,845.
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0.	0
Ř	b		5 1 ()	7,506.		240.005	057 201
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			340,085.	257,301.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			,417,533.	8,752,981.
- 0	19	Rever	nue less expenses. Subtract line 18 from line 12			,390,834.	-9,575.
Net Assets or Fund Balances						of Current Year	End of Year
sset	20		assets (Part X, line 16)		82	,369,802.	81,510,623.
nd E	21		liabilities (Part X, line 26)			380,940.	576,919.
_			ssets or fund balances. Subtract line 21 from line 20	<u></u>	81	,988,862.	80,933,704.
	rt II		gnature Block				
Une	der per e. corre	nalties of ect. and	of perjury, I declare that I have examined this return, including accompanyir complete. Declaration of preparer (other than officer) is based on all informati	ng schedules and state on of which preparer ha	ments, and to as any knowle	o the best of my edge.	knowledge and belief, it is
	,		······································		, ····		
Sig	n					05/17/2	2021
He			Signature of officer			Date	
ne	e			HAIR OF AUDI	IT COMM.		
			Type or print name and title				
Daia			/Type preparer's name Preparer's signature	Date		Check if	PTIN
Paic		MAR			7/2021	self-employed	P91739349
Dro	naror		CAAZAR MAR A.	Aur 05/17			
	parer Only	Firm's	.C A AZAR ///acc A. s name ► SMITH & HOWARD, P.C.	Mun 05/1		n's EIN ▶ 58	-1250486 4-874-6244

May the IRS discuss this return with the preparer shown above? (see instructions)	X	Yes		No
For Paperwork Reduction Act Notice, see the separate instructions.		Form 99	0 (20:	20)

For	n 990 (2020)	Page 2
Ра	art III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	_ X
1	ATTACHMENT 1	
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	X 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?	X 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 meas	ured by
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to	others
	the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code:) (Expenses \$2,448,764. including grants of \$2,277,960.) (Revenue \$) THERE WERE A NUMBER OF PROJECTS AND PROGRAMS AT EARTH UNIVERSITY	
	WHICH RECEIVED FUNDING SUPPORT FROM THE FOUNDATION. AMONG THE MOST	
	SUPPORTED INCLUDE THE COMMUNITY DEVELOPMENT PROGRAM, RESEARCH,	
	INTERNSHIP SUPPORT, STUDENT RECRUITMENT, AND SPANISH LANGUAGE	
	INSTRUCTION. SUCH PROGRAM SUPPORT DIRECTLY AND INDIRECTLY	
	BENEFITED ALL 421 STUDENTS, AS WELL AS THE COMMUNITIES SURROUNDING	
	THE CAMPUS.	
	(Code:) (Expenses \$5,085,680. including grants of \$4,914,875.) (Revenue \$)	
	MOST STUDENTS ATTENDING EARTH UNIVERSITY COME FROM RURAL PARTS OF	
	DEVELOPING COUNTRIES PRINCIPALLY IN LATIN AMERICA. EARTH	
	UNIVERSITY'S MISSION IS TO PREPARE LEADERS WITH ETHICAL VALUES TO CONTRIBUTE TO SUSTAINABLE DEVELOPMENT AND TO CONSTRUCT A	
	PROSPEROUS AND JUST SOCIETY. FULFILLING THIS MISSION IS VIEWED AS	
	THE BEST WAY TO EFFECT LONG-TERM CHANGE THAT BRINGS SUSTAINABLE	
	SOLUTIONS TO THE DEVELOPING WORLD. EUF UNDERTAKES TO HELP SECURE	
	FUNDS FOR THE UNIVERSITY'S FINANCIAL AID PROGRAM. IN 2020 THERE	
	WERE 421 STUDENTS ENROLLED AT EARTH UNIVERSITY, 49% FEMALE,	
	REPRESENTING 37 COUNTRIES. PLEASE REFER TO SCHEDULE O FOR ADDITIONAL INFORMATION ABOUT THE PROGRAM'S FINANCIAL AID PROGRAM.	
	ADDITIONAL INFORMATION ABOUT THE PROGRAM S FINANCIAL AID PROGRAM.	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	· · · · · · · · · · · · · · · · · · ·	
44	Other program services (Describe on Schedule O.)	
4e	Total program service expenses ► 7,534,444.	
JSA 0E1	D20 1.000 01129X 9242 5/12/2021UBLIC INSPECTION COPY Form 99	0 (2020)
	01129X 9242 5/12/20121♥₽₽₽₽₩₩₩₽120₽4.%TII♥IN ₩1₽120₽4	

art	IV Checklist of Required Schedules			_
			Yes	
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	X	_
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		
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		
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? <i>If</i>			
	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	–		
0	complete Schedule D, Part III	8		
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		
D	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	
	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		
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		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	х	
	Schedule D, Parts XI and XII	12a	A	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01		
3	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Х	
5	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	
5	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		
,	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		
3	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		
)	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		
Da	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
b				
ь 1	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		

Form 990 (2020)

Part	V Checklist of Required Schedules (continued)		Vaa	No
22	Did the ergenization report more than \$5,000 of grants or other equiptones to or for demostic individuals on		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		x
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	Х	
24 a	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		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
L	"Yes," complete Schedule L, Part IV	28a 28b		X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
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	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	Х	
35 a	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	 No
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 0E1030		-	990	(2020)

Page **4**

Form	990 (2020)		F	Page 5
Par	t 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 2a 10			
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 e-file (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 on 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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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			
	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	_		37
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		 X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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.)			
12 a	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 12b			
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			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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	45		v
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		

Form **990** (2020)

JSA 0E1040 1.000 01129X 9242 5/12/2021UBLIC INSPECTION COPY

Form 9	90 (2020) EARTH UNIVERSITY FOUNDATION, INC. 38-2920)639	F	Page 6
Part	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 on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on 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 1a 15			
	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 on line 1a, above, who are independent 1b 15			
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, trustees, or key employees to a management company or other person?	3		X
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		X X
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		x
_	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
•	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	Х	
a b	The governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ū	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		37	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.0.	v	
	describe in Schedule O how this was done	12c 13	X X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons include a review and approval by			
~	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a b	The organization's CEO, Executive Director, or top management official	15b	X	
b	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			
ivu	with a taxable entity during the year?	16a		Х
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			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ATTACHMENT2			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	oolicy,
• -	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 record ELMA GODUTO 151 ELLIS ST. NE FLOOR 1 SUITE 133 ATLANTA, GA 30303 404-995-1233	s 🕨		

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Part VII	Compensation	ot	Officers,	Directors,	Trustees,	ĸey	Employees,	Hignes	compensated	Employees,	and
	Independent Co										
	Check if Schedule	e O d	contains a r	esponse or n	ote to any line	e in this	s Part VII				X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within 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.

					C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	`				e than c		Reportable	Reportable	Estimated amount
	hours per week					is both tor/trust		compensation from the	compensation from related	of other compensation
	(list any						, T	organization	organizations	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ligh	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	rect	tutio	ëŗ	emp	est i	ler			related organizations
	organizations below	or tr	nal		loye	e com				
	dotted line)	Istee	trust		õ	pen				
	,	()	ee			Highest compensated employee				
(1) MERIDITH L. RENTZ	40.00								_	
EXECUTIVE DIRECTOR	0.			Х				249,716.	0.	32,869.
(2) VICTOR SANCHEZ	40.00									
SR. PHILANTHROPY ADVISOR	0.					Х		135,941.	0.	6,820.
(3) ANN MISNER	40.00									
PHILANTHROPY OFFICER	0.					X		118,319.	0.	19,702.
(4) WENDY JUDY	40.00									
PHILANTHROPY OFFICER	0.					Х		102,632.	0.	24,451.
(5) ELMA GODUTO	40.00									
FINANCE DIRECTOR	0.			Х				93,622.	0.	16,692.
(6) MARK BROUSE	10.00									
TRUSTEE	0.	Х						0.	0.	0.
(7) MARK MCGAHAN	10.00									
TRUSTEE	0.	Х						0.	0.	0.
(8) CLAIRE "YUM" ARNOLD	10.00									
TRUSTEE	0.	X						0.	0.	0.
(9)H. ROSS ARNOLD, III	10.00									
TRUSTEE	0.	X						0.	0.	0.
(10) MICHAEL BESANCON	10.00									
TRUSTEE	0.	X						0.	0.	0.
(11) JANE C. BLACK	10.00									
TRUSTEE	0.	X						0.	0.	0.
(12) IAN DAVIDSON	10.00									
TRUSTEE	0.	X						0.	0.	0.
(13) ERIKA GONZALEZ-AKRE	10.00									
TRUSTEE	0.	x						0.	0.	0.
(14) ADRIENNE MEISEL	10.00									
TRUSTEE	0.	x						0.	0.	0.
			·l		-	-	•			Form 990 (2020)

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EARTH UNIVERSITY FOUNDATION, INC.

Form	990	(2020)

(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s pei la di	ition more rson irecte	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other compensa	of
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizati and relate organizatio	ion ed
5) MARK J. OHRSTROM TRUSTEE	10.00	x						0	. 0			
6) CHRIS CARTER TRUSTEE	10.00	x						0	. 0			
7) ENMANUELA HEDAYAT TRUSTEE	10.00	x						0	. 0			
8) TRACY HOOVER TRUSTEE	10.00	x						0	. 0			
9) GUSTAVO PUENTE TRUSTEE	10.00	x						0	. 0			
0) ANDROS BRACAMONTES TRUSTEE	10.00	X						0	. 0	•		
		-										
		-										
1b Sub-total		-						700,230.).	100,	. 53
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A							0. 700,230.			100,	53
2 Total number of individuals (including but no reportable compensation from the organization			listeo 1	d ab	ove	e) who	o re	ceived more than	\$100,000 of			
3 Did the organization list any former of employee on line 1a? <i>If "Yes," complete Sche</i>											Yes	5 N
4 For any individual listed on line 1a, is the organization and related organizations of individual.	greater than	\$15	0,00	00?	lf	"Yes	," (complete Schedu	le J for such		4 X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If ' Section B. Independent Contractors											5	2
 Complete this table for your five highest co compensation from the organization. Report year. 											ax	
(A) Name and business a ATTACHMENT 3	ddress							(B) Description of se	ervices		(C) pensation	1
							1					

		Check if Schedule O contains a response or note to	any line in this Part \	/111		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a				
unian	b	Membership dues				
ns, Gifts, Gran imilar Amoun	c	Fundraising events	-			
	d	Related organizations				
ija	e	Government grants (contributions) . 1e 174,785				
ns,	f	All other contributions, gifts, grants,	<u> </u>			
Contributions, Gifts, Grants and Other Similar Amounts	'					
			<u>·</u>			
	g	Noncash contributions included in				
and Broi	.	lines 1a-1f				
<u> </u>	n	Total. Add lines 1a-1f	4,671,134.			
a)		Business Code				
<u>jö</u>	2a					
Program Service Revenue	b					
en S	c					
rar čev	d					
60	е					
5	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
		other similar amounts).	4,071,186.			4,071,186
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	0.			
		(i) Real (ii) Personal				
	6a	Gross rents 6a	-			
	b	Less: rental expenses 6b	-			
	c	Rental income or (loss) 6c	-			
	d	Net rental income or (loss)	0.			
	7a	Gross amount from (i) Securities (ii) Other				
	1 "	sales of assets	-			
-		other than inventory 7a	-			
οnc	b	Less: cost or other basis				
evenue		and sales expenses 7b	-			
Re	C .	Gain or (loss)				
er	d	Net gain or (loss)	0.			
Other	8a	Gross income from fundraising				
U		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a 0				
	b	Less: direct expenses	•			
	c	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming				
	b		•			
	c	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less				
	h					
	b c	Less: cost of goods sold	0.			
		Business Code	0.			
Miscellaneous Revenue		MISCELLANEOUS REVENUE	1,086.			1,086
ne	11a		1,000.			1,080
ella ver	b					
Re	C					
Mi	d					
	е	Total. Add lines 11a-11d				
JSA	12	Total revenue. See instructions				4,072,272
	1 1.000 01		ℴ℄₢ℾℹ℧ℕ	ÇQPY		Form 990 (2020)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus		. All other organization	ns must complete colun	חה (A).
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and	7 100 025	7 100 025		
foreign individuals. See Part IV, lines 15 and 16	7,192,835.	7,192,835.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	394,657.	72,597.	131,436.	190,624
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	1.65.00.6	105 104	200.004
7 Other salaries and wages	742,724.	167,206.	195,134.	380,384
8 Pension plan accruals and contributions (include			F 020	11 073
section 401(k) and 403(b) employer contributions)	22,978.	5,885.	5,230.	11,863
9 Other employee benefits	72,443. 70,043.	16,776.	20,361.	35,306
10 Payroll taxes	70,043.	15,386.	18,263.	36,394
11 Fees for services (nonemployees):	0.			
a Management	441.		441.	
b Legal	32,600.		32,600.	
c Accounting	0.		52,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees				
9 Other. (If line 11g amount exceeds 10% of line 25, column	8,568.		8,568.	
(A) amount, list line 11g expenses on Schedule O.)	1,900.		1,900.	
13 Office expenses	48,630.	6,079.	27,484.	15,067
14 Information technology	22,711.	3,603.	10,428.	8,680
15 Royalties	0.			
16 Occupancy	21,251.	4,033.	6,297.	10,921
17 Travel	18,362.		12,054.	6,308
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	410.		410.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	9,335.	2,010.	2,483.	4,842
23 Insurance	35,369.	2,119.	27,838.	5,412
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.)				
aFINANCIAL FEES	54,337.	45,915.	8,422.	1 60.0
bFUNDRAISING SUPPLIES AND EXP	3,372.		1,682.	1,690
cEVENTS AND CULTIVATION	15.			15
d				
e All other expenses	9 752 001	7 524 444	<u>511 021</u>	707,506
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the	8,752,981.	7,534,444.	511,031.	/0/,506
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here ► if	0			

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following SOP 98-2 (ASC 958-720)

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EARTH UNIVERSITY FOUNDATION, INC.

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	166,589.	1	274,054
2	Savings and temporary cash investments.	1,909,576.	2	2,400,06
3	Pledges and grants receivable, net	4,345,743.	3	2,833,01
4	Accounts receivable, net.	0.	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	0.	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)	0.	6	
7	Notes and loans receivable, net	128,475.	7	132,76
8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	37,738.	9	29,63
-	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 82,119.			
b	Less: accumulated depreciation 10b 71,756.	18,397.	10c	10,36
11	Investments - publicly traded securities	65,556,659.	11	72,648,40
12	Investments - other securities. See Part IV, line 11	9,754,359.	12	2,699,54
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	452,266.	15	482,78
16	Total assets. Add lines 1 through 15 (must equal line 33)	82,369,802.	16	81,510,62
17	Accounts payable and accrued expenses	56,491.	17	78,89
18	Grants payable	0.	18	
19	Deferred revenue.	0.	19	
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	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	324,449.	25	498,02
26	Total liabilities. Add lines 17 through 25	380,940.	26	576,91
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	874,026.	27	953,72
28	Net assets with donor restrictions.	81,114,836.	28	79,979,97
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	81,988,862.	32	80,933,70
32				

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EARTH UNIVERSITY FOUNDATION, INC.

Form 99	90 (2020)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		743,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,5	752,9	981.
3	Revenue less expenses. Subtract line 2 from line 1	3		-9,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		988,8	
5	Net unrealized gains (losses) on investments	5	-1,(060,1	L10.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8		14,5	527.
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				
	<u>32,</u> column (B))	10	80,9	933,7	704.
Part					
	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," e	xplain i	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.				X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	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?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted 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 over	ersight o			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th			
	Single Audit Act and OMB Circular A-133?		<u>3a</u>	─	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	. 3b		

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

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. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

	nt of the Treasury evenue Service		Go to www.irs.go	V/Form990 for instruction	ons and t	he latest i	information.	Open to Public Inspection
e of ti	ne organization						Employer identif	ication number
RTH	UNIVERSITY	Y FOUNDAT	ION, INC.				38-29206	39
rt I	Reason for	[·] Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instruction	S.
orga				-	-	-	•	
Щ								
			-	-				
		-		conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)(iii). Enter the
	-	-						
	-	-		a college or universit	ty owned	d or ope	erated by a governme	ental unit described in
						470/	1. \/ <i>4</i> \/ A \/\	
v		-	-			-		
X	-			-	ipport fro	om a go	vernmental unit or tr	om the general public
\vdash	-						l in conjunction with a	land grant callege
	-		-			-	-	
	•	a non-lanu-	grant college of a		10115). EI		name, oly, and state c	n lite college of
		n that norma	Illy receives (1) mo	ore than 331/3 % of its	sunnort	from cou	ntributions membersh	nin fees, and gross
	receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions	s; and (2) no more tha s section 511 tax) from	n 331/3 % of its
	An organizatio	on organized	and operated excl	usively to test for publi	ic safety.	See sec	tion 509(a)(4).	
	An organizatio	on organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to	carry out the purposes
	of one or mor	e publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2).	See section 509(a)(3).
_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
	Type I. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	ees of the
_	_ supporting o	organization.	You must complet	e Part IV, Sections A	and B.			
	_ Type II. A su	upporting org	anization supervis	ed or controlled in co	nnection	with its	supported organizat	ion(s), by having
		-		-	the sam	e persor	ns that control or mar	hage the supported
			-					
		-						Illy integrated with,
		•	. , .	<i>,</i> .				
		-			-		-	d an attentiveness
			•					.
		-						п, туре п
En						organizai	lion.	
			•					•••••
		-			(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
(.)		Jganzaton	(1) 2.11	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))			instructions)	instructions)
					103			
ıl								
	e of til 2TH til orga	anal Revenue Service a of the organization RTH UNIVERSITY TI Reason for organization is not A church, com A school desc A hospital or a A medical res hospital's nam An organization Section 170(b A federal, stat X An organization section 170(b A federal, stat X An organization or university: An organization receipts from support from support from support from support An organization Type I. A su the supported Type II. A su control or more Check the box Type III fund its supporting control or more Check this box Type III non that is not functionally if Enter the number Provide the follow (i) Name of supported control or more	a of the organization ETH UNIVERSITY FOUNDAT t1 Reason for Public Cha organization is not a private four A church, convention of chu A school described in secti A hospital or a cooperative A medical research organiz hospital's name, city, and si An organization operated section 170(b)(1)(A)(iv). (C A federal, state, or local go X An organization that norma described in section 170(b) A community trust described An agricultural research organization that norma receipts from activities rela support from gross investma acquired by the organization An organization organized An organization organized An organization organized of one or more publicly su Check the box in lines 12a to Type I. A supporting organization Supporting organization Supporting organization Type II. A supporting organization Type III non-functionally integrits supported organization Type III non-functionally integrits supported organization Type III non-functionally integrits suported organization	Control of the section of the section 170(b)(1)(A)(vi). (Complete Part II.) A church, convention of churches, or associal A school described in section 170(b)(1)(A)(iii) A hospital or a cooperative hospital service of A medical research organization operated in hospital's name, city, and state: An organization operated for the benefit of section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or gove An organization that normally receives a sut described in section 170(b)(1)(A)(vi). (Complete Part II.) A federal, state, or local government or gove An organization that normally receives a sut described in section 170(b)(1)(A)(vi). (Complete Part II.) A federal, state, or local government or gove An organization that normally receives a sut described in section 170(b)(1)(A)(vi). (Complete Part II.) A forganization organized and operated excle or university or a non-land-grant college of aguiversity: An organization organized and operated excle of one or more publicly supported organization organization organization organization supervis control or management of the supporting organization supervis control or management of the supporting organization supervis control or management of the supporting organization,(s) (see instructions). You must complete functionally integrated. A support is supported organization received functionally integrated. A support functionally integrated. A support is supported organization received functionally integrated, or Type III non-funct Enter the number of supported organization supervis control or management of the supporting organization. You must complete Part IV Type III non-functionally integrated. A supporting information about the supporting organization received functionally integrated, or Type III non-funct Enter the number of supported organization about the supporting organization about the supporting organization functionally integrated. Supporting organization functionally integrated. Supporting organization about the supportin	Control of the organization Control or more public Control or management Control or on organization Control or management Control or management Control or management Control or management Control or control organization Control or management Control organization Control	Control of the organization Control of the organization service is the organization of churches, or association of churches, or association of churches, and the organization is not a private foundation because it is: (For lines 1 through 12, chi control of churches, or association of churches, and the organization association of churches, or association of churches, and the organization described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 93; A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 93; A school described in section organization operated in conjunction with a hospital de hospital's name, city, and state: An organization operated for the benefit of a college or university owner section 170(b)(1)(A)(vi). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part II.) A norganization that normally receives (1) more than 33/13% of its support receipts from activities related to its exempt functions, subject to certain esupporting organization after June 30, 1975. See section 509(a)(2). (C An organization organized and operated exclusively for the benefit of, to per of one or more publicly supported organization sections for public safety.) An organization organization organization operated, supervised, or controlled by the supporting organization organization operated exclusively for the benefit of, to per of one or more publicly supported organization sections A and E. Type II A supporting organization supervised or controlled in connectior control or management of the supporting organization operated in conjuctions A and C. Type III functionally integrated. A supporting organization operated in conjuctione or	Construction C	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 01129X 9242 5/12/2021UBLIC INSPECTION COPY Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part II Support 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,884,820.	15,172,842.	8,984,375.	4,828,453.	4,671,134.	65,541,624.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	31,884,820.	15,172,842.	8,984,375.	4,828,453.	4,671,134.	65,541,624.
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)						40,320,723.
6	Public support. Subtract line 5 from line 4						25,220,901.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	31,884,820.	15,172,842.	8,984,375.	4,828,453.	4,671,134.	65,541,624.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	664,194.	897,464.	1,025,488.	1,200,962.	4,071,186.	7,859,294.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,937.		16.	1,863.	1,086.	5,902.
11	Total support. Add lines 7 through 10						73,406,820.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2020 (lin	ne 6, column (f)), divided by line	11, column (f))		14	34.36 %
15	Public support percentage from 2019					15	38.99 %
16a	331/3% support test - 2020. If the org	anization did n	ot check the box	k on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			•			
	organization						
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the organiz					•	
	in Part VI how the organization meets			•			
	organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified 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.)						
Sec	tion B. Total Support			1	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	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	Total support. (Add lines 9, 10c, 11,						
	and 12.) • • • • • • • • • • • • • • • • • •						
14	First 5 years. If the Form 990 is for	•					
<u></u>	organization, check this box and stop here .						· · · · Þ
	tion C. Computation of Public Sup			(f)		45	0/
15	Public support percentage for 2020 (line 8,					15	%
16 500	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investment			12 oolump (f))		17	%
17	Investment income percentage for 2020 (lin Investment income percentage from 2019 S	,					<u>~~~</u> %
18	331/3% support tests - 2020. If the or					18	
199	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2019. If the organic	-	-	•			
U	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	• •			
JSA						Schedule A (Form 9	
0E122	$1^{1.000}_{01129X 9242 5/12/20}$	۷۱۱ کرا با ک	₩	IIUN G	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·

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3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

Page 4

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.*
- 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).*
- 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).*
- **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.**
- **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.*
- **c** 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? *If "Yes," provide detail in Part VI.*
- **10 a** 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

			Yes	No
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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		ĺ
Secti	on B. Type I Supporting Organizations	1		
			Vac	N

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the</i>		
	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.

Section 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

Section 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 tax 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? <i>If "No," explain in Part VI how</i>			
the organization maintained a close and continuous working relationship	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct	ctions).	
	Y	Yes N	١o
2	Activities Test, Answer lines 2a and 2b below.		-

а	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 or how the organization determined.		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> 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.	24	
	-	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part V the role played by the organization in this regard	26	

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form	990 oi	r 990-EZ)	2020
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Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) Add lines 1 through 3. 4 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property 6 held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 1e 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedu Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		Page
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	ourrent real
2	Amounts paid to perform activity that directly furthers exer	<u> </u>			
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets	<u>eee ei eupperieu eigum</u>		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	-	
	(provide details in Part VI). See instructions.	5 1		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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, 2b, 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

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

EARTH UNIVERSITY FOUNDATION, INC.

38-2920639

Employer identification number

Organization	type	(check	one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$156,725.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	<u>N/A</u>	\$1,282,021.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	<u>N/A</u>	\$127,608.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$150,000.	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
8	N/A	\$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
9	N/A	\$127,608.	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
10	N/A	\$140,763.	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
	N/A	\$935,464.	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
	N/A	\$155,265.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020)			
Name of organization	EARTH	IINTVERSTTY	FOUNDATION	TNC	

Employer identification number 38-2920639

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	1161 SHARES OF BLL STOCK		
		\$100,725.	10/07/2020
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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ame or orga	anization EARTH UNIVERSITY FOUND.	ATION, INC.		Employer identification number			
				38-2920639			
Part III /	Exclusively religious, charitable, etc.,	, contributions to org	anizations describ	bed in section 501(c)(7), (8), or			
(10) that total more than \$1,000 for t	the year from any o	ne contributor. Col	mplete columns (a) through (e) and			
ť	he following line entry. For organizati	ons completing Part I	II, enter the total of	exclusively religious, charitable, etc			
	contributions of \$1,000 or less for the						
	Jse duplicate copies of Part III if additi						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relations	Relationship of transferor to transferee			
	i fansieree s name, aquiess, an						

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	IP + 4 R(elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	1

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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	IEDULE D rm 990)		ental Financial Statements		OMB No. 1545-0047
•		-	the organization answered "Yes" on Form 990 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or		202U
Dena	rtment of the Treasury		Attach to Form 990.		Open to Public
Interr	nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the latest inform		Inspection
	e of the organization			Employer identifica	
		FOUNDATION, INC.		38-292063	39
Pa			ised Funds or Other Similar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4 5		at end of year			
5			advisors in writing that the assets held		Yes No
c	-		e organization's exclusive legal control?		
6			and donor advisors in writing that grant fu fit of the donor or donor advisor, or for a		
					Yes No
Pa		tion Easements.		<u> </u>	
1 0			"Yes" on Form 990, Part IV, line 7.		
1			organization (check all that apply).		
		n of land for public use (for example		of a historically im	portant land area
		of natural habitat		of a certified histor	
	Preservatio	n of open space			
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation contribution in	the form of a cons	servation
	easement on the I	ast day of the tax year.		Held at the	End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	tricted by conservation easements	5	2b	
С	Number of conser	vation easements on a certified	historic structure included in (a)	2c	
d			e) acquired after 7/25/06, and not on a		
				2d	
3		rvation easements modified, tra	nsferred, released, extinguished, or termi	inated by the orga	anization during the
	tax year ▶				
4			rvation easement is located		
5			garding the periodic monitoring, inspect		
~			sements it holds?		
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easem	ents during the year
7	Amount of oxpons	on incurred in menitoring increase	ting, handling of violations, and enforcing co	onconvotion opcom	opto during the year
'	►s	ies incurred in monitoring; inspec	ing, handling of violations, and enforcing of	onservation casem	ents during the year
8		vation easement reported on line t	2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)	
•					
9			conservation easements in its revenue and		
		u .	of the footnote to the organization's financi	•	
	organization's acc	ounting for conservation easeme	nts.		
Pa			of Art, Historical Treasures, or Other	r Similar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a			SB ASC 958, not to report in its revenue ts held for public exhibition, education, to its financial statements that describes th		
b	art, historical treas		ASB ASC 958, to report in its revenue s Id for public exhibition, education, or resons:		
2	•		rt, historical treasures, or other similar a	assets for financia	l gain, provide the
	following amounts	required to be reported under F	ASB ASC 958 relating to these items:		

b	Assets incl	uded in	Form 990,	Part X												
For Paperwork Reduction Act Notice, see the Instructions for Form 990.																
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	UIIZ9X	9242	5/12/2	JZ1 -	5.4	9.50	ΡM	▼.	20	.01	Γ	<u> </u>		-01	.50z	•

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Schedule D (Form 990) 2020

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		ATH UNIVERSITY	FOUNDATION, 1	NC.		38-2920639		
Schee	dule D (Form 990) 2020							Page 2
Ра	rt III Organizations Maintain	ing Collections of	Art, Historical Tre	easures, or	Other Similar A	Assets (continu	Jed)	
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of the	following that n	nake significant	use	of its
	collection items (check all that app	plv):			-	-		
а	Public exhibition	<i>,</i>	d 🗌 Loan d	or exchange	program			
b	Scholarly research		e Other	•	program			
	Preservation for future gene	rationa						
c					41			Deut
4	Provide a description of the orga	nization's collections	and explain now	iney further	the organization	s exempt purpo	se in	Part
_	XIII.							
5	During the year, did the organization						_	-
	assets to be sold to raise funds rat		ained as part of the	organization'	s collection?	Ye	3	No
Ра	rt IV Escrow and Custodial A							
	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line	9, or reported a	n amount on F	orm	
	990, Part X, line 21.							
1a	Is the organization an agent, trus	stee, custodian or o	ther intermediary for	or contributi	ons or other ass	ets not		
	included on Form 990, Part X?					Ye	5	No
b	If "Yes," explain the arrangement					· · · · .		
		·····				Amount		
c	Beginning balance			1c		, anount		
4								
u	Additions during the year							
e	Distributions during the year							
T	Ending balance							
	Did the organization include an am					·		No
1	If "Yes," explain the arrangement i	in Part XIII. Check he	ere if the explanation	i has been pr	ovided on Part XII	<u> </u>	<u> </u>	
Pa	rt V Endowment Funds.							
	Complete if the organiza	ation answered "Ye	es" on Form 990, F					
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three y		ur years	
1a	Beginning of year balance	75,311,018.	65,796,979.	69,039,	,835. 50,200	5,295. 22	,141	,662
	Contributions	676,948.	1,133,608.	4,973	,859. 11,70	5,081. 27	,516	,462
	Net investment earnings, gains,							
Ŭ	and losses	2,980,559.	11,826,445.	-4,837,	,109. 8,730	0,299. 1	,658	,994
Ь	Grants or scholarships	3,620,580.	3,446,014.	3,332	,493. 1,603	1,840. 1	,110	,823
	Other expenditures for facilities							
е								
	and programs			47	,113.			
	Administrative expenses	75,347,945.	75,311,018.	65,796,		9.835 50	206	,295
g	End of year balance					,0331 30	200	, 275
2	Provide the estimated percentage			column (a))	held as:			
	Board designated or quasi-endown		_%					
	Permanent endowment 95.							
С	Term endowment ▶ 4.4800							
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and	d administered for	the		
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)	X	
	(ii) Related organizations					3a(ii)	Х
b	If "Yes" on line 3a(ii), are the relat	ed organizations liste	d as required on Sch	edule R?		3b		
4	Describe in Part XIII the intended	uses of the organiza	tion's endowment fu	nds.				
Ра	rt VI Land, Buildings, and Eq	uipment.						
	Complete if the organiz				1)
	Description of property	(a) Cost or (invest		or other basis ther)	(c) Accumulated depreciation	(d) Book	/alue	
1 2	Land	,			depresiduon			
b	Buildings							
с	Leasehold improvements			77,670.	67,307.		10	363.
	Equipment						±0,	
e	Other	· · · · · · · -		4,449.	4,449.		1.0	262
Tota	I. Add lines 1a through 1e. (Colum	n (d) must equal Form	n 990, Part X, colum	n (B), line 10	c.) 🕨 🕨		±υ,	363.

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 Part VII Investments - Other Securities.			Page 3
Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990, Part >	(, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990, Part X	(, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
	"Yes" on Form 99	0, Part IV, line 11d. See Form 990, Part ≯	(, line 15.
(a) Des	scription	(b)	Book value
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u> (5)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u> </u>	
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990,	Part X,
	tion of liability	(b)	Book value
(1) Federal income taxes			
(2) PAYABLE TO EARTH			319,382.
(3) PAYABLE TO EARTH TRUST			8,742.
(4) PPP LOAN			169,900.
(5) (6)			
(6) (7)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u></u>		498,024.
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that repo	
organization's liability for uncertain tax positions under FASB A	ASC 740. Check here	if the text of the footnote has been provided in P	art XIII . X

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	7,697,823.
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.)		
e	Add lines 2a through 2d	2e	-1,045,583.
3	Subtract line 2e from line 1	3	8,743,406.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	8,743,406.
Part		ırn.	
			8,752,981.
1	Total expenses and losses per audited financial statements	1	0,752,901.
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	8,752,981.
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		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,752,981.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

SEE PAGE 5

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UNDER THE PAYCHECK PROTECTION PROGRAM ("PPP") IN THE AMOUNT OF \$169,900. THE PPP LOAN BEARS INTEREST AT 1.00% AND MAY REQUIRE REPAYMENT UNDER CERTAIN CIRCUMSTANCES. UNDER THE TERMS OF CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ACT (THE "CARES ACT") AND THE PAYCHECK PROTECTION PROGRAM FLEXIBILITY ACT ("PPPFA"), THE FOUNDATION MAY APPLY WITH THE LENDING INSTITUTION FOR PPP LOAN PROCEEDS USED WITHIN A SPECIFIED TIME PERIOD TO BE FORGIVEN, PROVIDED THE PROCEEDS ARE USED TO COVER CERTAIN PAYROLL AND OTHER EXPENSES AS DEFINED BY THE CARES ACT AND THE PPPFA. INITIAL REPAYMENTS OF THE LOAN AMOUNT ARE DEFERRED UNTIL THE DATE THE SBA REMITS THE LOAN FORGIVENESS FUNDS TO THE LENDING INSTITUTION, OR UNTIL 10 MONTHS AFTER THE END OF THE FORGIVENESS COVERAGE PERIOD IF THE FOUNDATION

SCHEDULE D, PART X, QUESTION 1

(C) SCHOLARSHIP ENDOWMENTS FUND THE ROOM, BOARD AND TUITION OF THE EARTH STUDENTS FOR WHOM THEY ARE ASSIGNED.

IN MAY 2020, THE FOUNDATION OBTAINED A SMALL BUSINESS ADMINISTRATION LOAN

ASSOCIATED WITH AN IDENTIFIED FACULTY CHAIR IMPORTANT TO THE UNIVERSITY.

(B) THE PROFESSORSHIP PROGRAM PROVIDES FUNDING OF THE OPERATING EXPENSES

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, QUESTION 4

AND DISSEMINATION WORLD-WIDE OF THE THEORY AND PRACTICES OF ENTREPRENEURSHIP.

(A) THE ENTREPRENEURIAL PROGRAM PROVIDES OPERATIONAL FUNDING FOR TRAINING OF EARTH STUDENTS TO BECOME ENTREPRENEURS, PROMOTING THE CREATION OF PROFITABLE AND SUSTAINABLE BUSINESSES; DEVELOPMENT OF LEADERSHIP SKILLS;

Schedule D (Form 990) 2020

EARTH UNIVERSITY FOUNDATION, INC.

DOES NOT APPLY FOR FORGIVENESS. THE LOAN CURRENTLY MATURES IN MAY 2022. AS OF APRIL 11, 2021, THE ORGANIZATION WAS INFORMED THAT THE SMALL BUSINESS ADMINISTRATION APPROVED THE PPP LOAN FORGIVENESS APPLICATION.

SCHEDULE D, PART X, QUESTION 2

Part XIII Supplemental Information (continued)

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE, NO PROVISION FOR INCOME TAXES IS REQUIRED. IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. IN 2007, THE FOUNDATION RECEIVED APPROVAL FROM THE IRS THAT IT WAS CONSIDERED TO BE A PUBLIC CHARITY UNDER SECTION 509(A)(1) AND 170 (B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE, SINCE IT RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL GRANTS AND THE GENERAL PUBLIC.

THE FOUNDATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE FOUNDATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE FOUNDATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE FOUNDATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE DECEMBER 31, 2017.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, QUESTION 2D

\$14,527 IS BAD DEBT RECOVERY EXCLUDED FROM CONTRIBUTION INCOME.

SCHEDULE F	Statement of Activities Outside the United St	ates 📙	OMB No. 1545-0047		
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.	2020			
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection		
Name of the organization	Employer ider	yer identification number			
EARTH UNIVERSITY FOUNDATION, INC. 38-2			2920639		
Part I General Information on Activities Outside the United States. Complete if the organizat Form 990, Part IV, line 14b.		organizatio	on answered "Yes" on		
1 For grantmakers. other assistance, award the grants of					

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	PROGRAM EXPENSES	341,609.
(2)	CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING	SCHOLARSHIP & PROGRAM	7,192,835.
						<u>·</u>
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					7,534,444.
	Totals (add lines 3a and 3b)		- (F			7,534,444.
For Pa	perwork Reduction Act Notice, see	e the Instruction	s tor Form 990.		Schedule	e F (Form 990) 2020

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Page **2**

Schedule F (Form 990) 2020

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			CENT. AMERICA/CARIBBEAN	PROJECTS & P	2,277,960.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	SCHOLARSHIPS	4,914,875.	WIRE TRANSFE			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2020

►

1.

Schedule F (Form 990) 2020

Part III

Page 3

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description of noncash valuation (book, FMV, recipients cash grant cash noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) Schedule F (Form 990) 2020

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

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EARTH UNIVERSITY FOUNDATION, INC.

Sched	ule F (Form 990) 2020			Page 4
Par	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Y	'es X	Νο
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Y	Yes X	Νο
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Y	Yes X	Νο
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Y	Yes X	Νο
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Y	Yes X	Νο
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Y	Yes X	No

Schedule F (Form 990) 2020

Page **5**

Schedule F (Form 990) 2020

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART 1, QUESTION 2

1. A WRITTEN PROPOSAL DETAILING THE AMOUNT AND PURPOSE OF THE GIFT NEEDED IS REVIEWED BY EUF'S DIRECTOR OF FINANCE AND OPERATIONS AND TREASURER TO ENSURE FINANCIAL VIABILITY OF THE PROJECT. IN CERTAIN CASES SITE VISITS, CONVERSATIONS WITH PROGRAM DIRECTORS AND/OR FEASIBILITY STUDIES ARE REQUIRED BEFORE GRANTS ARE AWARDED.

_ _ _

2. EUF REQUIRES ANNUAL UPDATES FROM THE GRANTEE TO ENSURE FUNDS ARE BEING USED AS PROPOSED. ADDITIONALLY, PERIODIC SITE VISITS AND/OR MEETINGS WITH THE GRANTEE ARE SCHEDULED TO OBTAIN CURRENT INFORMATION. EUF MAINTAINS A VERY CLOSE RELATIONSHIP WITH THE GRANTEE.

SCHI	EDULE J	Compen	sation Information		OMB No.	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬៣	20	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line	23.	<u>4</u> 0	ZU)
	nent of the Treasury Revenue Service	Co to when its gov/Eorm	Attach to Form 990. 990 for instructions and the latest information		Open to		
	of the organization			Employer identification	Insp on numbe		11
	-	ITY FOUNDATION, INC.		38-292063			
Part		ns Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers		1 🗌		
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy represented above? If "No," con	nplete Part III to	>		
2			to reimbursing or allowing expenses		1b		
2	-		D/Executive Director, regarding the items	-			
				s checked on line	2		
3			on used to establish the compensation of	the	_		
3			at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in P				
	X Comper	nsation committee	X Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	90 of other organizations	X Approval by the board or compensation	ation committee			
4	During the yea	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing			
а			ayment?		4a		Х
b			tal nonqualified retirement plan?		4b		Х
С	Participate in	or receive payment from an equity-bas	sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each i	tem in Part III.			
	Only section	501(c)(3) $501(c)(4)$ and $501(c)(29)$ or	rganizations must complete lines 5-9.				
5	•		ion A, line 1a, did the organization pa	av or accrue any	,		
Ū		n contingent on the revenues of:		ay of accide any	′		
а		-			5a		Х
					5b		Х
	-	e 5a or 5b, describe in Part III.					
6		listed on Form 990, Part VII, Secti n contingent on the net earnings of:	ion A, line 1a, did the organization pa	ay or accrue any	/		
а	-				6a		Х
b					6b		Х
		e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov		7		x
8			escribe in Part III paid or accrued pursuant to a contract th				
0	-		Regulations section 53.4958-4(a)(3)? I	-	,		
		•			8		x
9			low the rebuttable presumption procee				
					9		
For Pa		ction Act Notice, see the Instructions for Fe			dule J (Fo	orm 99	0) 2020

Schedule J (Form 990) 2020

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reporte as deferred on prior Form 990	
MERIDITH L. RENTZ	(i)	249,716.	0.	0.	12,840.	20,926.	283,482.		
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.					
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
0	(ii)								
	(i)								
1	(ii)								
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

2020 Open to Public Inspection

Name of the organization

EARTH UNIVERSITY FOUNDATION, INC.

Employer identification number 38-2920639

Par	t I Types of Property			· · ·				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art							
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		5.	149,991.	STOCK QUO)TE		
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 ▶()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed I				29			
							Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement i	in Part II.						
31	Does the organization have a	gift accept	tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.							

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

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE TOTAL NUMBER OF CONTRIBUTIONS ARE DETERMINED ON A CONTRIBUTOR BY

CONTRIBUTOR BASIS AND NOT BY THE TOTAL QUANTITY OF ITEMS CONTRIBUTED.

SCHEDULE M, PART I, QUESTION 32 A

EARTH UNIVERSITY FOUNDATION USES ITS BANK - SUNTRUST BANK - TO SELL GIFTS

OF STOCK UPON RECIEPT OF THESE TYPES OF DONATIONS.

SCHEDULE O (Form 990 or 990-EZ)

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Employer identification number

EARTH UNIVERSITY FOUNDATION, INC.

38-2920639

PART III, LINE 4B

THE FOUNDATION PROVIDED A COMBINATION OF FULL AND PARTIAL SCHOLARSHIPS TO 193 OF THESE STUDENTS, REPRESENTING MORE THAN \$4,914,875. OF THE 193 STUDENTS, 42 WERE NEW STUDENTS ENROLLED IN 2020 AND EXPECTED TO GRADUATE IN 2023. THE NEWLY ENROLLED STUDENTS BENEFITING FROM THIS FINANCIAL AID CAME FROM 20 DIFFERENT COUNTRIES INCLUDING BAHAMAS, BELICE, COLOMBIA, COSTA RICA, ECUADOR, GHANA, GRENADA, GUATEMALA, HAITI, HONDURAS, JAMAICA, MALAWI, MEXICO, NICARAGUA, NIGERIA, PANAMA, PARAGUAY, PERU, ST. KITTS AND NEVIS, AND ZAMBIA.

PART IV, QUESTION 28C

THE FOLLOWING IS NOT CONSIDERED A REPORTABLE BUSINESS TRANSACTION; HOWEVER, IT IS BEING PRESENTED TO INSURE FULL TRANSPARENCY. CLAIRE ARNOLD IS A TRUSTEE OF EARTH UNIVERSITY FOUNDATION. SHE IS ALSO THE CEO AND OWNER OF LEAPFROG SERVICES, INC. LEAPFROG SERVICES, INC PROVIDED COMPUTER SOFTWARE AND NETWORK CONSULTING SERVICES TO EARTH UNIVERSITY FOUNDATION IN AN AMOUNT VALUED AT \$18,849, AS WELL AS WAS PAID FOR NEW EQUIPMENT PURCHASES VALUED AT \$1,302. MS. ARNOLD WAS NOT INVOLVED DIRECTLY IN THE CONTRACT NEGOTIATIONS, NOR IS SHE INVOLVED WITH THE ON-GOING SERVICES PROVIDED. THE BOARD OF TRUSTEES OF EARTH UNIVERSITY FOUNDATION APPROVED THE EXECUTION OF THIS CONTRACT IN A MEETING HELD IN 2006. ROSS ARNOLD IS A TRUSTEE OF EARTH UNIVERSITY FOUNDATION AND IS MARRIED TO CLAIRE ARNOLD, CEO AND OWNER OF LEAPFROG SERVICES INC.

Employer identification number 38-2920639

PART VI, SECTION A, QUESTION #2 ROSS ARNOLD AND CLAIRE "YUM" ARNOLD BOTH SERVE AS TRUSTEES ON THE EUF BOARD AND THEY ARE MARRIED.

PART VI, SECTION A, QUESTION #11A

PER EARTH UNIVERSITY FOUNDATION'S POLICY & PRACTICES MANUAL, PART B SECTION IV, ITEM 7, THE AUDIT COMMITTEE (OR IN ITS ABSENCE, THE TREASURER AND BOARD CHAIRMAN) REVIEWS AND APPROVES THE IRS FORM 990 PRIOR TO SUBMISSION, AND THE FULL BOARD RECEIVES BY EMAIL A PDF COPY OF THE FORM 990 WITHIN 30 DAYS OF ITS SUBMISSION, WHICH MAY BE REVIEWED AT THE NEXT MEETING OF THE BOARD OF TRUSTEES AT ANY TRUSTEE'S REQUEST.

PART VI, SECTION A, QUESTION #12C

IN ACCORDANCE WITH EARTH UNIVERSITY FOUNDATION'S POLICY AND PRACTICES MANUAL, THE CONFLICT OF INTEREST POLICY IS MADE KNOWN TO ALL PERSONS CURRENTLY SERVING OR HEREAFTER ELECTED, APPOINTED OR OTHERWISE ENGAGED TO SERVE, AS THE CASE MAY BE, AS A TRUSTEE, OFFICER, MANAGER, STAFF MEMBER OR AS A MEMBER OF AN ADVISORY BOARD, COMMITTEE, OR ANY OTHER ENTITY ASSOCIATED WITH THE FOUNDATION AND ITS ACCEPTANCE EVIDENCED BY A COMPLETED AND SIGNED ANNUAL DECLARATION. ACCEPTANCE OF THE POLICY IS A PRECONDITION TO THEIR AFFILIATION WITH EARTH UNIVERSITY FOUNDATION. THE SECRETARY WILL MONITOR COMPLIANCE WITH THIS POLICY. THE SECRETARY WILL BE RESPONSIBLE FOR ENSURING THAT ALL INDIVIDUALS TO WHOM THIS CONFLICT OF INTEREST POLICY APPLIES RECEIVE A COPY OF THE POLICY AND COMPLETE, SIGN AND FILE THE DECLARATION IN A TIMELY MANNER ANNUALLY. IN ADDITION, THE SECRETARY WILL PROVIDE TO THE CHAIRMAN OF THE BOARD OF DIRECTORS, AN

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Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization	Employer identification number	
EARTH UNIVERSITY FOUNDATION, INC.	38-2920639	

ANNUAL WRITTEN REPORT AS TO INDIVIDUALS HAVING FILED AN ANNUAL DECLARATION AND INDIVIDUALS HAVING NOT FILED SUCH AN ANNUAL DECLARATION.

PART VI, SECTION A, QUESTIONS #15A & 15B EARTH UNIVERSITY FOUNDATION USES A COMPENSATION SYSTEM THAT IS OBJECTIVE AND NON-DISCRIMINATORY IN THEORY, APPLICATION AND PRACTICE.

THE COMPENSATION SYSTEM PRICES POSITIONS TO MARKET BY USING LOCAL, NATIONAL AND INDUSTRY SPECIFIC SURVEY DATA. THE MARKET DATA WILL PRIMARILY INCLUDE NON-PROFITS FOR WHICH THE POSITION MAY COMPARE AND MAY INCLUDE SURVEY DATA FOR MORE SPECIALIZED POSITIONS. ATTENTION WILL BE GIVEN TO SIGNIFICANT MARKET DIFFERENCES DUE TO GEOGRAPHICAL LOCATION. THE SYSTEM WILL EVALUATE EXTERNAL AND INTERNAL EQUITY. COMPENSATION SCALE WILL BE MONITORED AND EVALUATED AS POSITIONS BECOME VACANT TO MAKE NECESSARY ADJUSTMENTS TO ENSURE THE COMPENSATION PROGRAM CONTINUES TO REMAIN FAIR AND COMPETITIVE.

COMPENSATION FOR THE DIRECTOR BUSINESS OPERATIONS, AND THE EXECUTIVE DIRECTOR POSITION INCLUDES: (A) REVIEW AND APPROVAL BY A GOVERNING BODY OR COMPENSATION COMMITTEE, PROVIDED PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED; (B) USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS; AND (C) DOCUMENTATION AND RECORDKEEPING OF THIS INFORMATION AND DECISIONS MADE BY THE COMMITTEE.

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Schedule O (Form 990 or 990-EZ) 2020	
Name of the organization	Employer identification number
EARTH UNIVERSITY FOUNDATION, INC.	38-2920639

AS PART OF THE ANNUAL BUDGETING PROCESS, THE BOARD OF TRUSTEES WILL REVIEW AND APPROVE, AS APPROPRIATE, FUNDS TO BE ALLOCATED FOR TOTAL COMPENSATION, WHICH WOULD INCLUDE BASE SALARIES, BONUS, AND ALL OTHER RELATED EXPENSES, INCLUDING BENEFIT PLANS AS RECOMMENDED BY THE DIRECTOR OF FINANCE AND OPERATIONS. THE CHAIRMAN OF THE BOARD OF TRUSTEES OF EARTH UNIVERSITY FOUNDATION IS RESPONSIBLE FOR REVIEWING RECOMMENDATIONS MADE BY THE DIRECTOR OF FINANCE AND OPERATIONS AND WILL GIVE FINAL APPROVAL FOR THE COMPENSATION THAT WILL BE USED. THE CHAIRMAN OF THE BOARD OF TRUSTEES, IN COORDINATION WITH THE PRESIDENT AT EARTH, SHALL APPROVE THE PAY RANGE AND TOTAL COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR.

THE EXECUTIVE DIRECTOR, IN COORDINATION WITH THE CHAIRMAN OF THE BOARD OF TRUSTEES, SHALL APPROVE THE PAY RANGE AND TOTAL COMPENSATION PACKAGE FOR THE DIRECTOR OF FINANCE AND OPERATIONS. THE RESEARCH AND DEVELOPMENT OPERATIONS MANAGER, ALONG WITH DIRECTOR OF FINANCE AND OPERATIONS, AND THE EXECUTIVE DIRECTOR WHEN HE/SHE IS NOT CONCERNED, IS CHARGED WITH THE RESPONSIBILITY OF ENSURING THAT THE TOTAL COMPENSATION PROGRAM IS MANAGED FOR CONSISTENCY AND EQUITY, ENSURING INDIVIDUAL JOBS ARE MARKET PRICED AT LEAST ONCE EVERY TWO YEARS AND THAT PAY EQUITY ADJUSTMENTS ARE ADMINISTERED IN A FAIR AND EQUITABLE MANNER.

PART VI, SECTION A, QUESTION #19

EARTH UNIVERSITY FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT THE REQUEST OF ANY INDIVIDUAL/ORGANIZATION WHO CONTACTS THE ORGANIZATION. PORTIONS OF THE 990 ARE AVAILABLE TO THE PUBLIC ON GUIDESTAR, CHARITY EARTH UNIVERSITY FOUNDATION, INC.

NAVIGATOR AND THROUGH THE IRS WEBSITE.

PART XI, LINE 8 PRIOR PERIOD ADJUSTMENTS

\$14,527 IS PRIOR YEAR BAD DEBT EXPENSES EXCLUDED FROM CONTRIBUTION

INCOME.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

EUF'S PRINCIPAL MISSION IS TO PROVIDE FINANCIAL ASSISTANCE AND OTHER SUPPORT FOR THE EDUCATION OF STUDENTS ATTENDING EARTH UNIVERSITY(ESCUELA DE AGRICULTURA DE LA REGIÓN TROPICAL HÚMEDA) AND FOR EARTH'S PROGRAMS AND INITIATIVES IN SUPPORT OF THAT EDUCATION. EARTH UNIVERSITY IS A NON-PROFIT FOUR-YEAR DEGREE-GRANTING INSTITUTION WITH INTERNATIONAL ADMINISTRATION, FACULTY, STUDENTS, PROGRAMS AND INITIATIVES. EARTH AND ITS STUDENTS CONTRIBUTE TO THE SUSTAINABLE DEVELOPMENT OF THE HUMID TROPICS THROUGH EDUCATION IN THE AGRICULTURAL SCIENCES AND NATURAL RESOURCES, AND THE DEVELOPMENT OF STUDENTS AS "CATALYSTS FOR CHANGE," INDIVIDUALS WITH STRONG ETHICAL AND HUMAN VALUES, SOCIAL AND ENVIRONMENTAL CONSCIOUSNESS AND AN ENTREPRENEURIAL MENTALITY. EUF ALSO FULLY EMBRACES EARTH UNIVERSITY'S MISSION TO "PREPARE LEADERS WITH ETHICAL VALUES TO CONTRIBUTE TO THE SUSTAINABLE DEVELOPMENT OF THE HUMID TROPICS AND CONSTRUCT A PROSPEROUS AND JUST SOCIETY."

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, OH, OR, PA,

38-2920639

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
EARTH UNIVERSITY FOUNDATION, INC.	38-2920639
	ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

RI, SC, TN, TX, UT, VA, WA, WV, WI,

 ATTACHMENT 3

 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

 NAME AND ADDRESS
 DESCRIPTION OF SERVICES
 COMPENSATION

 EMILY FINTEL KAISER
 PROGRAM DIRECTOR
 127,500.

 24212 COMEGYS BRIGHT LANE.
 CHESTERTOWN, MD 21620
 COMPENSATION

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSES	24,134.
DEPOSITS	1,450.
PREPAID SCHOOL FUNDS	3,990.
OTHER RECEIVABLES	61.
TOTALS	29,635.

ATTACHMENT 5

ame of the organization	Employer identification	on number				
ARTH UNIVERSITY FOUNDATION, INC.	38-2920639					
	ATTACHMENT 5 (CO	NT'D)				
ORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES						
	ENDING	COST				
ESCRIPTION	BOOK VALUE	OR FMV				
QUITY MUTUAL FUNDS	27,394,915.	FMV				
IXED INCOME MUTUAL FUNDS	37,721,170.	FMV				
OVERNMENT OBLIGATIONS	3,330,716.	FMV				
ERTIFICATES OF DEPOSITS	4,201,601.	FMV				

TOTALS

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72,648,402.

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

38-2920639

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

EARTH UNIVERSITY FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

				-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
_(2)					
_(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

Name, address,	(a) and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
							Yes	No
(1) EARTH UNIVERSITY	98-0149857							
PO BOX 4442-1000	SAN JOSE, CS	UNIVERSITY	CS	501(C)(3)	2	N/A		Х
(2)								
(3)		_						
(4)		_						
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020

Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)	-											
(4)	-											
(5)	-											
(6)	-											
(7)	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(i) Section 512(b)(7 controll entity?
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2020

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EARTH UNIVERSITY FOUNDATION, INC.

Schedule R (Form 990) 2020

Part	V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	L
С	Gift, grant, or capital contribution from related organization(s).	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		L
	Loans or loan guarantees by related organization(s)		X	
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)			X
	Purchase of assets from related organization(s)			X
i	Exchange of assets with related organization(s).	1i		X
	Lease of facilities, equipment, or other assets to related organization(s).			X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		х
	Performance of services or membership or fundraising solicitations for related organization(s)		Х	
	Performance of services or membership or fundraising solicitations by related organization(s)			X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
	Sharing of paid employees with related organization(s)			X
n	Reimbursement paid to related organization(s) for expenses	1p		x
-	Reimbursement paid by related organization(s) for expenses		X	
		4.		x
r	Other transfer of cash or property to related organization(s)	1r 1s		X
2	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction the	reshold	ls.	
	(a) (b) (c)	(d)		
		d of det ount inv		ıg
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

ity Primary acti	vity Legal domicile (state or foreign country)	(a) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		sections 512 - 514	Yes	No			Yes	No		Yes	No	1
							-					
												+
												+
	ty Primary acti	ty Primary activity Legal domicile (state or foreign country)	ty (b) Primary activity (c) Legal domicile (state or foreign country) (d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	ty Primary activity Legal domicile (state or foreign country) Predominant income (related, etclude from tax under sections 512 - 514) Terrelated, exclude from tax	ty Primary activity Legal donicile (state or foreign country) Predominant income (related, sections 512 - 514) Predominant income (related, sections 512 - 51	ty Primary activity (c) Legal domicile (state or foreign country) (c) Predominant income (stated, excluded unrelated, excluded from tx under sections 512 - 514) (ves No (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	by Primary activity Legal omitaite (state or foreign country) Predimant income (related, excluded or foreign) Predimant income (related, excluded sections 512 - 514) No Share of income (relations) Share of end-Oryear assets	by Primary activity (state or ordegin country) Preaminant (state or ordegin country) Are all address section (solicio) State or balance section (solicio) Are all address (solicio) State or balance section (solicio) State or balance section	by Primary activity Legal domainal (state of reging country) Predminant (state of	by Primary activity Legal Controlle (state of roll case) country) Predmanant increated, excluded off mit activity Are all pathen (state of roll case) (state of roll case) Share of (state of roll case) Durbations all case) Durbations all case)	y max equilability legal dominant (scan free free county) or production (scan recomment sections 512 - 514) or production (scan recomment sections 512 - 514) or production (scan recomment sections 512 - 514) Star of production (scan recomment sections 512 - 514) Star of production (scan recomment section 512 - 514) Star of production (scan recomment section 512 - 514) Star of production 512 - 5	by Primary activity (state or free dudied county) Preschmann (normelade, excluded county) Preschmann (normelade, excluded county) Shife of county) Shife of edications Shife of edicationsedicions Shife of edications

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Part VIISupplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.