

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **2021**, and ending **2020**

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

C Name of organization Cuero ISD Education Foundation
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P O Box 987
 City or town, state or province, country, and ZIP or foreign postal code
Cuero, TX 77954

D Employer identification number
03-0426805

E Telephone number
(361) 275-1924

F Name and address of principal officer:
Raymond H Reese, 3119 US HWY 183 S, Cuero, TX 77954

G Gross receipts \$ 476,560.

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

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 2002 **M** State of legal domicile: TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Raise funds to fund educational grants to Cuero ISD educators and scholarships to Cuero ISD graduates.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 21
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 45
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 110,178. Current Year 35,656.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-34,788. 151,932.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,808. 81,489.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,198. 269,077.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	87,096. 123,096.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,630. 28,630.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,073. 22,550.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	130,799. 174,276.
19	Revenue less expenses. Subtract line 18 from line 12	7,399. 94,801.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,482,006. End of Year 5,004,644.
	21	Total liabilities (Part X, line 26)	37,000. 30,000.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,445,006. 4,974,644.

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
Selena Condie, TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
Vernon King _____ _____ P01200535
 Firm's name ▶ VERNON R. KING JR. PC Firm's EIN ▶ 74-2418387
 Firm's address ▶ PO BOX 21023, WACO, TX 76702 Phone no. (254) 776-0515

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Raise funds to fund educational grants to Cuero ISD educators and scholarships to Cuero ISD graduates.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 134,043. including grants of \$ 123,096.) (Revenue \$ 269,077.)

Annual fundraising drive was held to generate funds to supplement the programs of Cuero ISD by awarding grants to fund innovative classroom projects and build endowment to fund future projects. Funds are given to award scholarships to qualified Cuero ISD graduates.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 134,043.