| | | | 1 1 | Exempt Organizati | on Busi | iness In | con | ne Tax Retu | ırn | 1 | ОМ | B'No 1545-0047 |
|---------|-------------|---------------------------------------------|-------------------------|----------------------------------------------------------|---------------------------------------|----------------------------|---------|--------------------------|-----------|----------|-------------|-----------------------|
| • | Form | 990-T | | (and proxy | | | | | •••• | | _ | |
| | . G | | For cale | ndar year 2019 or other tax year begi | | | | | 20 20 | . | 2 | 019 |
| | 0 | | | ► Go to www.irs.gov/Form | | | | | | _ | | |
| | • | tment of the Treasury at Revenue Service | ▶ Do n | • | blic Inspection for granizations Only | | | | | | | |
| | $A \square$ | Check box if address changed | | Name of organization (Check | | lentification number | | | | | | |
| | B Exe | empt under section | D-:-4 | NEW MEXICO EDUCAT | Employees | 'trust, see instructions) | | | | | | |
| | x | 501(C) (303 | Print | Number, street, and room or suite no | 29131 | 3 | | | | | | |
| | | 408(e) 220(e) | or Type_ | PO BOX 27020 | | | | - | | 1 | | usiness activity code |
| | -[-] | 408A 530(a) | 'i Abë''' | City or town, state or province, counti | ry, and ZIP or to: | reign postal code | , —— | | | | See instruc | 110115) |
| | \perp | 529(a) | | ALBUQUERQUE, NM 8 | | | | | | 5613 | 00 | |
| | | ok value of all assets and of year | | oup exemption number (See ii | | | | T | | | | |
| | | 392,805,656 | | eck organization type | | (c) corporation | n | 501(c) trust | | (a) tru | | Other trust |
| | | | _ | nızatıon's unrelated trades or | | - | | | e the onl | • • | • | |
| | | | | EMPLOYMENT ASSISTANCE | | _ ′ | • | nplete Parts I-V. If | | - | | e the |
| | | • | | end of the previous sentence | , complete P | arts I and II, | compl | lete a Schedule M | for each | additio | onal | |
| レ | | rade or business, the | | | - Elista d'ava | | -4 | | | | | Ves III No |
| | | | | corporation a subsidiary in an | | | nt-suc | sidiary controlled | group? | • • • | • | Yes X No |
| | | · | | identifying number of the pare | nt corporatio |)IP | | Tolophone num | hor N (| EOEN. | 761-20 | 163 |
| | Pai | 1 | | THE ORGANIZATION e or Business Income | | | | Telephone num (A) Income | |) Expe | | / (C) Net |
| | 1a | Gross receipts or s | | e or business income | | | | (A) Income | (6 |) Expe | rises | (C) Net |
| | b | Less returns and a | | | c B | alance▶ | 1c | | - | | | |
| | 2 | | | ule A, line 7) | | | 2 | | | | / | |
| | 3 | Gross profit. Subtra | | | | | 3 | | - | / | | · |
| | 4a | • | | tach Schedule D) | | - F | 4a | | 1/ | | | |
| | b | · - | • | , Part II, line 17) (attach Form | | | 4b | | | | D.F. | CEIVED |
| | С | | | | | | | | | | | |
| | 5 | Income (loss) from | a partne | ership or an S corporation (att | ach | Ī | | | | 12 | | . 0 0 0004 |
| | | statement) | | | . | [| 5 | | | 0052 | JU | V 0 8 2021 S |
| | 6 | Rent income (Sche | dule C) | | . . | [| 6 | | | | | 0 |
| | 7 | Unrelated debt-fina | inced in | come (Schedule E) | . . | [| 7 | | | 1_ | CC | DEN UT |
| 202 | 8 | Interest, annuities, ro | yaltıes, ar | nd rents from a controlled organiza | ation (Schedul | le F) | 8/ | | | <u> </u> | | |
| 7 | 9 | Investment income of | a section | n 501(c)(7), (9), or (17) organizatio | on (Schedule (| G)/ | 9_ | | | | | |
| œ | 10 | | | come (Schedule I) | | | 10 | | | | | |
| 8 | 11 | _ | | ule J) | | | 11 | | | | | |
| 8 | 12 | | | ons, attach schedule) Stat | | | 12 | 365,40 | | | | 365,405 |
| 芷 | 13 | Total. Combine lin | es 3 thro | ough 12 | <u> </u> | | 13 | 365,40 | 5 : | <u> </u> | 4 | 365,405 |
| \Box | Par | | | Taken Elsewhere (Se | | ions for lin | nitati | ons on aeauci | ions.) (| Deal | ictions | must be directly |
| | | connected | with t | he unrelated business i rectors, and trustees (Schedy | ncome.) | | | | · | | 14 | 25 (21 |
| SCANNED | 14 15 | Compensation of of | nicers, a | rectors, and trustees (Schedu | jie K) | | • • | | | • • • | 15 | 25,621 276,538 |
| Ķ | 16 | Penaire and mainte | nance | | , | | • • | | | • • • | 16 | 270,338 |
| တ | 17 | Rad debts | SHALLE . | | , | | • • | | • • • • | • • • | 17 | |
| • | 18 | | | see instructions) | | | | | | | 18 | |
| | 19 | Taxes and licenses | | | | | | | | | 19 | |
| | 20 | Depreciation (attac | h Form 4 | | | <i>.</i> | | 20 | | | | |
| | 21 | | | on Schedule A and elsewhere | | | | | | | 21b | |
| | 22 | | | <i>.[</i> | | | | | | | 22 | |
| | 23 | | | ompensation plans | | | | | | | 23 | |
| | 24 | Employee benefit p | rograms | { | | | | <i>.</i> | | | 24 | 68,073 |
| | 25 | Excess exempt exp | oenses (| Schedule I) | . | | ٠., | | | | 25 | |
| | 26 | | p costs (Schedule J) | | | | | | | | 26 | |
| | 27 | Other deductions (| (affach schedule) | | | | | | | | 27 | 42,948 |
| | 28 | | Add lines 14 through 27 | | | | | | | | 28 | 413,180 |
| | 29 | Unrelated business | taxable | income before net operating | loss deduction | on Subtract | lıne 28 | 8 from line 13 | | | 29 | (47,775) |
| | 30 | | | loss ansing in tax years begin | | | | | | | | |
| | | | | | | | | | | | | |
| | 31 | Unrelated business | taxable | income Subtract line 30 from | n line 29 🔒 | | | | | | 31 | (47,775) |

| | 990-T (2 | | 8 | 5-02913 | 313 | Page |
|---------------|-----------------|------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|----------------------------------------------|----------------|
| Pa | rt mu | Total Unrelated Business Taxable Income | | | | |
| 32 | Total of u | unrelated business taxable income computed from all unrelated trades or businesses | (see | | . | |
| | instructio | ns) | | / _ з | 2 | 4,98 |
| 33 | Amounts | paid for disallowed fringes | | 3 | 3 | |
| 34 | Charitabl | le contributions (see instructions for limitation rules) | | 3 | 4 | |
| 35 | Total unr | related business taxable income before pre-2018 NOLs and specific deduction. Subtra | ict line | | | |
| | | he sum of lines 32 and 33 | | .5 3 | 5 | 4,98 |
| 36 | | in for net operating loss ansing in tax years beginning before January 1, 2018 (see | | | | |
| | | ns) | | 3 | | |
| 37 | | unrelated business taxable income before specific deduction. Subtract line 36 from line | | _ — | - | 4 00 |
| 38 | | deduction (Generally \$1,000, but see line 38 instructions for exceptions) | | | | 4,98 |
| | | | | ··0 3 | | 1,00 |
| 39 | | ed business taxable income. Subtract line 38 from line 37 If line 38 is greater than | | | _ | |
| 11 | enter the | smaller of zero or line 37 | | .!! 3 | <u> </u> | 3,98 |
| | | Tax Computation | | | | |
| 40 | | ations Taxable as Corporations. Multiply line 39 by 21% (0 21) | | ₹ ▶ 4 |) | 83 |
| 41 | Trusts T | axable at Trust Rates. See instructions for tax computation. Income tax on | | 11 | İ | |
| | the amou | ınt on line 39 from. 🔲 Tax rate schedule or 🔲 Schedule D (Form 1041) | | . ▶ 4 | 1 | |
| 42 | Proxy ta | x. See instructions | | . ▶ 42 | 2 | |
| 43 | Alternativ | ve minimum tax (trusts only) | | [4: | 3 | |
| 44 | Tax on N | Noncompliant Facility Income. See instructions | | 44 | 4 | |
| 45 | | dd lines 42, 43, and 44 to line 40 or 41, whichever applies | | _ | 5 | 83 |
| $\overline{}$ | | Tax and Payments | | - 1 - 1 | | |
| 46a | | ax credit (corporations attach Form 1118; trusts attach Form 1116) | 46a | | | |
| b | | edits (see instructions) | 46b | | | |
| | | | 1 | | | |
| C | | business credit Attach Form 3800 (see instructions) | 46c | [| 1 | |
| d | | prior year minimum tax (attach Form 8801 or 8827) | 46d | | | |
| | | edits. Add lines 46a through 46d | | - t | | |
| 47 | | line 46e from line 45 | | | | 83 |
| 48 | | es Check if from Form 4255 Form 8611 Form 8697 Form 8866 | | | _ | |
| 49 | Total tax | x. Add lines 47 and 48 (see instructions) | | 4 4 | | 83 |
| 50 | 2019 net | 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | | 50 |) | |
| 51 a | Payments | s: A 2018 overpayment credited to 2019 | 51a | | - | |
| b | 2019 est | mated tax payments | 51b | | | |
| C | Tax depo | sited with Form 8868 | 51c | | | |
| d | Foreign o | rganizations Tax paid or withheld at source (see instructions) | 51d | | | |
| е | Backup w | vithholding (see instructions) | 51e | | | |
| f | Credit for | small employer health insurance premiums (attach Form 8941) | 51f | | | |
| | | dits, adjustments, and payments Form 2439 | | I | | |
| ا | Form 4 | 4126 Total b | 51g | | | |
| 52 | | yments. Add lines 51a through 51g | | 52 | , | |
| | | it tax penalty (see instructions). Check if Form 2220 is attached | | 53 | _ | |
| | | , , , | _ | | | |
| | | If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | | Î► <u>54</u> | | 83 |
| | | ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | | ▶ 55 | _ | |
| | | amount of line 55 you want. Credited to 2020 estimated tax ▶ | Refunded | | <u>; </u> | |
| Par | <u>t VI S</u> | tatements Regarding Certain Activities and Other Information (| see instructions) | <u> </u> | | , , |
| 57 | At any tim | ne during the 2019 calendar year, did the organization have an interest in or a signatur | e or other authority | | | Yes No |
| | over a fin | ancial account (bank, secunties, or other) in a foreign country? If "Yes," the organization | on may have to file | | | 1 1 |
| | FinCEN F | Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of | the foreign country | | | 1 1 |
| | here 🕨 | | | | | x |
| 58 | During the | e tax year, did the organization receive a distribution from, or was it the grantor of, or tra | ansferor to, a foreign | trust? | | x |
| | If "Yes," s | see instructions for other forms the organization may have to file | _ | | | |
| 59 | Enter the | amount of tax-exempt interest received or accrued during the tax year ▶\$ | | | | 1 1 |
| | Under pe | enalties of perjury, I declare that I have examined this return, including accompanying schedules and statements | , and to the best of my kno | wledge and be | lief, it is | |
| Sign | true, con | | | | | |
| _ | | 1000 MOUNT 5/17/21 200000000000000000000000000000000000 | .m on navavor | | e IRS discuss | |
| Here | | re of officer Date Title | VP OF FINANCE | with the | e preparer sh | own below |
| | Jagnatu | | 1= : | | 7 I | X Yes N |
| | | Pront/Type preparer's name Preparer's signature | Date | Check | j if PTI | |
| Paid | | SCOTT ELIASON | 05-17-2021 | self-employe | <u>" №02</u> | 237267 |
| | arer | Firm's name > Jaramillo Accounting Group LLC | | Firm's EIN ▶ | 46-39 | 16466 |
| Use | Only | Firm's address ▶4700 Lincoln Road NE | | Phone no | | |
| | | Albuquerque NM 87109 | | | 505-3 | 23-2035 |
| | | | | | | |

| <u> Form</u> | 990-T (2019) NEW | MEXICO EDU | CATION | AL ASS | ISTANC | E FOUNI | DATIO | N 85-02 | 91313 | Р | age 3 |
|--------------|---------------------------------------------------|-------------------|-----------------------------|---------------|-----------|----------------------------|----------|------------------------------------------------------------------------------|-----------------------------------------|------------------|-------|
| Sch | edule A - Cost of Goo | ds Sold. En | ter meth | nod of in | ventory | valuatio | n ► | | | | |
| 1 | Inventory at beginning of year | ır | 1 | | Ī | 6 Inver | ntory at | end of year | 6 | | |
| 2 | Purchases | | 2 | | | 7 Cost | of god | ods sold. Subtract line | | | |
| 3 | Cost of labor | | 3 | | | . 6 fror | m line 5 | . Enter here and in Part | 1 1 | | |
| 4a | Additional section 263A costs | 3 | | | | I, line | e2 | | 7 | | |
| | (attach schedule) | | 4a | | | 8 Doth | e rules | of section 263A (with respect | to | Yes | No |
| b | Other costs (attach schedule) |) | 4b | | | prope | erty pro | duced or acquired for resale) | apply | | |
| 5 | Total. Add lines 1 through 4 | b | 5 | | | to the | organi | zation? | | | |
| Sch | edule C - Rent Income | (From Rea | l Prope | rty and | Persor | | | eased With Real Prop | | | |
| -(se | ee instructions) | - | - - | | | | · • | | • • • | | |
| 1. De | scription of property | | | | | | | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | <u> </u> | 2. Rent receiv | ed or accru | req | | | | | | | |
| (2) ! | From personal property (if the perc | entage of rent | /b) E | rom real an | d nemonal | l property (if | the | 3(a) Deductions directly | connected | Lusth the incor | 70 |
| | or personal property is more than 1 | | | | | il property (ii | | in columns 2(a) and | 2(b) (attac | h schedule) | HE |
| | more than 50%) | | 50% o | if the rent i | s based o | n profit or inc | come) | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| (4) | | | *- | | | | | | | | |
| Total | | | Total | | | | | (h) Tatal dadinations | | | |
| (c) To | otal income. Add totals of col | umns 2(a) and | 2(b). Ente | er | | | | (b) Total deductions. Enter here and on page 1, | | | |
| | and on page 1, Part I, line 6, co | | | | | | | Part I, line 6, column (B) | | | |
| | edule E - Unrelated De | | | ne (see i | nstruct | ions) | | - 1 | | | |
| | | | | | 2. Gros | ss income fro | | 3. Deductions directly connected | d with or a | llocable to | |
| | 1. Description of debt- | financed property | | | allocable | e to debt-fina property | anced | debt-financed pro (a) Straight line depreciation | | Other deduction | |
| | | | | | | property | | (attach schedule) | | ittach schedul | |
| | | | | | | | | | | | |
| (1) | • | | | | • | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | 4. Amount of average | 5. Average | | asis | | | | | 8. Allo | able deductio | ns |
| | acquisition debt on or allocable to debt-financed | | illocable to sced proper | +√ | | 6. Column 4 drvided | | 7. Gross income reportable | (column | 6 x total of col | |
| | property (attach schedule) | | schedule) | | t | by column 5 | | (column 2 x column 6) | 3 | (a) and 3(b)) | |
| | | | | | | | | | | | |
| (1) | | | | | | | % | | | | |
| (2) | · | - | | | | | % | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| (3) | | | | | | | % | | | | |
| (4) | | | •• | | | | % | | | | |
| | | | | | | | | Enter here and on page 1, | Enter be | ere and on pa | nge 1 |
| | | | | | | | | Part I, line 7, column (A) | | ine 7, columi | |
| Totals | s | | | . . | | | • | , , | | | |
| Total | dividends-received deducti | ons included in | column i | 3 <u>.</u> | | | | | | | |

ĘΕΑ

Form **990-T** (2019)

| Schedule F - Interest, Ann | uities, Royalties, | | | n Controlled O Organizations | rganizations | (see in | structio | ns) |
|----------------------------------------|---------------------------------------------------------------------|----------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------|------------------------------|------------------------------------------------------------------------------------------------|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelat (loss) (see in | ed income | e 4. Total of specifie | 5. Part of colum included in the organization's gr | controlling | con | Deductions directly inected with income in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| (4) | | | | 1 | | | | |
| Nonexempt Controlled Organization | s | | | | | | | |
| 7. Taxable Income | 8. Net unrelated in (loss) (see instruct | | | Total of specified ayments made | 10. Part of colur included in the organization's gi | controlling | conr | Deductions directly nected with income in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Totals | | | | | Add columns : Enter here and Part I, line 8, c | on page 1 olumn (A) | Enter | columns 6 and 11 here and on page 1, I, line 8, column (B) |
| Schedule G - Investment Inco | me of a Section 50 | 01(c)(7), (9) | | | | | | |
| 1. Description of income | 2. Amount | of income | dir | 3. Deductions ectly connected tach schedule) | 4. Set-aside (attach schedi | | | otal deductions set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | ., | | | | | |
| Totals ▶ Schedule I - Exploited Exemp | | Other Than | Adver | tising Income (s | ee instructions) | | Part I, li | ne 9, column (B) |
| Description of exploited activity | 2. Gross unrelated business incor from trade o business | dire connec r produ | ctly ted with ction of lated s income | from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | attnbı | penses utable to umn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | · | · | | | | | | |
| (4) | | | | | | | | |
| 「otals | Enter here and page 1, Part line 10, col (| I, page | re and on 1, Part I, col (B) | , | | | | Enter here and on page,1 Part II, line 25 |
| Schedule J - Advertising Inco | | | | | | - | | |
| Part I Income From Perio | dicals Reported o | n a Consol | idated | Basis | | | • | |
| 1. Name of penodical | 2. Gross advertising income | 3. Di advertisi | | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | | dership sts | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| 1) | | | | | | | | |
| 2) | | | | | | | | |
| 3) | | | | | | | | |
| 4) | | | | | | | | |
| | | | | | : - - | | | 1 |
| otals (carry to Part II, line (5)) . ▶ | | | | l | | | | |
| EA | | | | | | | F | Form 990-T (2019) |

2 %

10 %

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If costs (column 6 minus column 5, but 2. Gross 6. Readership 5. Circulation 3. Direct 1. Name of periodical advertising advertising costs ıncome costs not more than a gain, compute cols 5 through 7 income column 4) (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (B) page 1, Part I, line 11, col. (A) on page 1, Part II, line 26 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 2. Title time devoted to 1. Name unrelated business business PRESIDENT 2 % 3,876 (1)BRAD ALLPASS 2 % 3,384 (2)GRACE TACKMAN ASST. VICE PRESIDE

GENERAL COUNSEL

DIRECTOR OF OPERAT

EEA

(4)LOIS FORT

(3)REGINALD STORMENT

Total. Enter here and on page 1, Part II, line 14.

Form 990-T (2019)

3,832

14,529

25,621

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2019 or other tax year beginning 07-01, 2019, and ending 06-30, 20 20

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

| NEW | MEXICO | EDUCATIONAL | ASSISTANCE | FOUNDATION |
|-----|--------|-------------|------------|------------|

85-0291313

Unrelated Business Activity Code (see instructions) ► 522291

— Describe the unrelated trade or business ► DEBT COLLECTION SERVICE

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expense | s | (C) Net |
|----------|----------------------------------------------------------------------------------------------------------------|----|--------------|-------------|-----|-------------|
| 1a | Gross receipts or sales | | ********* | | | , |
| b | Less returns and allowances c Balance ▶ | 1c | | | 1 | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | Ī | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | | Ī | - |
| 4a | Capital gain net income (attach Schedule D) | 4a | | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | | • |
| С | Capital loss deduction for trusts | 4c | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | | | | |
| 6 | Rent income (Schedule C) | 6 | | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| | organization (Schedule F) | 8 | | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | | |
| | organization (Schedule G) | 9 | | <u> </u> | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | | |
| 11 | Advertising income (Schedule J) | 11 | | | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | | | | × |
| 14 | connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) | | | · · · | 14 | |
| 15 | • | | | | 15 | |
| 16 | Salanes and wages | | | | 16 | |
| 17 | Bad debts | | | | 17 | 8,134 |
| | Interest (attach schedule) (see instructions) | | | | 18 | 0,134 |
| 18 | | | | | 19 | |
| 19 | Taxes and licenses | | | | 19 | |
| 20 | Depreciation (attach Form 4562) | | | | 21b | |
| 21 | Depletion | | | · - | 22 | |
| 22 23 | Contributions to deferred compensation plans | | | | 23 | |
| 23 24 | Employee benefit programs | | | | 24 | |
| 24 25 | Excess exempt expenses (Schedule I) | | | | 25 | |
| 25 26 | Excess readership costs (Schedule J) | | | | 26 | |
| | | | | | 27 | |
| 27 | Other deductions (attach schedule) | | | | 28 | 8,134 |
| 28 29 | Total deductions. Add lines 14 through 27 | | | | 29 | (8,134) |
| 30 | Deduction for net operating loss arising in tax years beginning on or after | | | | 25 | (0,134) |
| JU | Instructions) | | • | | 30 | |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | | | | 31 | (8,134) |
| JI | Unificiated publicas taxable income. Subtract into 30 noin inte 23 | | | | , | (0,134) |

| Form | 990-T (2019) NEW | MEXICO EDU | CATION | AL ASSISTAN | CE FOUNDATIO | N 85-0 | 291313 | Pa | age 3 |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|-----------------------------------------|-------------------------|-------|
| Sch | edule A - Cost of Goo | ds Sold. En | ter meth | od of inventor | valuation 🕨 | | | | |
| 1 | Inventory at beginning of ye | ar | 1 | | 6 Inventory at | end of year | 6 | | |
| 2 | Purchases | | 2 | | 7 Cost of god | ods sold. Subtract line | | | |
| 3 | Cost of labor | | 3 | | 6 from line 5 | Enter here and in Part | | | |
| 4a | Additional section 263A cost | ts | | - | l, line 2 | | . 7 | | |
| | (attach schedule) | | 4a | | | of section 263A (with respect | to | Yes | No |
| b | Other costs (attach schedule | e) | 4b | | 1 | duced or acquired for resale) | | | |
| 5 | Total. Add lines 1 through 4 | lb | 5 | | | ızation? | | | |
| Sch | edule C - Rent Income instructions) | e (From Rea | l Proper | ty and Perso | nal Property l | Leased With Real Prop | perty) | | |
| | cription of property | _ | | | | | | - | |
| (1) | | | | | | | · · · · · · | | |
| (2) | | | | | | , | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| <u>, , , , , , , , , , , , , , , , , , , </u> | | 2. Rent receiv | ed or accrui | ed | | | | - | |
| | rom personal property (if the per r personal property is more than more than 50%) | | percentag | om real and persona ge of rent for persona If the rent is based o | al property exceeds | 3(a) Deductions directly in columns 2(a) and | connected with 2(b) (attach so | n the incon hedule) | пе |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | [| | | | | | | |
| (4) | | | | | | | | | |
| Total | | | Total | | | - (b) Total deductions. | | | |
| (c) To | tal income. Add totals of co | olumns 2(a) and | 2(b). Enter | 7 | | Enter here and on page 1 | | | |
| here a | ind on page 1, Part I, line 6, o | column (A) | • | | | Part I, line 6, column (B) | | | |
| <u>Sche</u> | edule E - Unrelated De | ebt-Finance | d Incom | e (see instruc | tions) | ··· | | | |
| | 1. Description of debt | -financed oronerty | | I | le to debt-financed | 3. Deductions directly connected debt-financed pro | perty | | |
| | 2000, p. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | · mianosa proporty | | | property | (a) Straight line depreciation (attach schedule) | · · | deduction h schedule | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | Amount of average acquisition debt on or allocable to debt-financed roperty (attach schedule) | of or a debt-finar | adjusted ba illocable to iced propert ischedule) | | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable (column 6 x t 3(a) a | | |
| (1) | | | | | % | | - | | |
| (2) | | | | | % | | | | |
| (3) | | | | | % | | | | |
| (4) | | | | | % | | | | |
| | | | | | _ | Enter here and on page 1, Part I, line 7, column (A). | Enter here a | | |
| Totals | | | | | • | | | | |
| Total | dividends-received deduct | tions included in | column 8 | • • • • • • • | | | | 990-T (| 2010 |

| Schedule F - Interest, Annu | <u>iities, Royalties,</u> | | | n Controlled O Organizations | rganizations | (see in: | struction | ns) |
|-----------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------|--------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1. Name of controlled organization | 2. Employer Identification number | 3. Net unrela (loss) (see i | | | 5. Part of column included in the organization's gr | controlling | connected with incom | |
| (1) | | | | | - | | | |
| (2) | | | | | | - | 1 | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Nonexempt Controlled Organizations | | | | | | | | |
| 7. Taxable Income | 8. Net unrelated inc | 8. Net unrelated income (loss) (see instructions) | | otal of specified ayments made | 10. Part of colur included in the organization's gi | controlling | conn | Deductions directly ected with income in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | ······································ | | | • • • | | | | |
| (4) | | | | | | | | |
| Totals | <u> </u> | | <u></u> | · · · · · · · • | Add columns t Enter here and Part I, line 8, c | on page 1 | Enter | columns 6 and 11 here and on page 1, l, line 8, column (B) |
| Schedule G - Investment Incor | ne of a Section 50 |)1(c)(7), (9 |), or (17) | Organization (| | | | |
| 1. Description of income | 2. Amount | of income | dire | Deductions ectly connected tach schedule) | 4. Set-aside (attach schedi | | | otal deductions set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Totals | Enter here and of Part I, line 9, co | olumn (A). | | | | | | re and on page 1, ne 9, column (B) |
| Schedule I - Exploited Exempt | Activity income, | <u>Other Ina</u> | n Adven | tising income (s | ee instructions) | | | |
| 1. Description of exploited activity | 2. Gross unrelated business incor from trade o business | ne conne r prod | penses ectly cted with uctron of elated ss income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | attnbı | openses utable to lumn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | |
| (2) | | <u> </u> | | | | 1 | • | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Totals | Enter here and page 1, Part line 10, col. (a | I, page | ere and on 1, Part I, 0, col (B) | | | | | Enter here and on page,1 Part II, line 25 |
| Schedule J - Advertising Incom | ne (see instructions | =) | | | | | | |
| Part I Income From Period | | | lidated I | Basis | | | · · | |
| 1. Name of penodical | 2. Gross advertising income | 3. [| Direct sing costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | l . | idership ists | 7. Excess readership costs (column 6 minus column 5, bu not more than column 4) |
| (1) | | | | | | l | | |
| (2) | | | | | | | | |
| (3) | | | | | | Î | | |
| (4) | | | | | | 1 | | , |
| Totals (carry to Part II, line (5)) . ▶ | | | | | | | | |
| | • | | | | | | | • |

| | | | | • | |
|--------------------|-----|--------|-------------|------------|------------|
| Form 990-T (2019). | NEW | MEXICO | EDUCATIONAL | ASSISTANCE | FOUNDATION |

(3)

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85-0291313

%

%

Page 5

Form **990-T** (2019)

| Part II Income From Periodica | ls Reported on | a Separate Bas | is (For each perio | odical listed in Pa | rt II, fill in colu | mns |
|-------------------------------------|----------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------|---------------------|----------------------------------------------------------------------------------------------|
| 2 through 7 on a line-by-l | ine basıs.) | | | | | |
| 1. Name of penodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | • | | • | | | |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | - | | | Enter here and on page 1, Part II, line 26 |
| Totals, Part II (lines 1-5) ▶ | | • | | | | |
| Schedule K - Compensation of Office | cers, Directors, | and Trustees (s | see instructions) | | | |
| 1. Name | | 2 | . Title | 3. Percent of time devoted to business | | tion attributable to ed business |
| (1) | | | | % | | |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning 07-01, 2019, and ending 06-30

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

NEW MEXICO EDUCATIONAL ASSISTANCE FOUNDATION

Unrelated Business Activity Code (see instructions) ▶ 531120

B5-0291313

Employer identification number

Describe the unrelated trade or business ► DEBT COLLECTION SERVICE -- CONTROLLED ORGANIZATION Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses Gross receipts or sales

(C) Net ь Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . 4b 4c Income (loss) from a partnership or an S corporation (attach 5 5 6 2,800 2,800 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 <u>2,</u>187 2,187 Investment income of a section 501(c)(7), (9), or (17) 10 10 Exploited exempt activity income (Schedule I) 11 11 12 Other income (See instructions, attach schedule) 12 13 13 4,987 4,987

Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|------------------------------------------------------------------------------------------------------|-----|-------|
| 15 | Salanes and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Depreciation (attach Form 4562) | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return 21a | 21b | |
| 22 | Depletion | 22 | |
| 23 | Contributions to deferred compensation plans | 23 | |
| 24 | Employee benefit programs | 24 | |
| 25 | Excess exempt expenses (Schedule I) | 25 | |
| 26 | Excess readership costs (Schedule J) | 26 | |
| 27 | Other deductions (attach schedule) | 27 | |
| 28 | Total deductions. Add lines 14 through 27 | 28 | |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | 4,987 |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | - |
| | instructions) | 30 | |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | 31 | 4,987 |

| Form | 990-T (2019) NEW | MEXICO ED | UCATIONAL ASS | ISTANCE FOUNDATION | N 85-0 | 291313 | Pa | ge 3 |
|-------|--------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------|-----------------------|-------------|
| Sch | edule A - Cost of Good | ds Sold. En | ter method of in | ventory valuation 🕨 | | | | |
| 1 | Inventory at beginning of year | r | 1 | 6 Inventory at | end of year | 6 | | |
| ٠2 | Purchases | | 2 | 7 Cost of goo | ods sold. Subtract line | | | |
| 3 | Cost of labor | | 3 | 6 from line 5 | | | | |
| 4a | Additional section 263A costs | ; | | f, line 2 | | . 7 | | |
| | (attach schedule) | | 4a | 8 Do the rules | of section 263A (with respec | ct to | Yes | No |
| b | Other costs (attach schedule) | | 4b | property pro | duced or acquired for resale |) apply | | |
| _5 | Total. Add lines 1 through 4b | · | 5 | to the organi | zation? | | | |
| | edule C - Rent Income | | I Property and | Personal Property L | eased With Real Pro | perty) | | |
| (s | ee instructions) | | . <u>.</u> . | · . | | | | |
| 1. De | scription of property | | | | | | | |
| (1) C | COLLECTION RESOURCES | , INC | 7400 TIBURON | STE S | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | 2. Rent recei | ved or accrued | | | | | |
| | From personal property (if the perc or personal property is more than 1 more than 50%) | | percentage of rent | nd personal property (if the for personal property exceeds is based on profit or income) | 3(a) Deductions directi in columns 2(a) an | y connected with d 2(b) (attach sch | the incom edule) | ie |
| (1) | | | | 2,80 | 0 | | | |
| (2) | ·-··· | | | | - | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| (4) | | | | | | | | |
| Total | | | Total | 2,80 | (b) Total deductions. | - | | |
| (c) T | otal income. Add totals of col | umns 2(a) and | 2(b). Enter | | Enter here and on page | 1. | | |
| here | and on page 1, Part I, line 6, co | olumn (A) | . • | 2,80 | . • | | | |
| Sch | edule E - Unrelated De | bt-Finance | d Income (see | instructions) | | | | |
| | | | • | 2. Gross income from or | Deductions directly connect debt-financed p | | ole to | |
| | 1. Description of debt- | financed property | y | allocable to debt-financed property | (a) Straight line depreciation (attach schedule) | (b) Other | deduction schedule | |
| (1) | | | · | | | | | |
| (2) | | | | | | <u> </u> | | |
| (3) | · | | · | | | | | |
| (4) | · | | | | | | | |
| | Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or debt-fina | e adjusted basis allocable to nced property h schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable (column 6 x to 3(a) a | | |
| (1) | | | | % | | | | |
| (2) | | ···· | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| Total | S. | | | • | Enter here and on page 1, Part I, line 7, column (A). | Enter here a Part I, line 7 | | |
| | dividends-received deducti | i ons included i | n column 8 | | | <u> </u> | | |
| | | | | | | | | |

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Form 990-T (2019)

| <u>Scl</u> | <u>hedule F - Interest, Ann</u> | uities, Royalties | 1 | | | rganizations (| (see ins | struction | ns) |
|--------------------------------------|------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------|
| | | | Exempt 0 | Controlled (| Organizations | | | | |
| • | Name of controlled organization | 2. Employer Identification number | | ated income instructions) | | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with income in column 5 | |
| (1) C | COLLECTION RESOURCES | 83-1642784 | | | | | | | |
| (2) | | 700 1011101 | | | | | | + | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | avariat Cartallia Circanation | <u></u> | | | | | | | |
| Non | exempt Controlled Organization | TS | | | | 1 | | 1 | |
| | | | 8. Net unrelated income (loss) (see instructions) | | otal of specified ayments made | 10. Part of column 9 that is included in the controlling organization's gross income | | connected with income in | |
| (1) | 2,187 | | | | 2,18 | 7 | 2,18 | 7 | |
| (2) | | | | | | | | | |
| (3) | | | | | | | • | 1 | |
| (4) | | | | | | | | + | -1 |
| <u></u> | | | | | | Add columns 5 Enter here and Part I, line 8, c | on page 1 | Enter | columns 6 and 11 here and on page 1, , line 8, column (B) |
| Tota | ıls | | | | | | 2,18 | 7 | |
| | edule G - Investment Inco | | | | | ee instructions) | | * 1 | - |
| <u> 3011</u> | iedale G - Investment inci | onie di a Section Si | <u>, i(c)(,)- 7:</u> | | B. Deductions | 4. Set-aside | | 5. T | otal deductions |
| | 1. Description of income | 2. Amount | of income | dire | ectly connected | (attach schedu | | | et-asides (col 3 |
| | | | | (at | tach schedule) | | | | plus col 4) |
| <u>(1)</u> | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | Enter here and Part I, line 9, ca | | | | | | | re and on page 1, ne 9, column (B) |
| Tota | <u>ls</u> | | | | | | i | | |
| Sch | edule I - Exploited Exemp | t Activity Income, | Other Tha | an Adver | tising Income (s | ee instructions) | | | |
| 1. Description of exploited activity | | 2 Gross unrelated business inco from trade of business | | | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attnbutable to column 5 | | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| | | | + | - | | • | | | |
| <u>(1)</u> | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | - | | | | |
| (4) | | | | | | | L | | |
| Tota | ls | Enter here and page 1, Par line 10, col. (| tl, pag | here and on e 1, Part I, I0, col. (B) | | | * | | Enter here and on page,1 Part II, line 25 |
| Sch | edule J - Advertising Inco | me (see instruction | s) | | | | | | |
| Pa | | | | olidated | Basis | | | | |
| | 1. Name of penodical | 2. Gross advertising income | 3. | Direct ising costs | 4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7 | 5. Circulation income | ı | idership sts | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | - | | | • |
| (2) | | | | | | | <u> </u> | | |
| (3) | | | | | | | 1 | | |
| (4) | | | | | - | | | | , |
| , | | | | | | | | • | <u>'</u> |
| Tota | Is (carry to Part II, line (5)) | - | | | | | | | |

| Part.II Income From Periodica | Is Reported on | a Separate Bas | is (For each peri | odical listed in P | art II, fill ın colu | ımns |
|-----------------------------------------------|----------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|----------------------|---------------------------------------------------------------------------------------------|
| 2 through 7 on a line-by-l | | | | | | |
| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, bu not more than column 4) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B). | | | | Enter here and on page 1, Part II, line 26 |
| Totals, Part II (lines 1-5) ▶ | | | | | | |
| Schedule K - Compensation of Office | cers, Directors, | and Trustees (s | see instructions) | | | |
| 1. Name | | 2 | ?. Title | 3. Percent of time devoted to business | ` ' | ition attributable to ed business |
| (1) : | | | | 9 | 6 | |
| (2) | | | | 9 | 6 | |
| (3) | | | | 9 | 6 | |
| (4) | | | | 9/ | 6 | |
| Total. Enter here and on page 1, Part II, IIr | ne 14 | | | | | |
| EEA | | | | | | Form 990-T (2019) |

| Federal Supporting Statements | 2019 PG01 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Name(s) as shown on return | Tax ID Number |
| NEW MEXICO EDUCATIONAL ASSISTANCE FOUNDATION | 85-0291313 |
| 990-T - Part II - Line 27 Other Deductions | Statement #9 |
| Description COMPUTER SUPPLIES OUTSIDE SERVICES RECRUITMENT EXPENSE BUSINESS MEALS & ENTERTAINMENT PORTION OF IT COSTS PORTION OF HR SALARIES PORTION OF ACCT SALARIES | Amount \$8,863 \$108 \$162 \$150 \$26,960 \$671 \$6,034 |
| Total | <u>\$42,948</u> |
| 990-T - Part I - Line 12 Other Income | PG01 Statement #7 |
| Description UNEMPLOYMENT ASSISTANCE | Amount \$365,405 |
| Total | \$365,405 |