Public Inspection Copy of Form 990

Form	990	
FOIIII	220	,

** PUBLIC DISCLOSURE COPY ** 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.

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



Department of the Treasury Internal Revenue Service

Α	For th	e 2021 calendar year, or tax year beginning and e	ending		
	Check if applicat			D Employer identific	ation number
	Addr	NORTHEAST OHIO FOUNDATION FOR PATRIOTI	SM		
F	Name			27-327767	78
	Initia		Room/suite	E Telephone number	
Ē	Final	169 KENGINGTON OVAL		216-520-6	
	termi ated			G Gross receipts \$	266,718.
	Amer returr	NOCKI KIVER, OH 44110		H(a) Is this a group re	turn
	Appli tion			for subordinates?	? Yes X No
	pend	IO9 KENSINGTON OVAL, ROCKY ROAD, OH 44.	116	H(b) Are all subordinates ind	cluded? Yes No
		xempt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) o$	or 527	1	list. See instructions
		ite: WWW.NEOPATRIOTISM.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 2011 M	State of legal domicile: OH
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: THE N FOR PATRIOTISM (NEOPAT) IS A NON-PROFIT O			
Jan	2	Check this box \blacktriangleright if the organization discontinued its operations or dispose			
Governance	3	•		3	18
о Ю	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
/itie	6	Total number of volunteers (estimate if necessary)			75
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		256,118.	179,096.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30. 38,731.	<u>21.</u> -21,250.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		294,879.	157,867.
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,841.	44,538.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		80,000.	47,500.
Sec	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	33.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		95,877.	62,291.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		211,718.	154,329.
	19	Revenue less expenses. Subtract line 18 from line 12		83,161.	3,538.
Net Assets or	1		Be	ginning of Current Year	End of Year
sset.	20	Total assets (Part X, line 16)		141,125.	150,074.
etA	21	Total liabilities (Part X, line 26)		<u>12,547.</u> 128,578.	<u>17,958.</u> 132,116.
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		120,570.	132,110.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ints and to the hest of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi			and bollor, it is
	.,				
Sig	n	Signature of officer		Date	
He		MICHAEL SWALLOW, PRESIDENT			
		Type or print name and title			

	P Type of print hand and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	JONATHON P. RUPLE			self-employed P00826430				
Preparer	Firm's name 🕒 MALONEY + NOVOTN	Y LLC		Firm's EIN 🕨 34–0677006				
Use Only	Firm's address 1111 SUPERIOR AV							
	CLEVELAND, OH 443	114-2540		Phone no. (216) 363-0100				
May the IRS discuss this return with the preparer shown above? See instructions								
120001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1	Check if Schedule O contains a responsive of the organization's mission:	ise or note	e to any line in this Par	τ ΙΙΙ	<u></u>	X
-	SEE SCHEDULE O					
2	Did the organization undertake any significat prior Form 990 or 990-EZ?					Yes X No
	If "Yes," describe these new services on Sch	nedule O.				
3	Did the organization cease conducting, or m		cant changes in how it	conducts, any progran	n services?	Yes X No
4	If "Yes," describe these changes on Schedu Describe the organization's program service		hments for each of its	three largest programs	services as measured by	/ expenses
•	Section 501(c)(3) and 501(c)(4) organizations					
4	revenue, if any, for each program service rep (Code:) (Expenses \$6	orted.		11 539	3) (0.
4a	(Code:) (Expenses \$0 SEE SCHEDULE O	0,371	 including grants of \$ 	44,550	D •) (Revenue \$	0.
4b	(Code:) (Expenses \$		including grapts of \$			
ты	(Coue) (Expenses \$) (nevenue \$	
4c						
ŧC	(Code:) (Expenses \$		including grants of \$) (Revenue \$	
4d	Other program services (Describe on School	الم م				
	Other program services (Describe on Schedu (Expenses \$ incl	uding grants o	ıf \$) (Revenue \$)
4e	Total program service expenses		60,371.	· · · ·		
						Form 990 (202

<u>Form 990 (2</u>	SE ()		FOUNDATION	FOR	PATRIOTISM	27-3277678	Page 3
Part IV	Checklist of Required Schee	dules					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Tes	NO
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		х
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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		X
10	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
11	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	<u>11a</u>		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
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	444		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			<u>_</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 11	
120		12a	х	
h	Schedule D, Parts XI and XII	120		
^D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	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
16	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		X
17	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		X
18	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	Х	
19	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	: 12-09-21	Form	220	(2021)

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	· (ontinuedy			
00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	<u>_</u>	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	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		X
	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			
ا م	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		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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			
	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		X X
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	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
20	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			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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	00		v
24	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X X
31 32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		- 23
	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, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	Х	
132004				(2021)
.02002	1	. 5		(_02)

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2021.05000 NORTHEAST OHIO FOUNDATION 13409.01

Form 990 (FOUNDATION			27-3277678	Pa	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
							Yes	No

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a (
h	filed for the calendar year ending with or within the year covered by this return		_		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returning the required terms of lines 1a and 2a is greater than 250, you may be required to a significant terms of the second secon		20		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instruction		20		Х
		~	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		1-		х
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		
D	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		5.		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>х</u> х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Δ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
_	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 and set	vices provided to the payor?			Х
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
_			8		_
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
1	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
3	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		_		
с	Enter the amount of reserves on hand	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		_

NORTHEAST OHIO FOUNDATION FOR PATRIOTISM	27-3277678	Page 6
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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. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI						X	
Section 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	18				
	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	18				
2	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
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	

organization's mailing address? *If* "Yes," provide the names and addresses on Schedule O
Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

			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	Х	
b	Describe on 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 rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	b Other officers or key employees of the organization			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{OH}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's 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 interest policy, and	d finan	cial	
	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 records			
	LAURA WALTER - 330-952-2221			

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113 E. HOMESTEAD ST., MEDINA, OH 44256

132006 12-09-21

Form 990 (2021)

2021.05000 NORTHEAST OHIO FOUNDATION 13409.01

Form **990** (2021)

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Form 990 (2		age 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII							
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	is both pr/trus	n an	compensation	compensation	amount of
	week		cer an	aau	recio	n/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	nstitutional trustee		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	dual t	utiona	-	m ploy	st col	- In			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) RICHARD DECHANT	40.00									
EXECUTIVE DIRECTOR				х				45,000.	Ο.	0.
(2) SHANE BIGELOW	1.00									
TRUSTEE		Х						0.	0.	0.
(3) MATT BUZZELLI	1.00									
TRUSTEE		Х						0.	0.	0.
(4) BILL CHORBA	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) B.J. GRIFFITH	1.00									
TRUSTEE		Х						0.	0.	0.
(6) MICHAEL HUDEC	1.00									
TRUSTEE		Х						0.	0.	0.
(7) BABE KWASNIAK	1.00									
TRUSTEE		Х						0.	0.	0.
(8) NATE LAMBERT	1.00									
TRUSTEE		Х						0.	0.	0.
(9) CAMERON MIELE	1.00									
TRUSTEE		Х						0.	0.	0.
(10) DOMINIC OFFREDO	1.00									
TRUSTEE		Х						0.	0.	0.
(11) KRISTEN SALATA	1.00									
TRUSTEE		Х						0.	0.	0.
(12) KEVIN SMALLEY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(13) MICHAEL SWALLOW	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(14) MICHAEL WRIGHT	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(15) KARL WALLER	1.00									
TRUSTEE		Х						0.	0.	0.
(16) CHRIS ZURN	1.00									
TRUSTEE		Х						0.	0.	0.
(17) KATHY COLEMAN	1.00									
TRUSTEE		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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		r ohio f	'OU	IND)AT	IC	N	FC	OR PATRIOTISM	1 27-32	2770	578	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) (B)					C)			(D)	(E)			(F)	
	Name and title	Average	(do not check more than or			one	Reportable	Reportable			timate			
		hours per week					is both pr/trus		compensation	compensatio			nount	of
		(list any						,	- from the	from related			other	tion
		hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MIS			pensa om th	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	trust	al tru		yee	ompe		1099-NEC)			•	d relat	
		below	/idual	Institutional trustee	er	ƙey employee	Highest compensated employee	ner				orga	nizati	ons
		line)	Indiv	Insti	Officer	Key	High emp	Former						
	MATT PREVITS	1.00												•
TRUS		1 00	Х						0.		0.			0.
	ALEX SCHMITT	1.00	v						0					0
TRUS	TEE		Х						0.		0.			0.
				-			-							
			1											
			1											
			1											
			1											
			1											
1b	Subtotal	1							45,000.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								45,000.		0.			0.
2	Total number of individuals (including but n							o re		000 of reportable	, ,			
	compensation from the organization						,							0
	· · · · ·												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on	ĺ			
	line 1a? If "Yes," complete Schedule J for s	uch individual								-	[3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or sı	ich i	oers	on .					5		Х
Sec	tion B. Independent Contractors	-												
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)				_				(B)		~	(C		-
	Name and business	address	N	ONE	<u> </u>			_	Description of s	ervices	C	ompei	nsatio	n
								_						
								_						
								-						
								\neg						
	Total number of independent contractors /	ooludina hut -	at live	nita	4 + ~ .	the		+0~	abova) who received the	are then				
2	Total number of independent contractors (ii	•	JUII	mee	10	tnos (rea	above) who received me	JIC LIIAII				
	\$100,000 of compensation from the organi					, c						Form	990 /	2021)
														∠∪∠ I)

132008 12-09-21

			NORTHEAST OHIO FOUNDA	TION FOR PA	ATRIOTISM	27-3277	678 Page 9
Pa	rt V	/	Statement of Revenue				
			Check if Schedule O contains a response or note to any lir		(B)	(C)	
				(A) Total revenue	(B) Related or exempt	Unrelated	(D) Revenue excluded
				Total Total Total		business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a	-			
Gra			Membership dues 1b 8,500 .	-			
Αŭ.			Fundraising events 1c	-			
Gif İlar			Related organizations 1d	-			
ns,			Government grants (contributions) 1e	-			
er (f	All other contributions, gifts, grants, and				
-ið			similar amounts not included above If 170,596.	-			
out		÷.	Noncash contributions included in lines 1a-1f	170 006			
0 0		n	Total. Add lines 1a-1f	179,096.			
Program Service Revenue	2						
erv ue		b					
ven S		C					
gra Re		d					
õ		e f	All other program service revenue				
-			Total. Add lines 2a-2f				
	3	g	Investment income (including dividends, interest, and				
	Ŭ		other similar amounts)	21.			21.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	Ū		(i) Real (ii) Personal				
	6	а	Gross rents 6a	-			
			Less: rental expenses 6b	-			
			Rental income or (loss) 6c	-			
			Net rental income or (loss)				
			Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory 7a				
		b	Less: cost or other basis				
e			and sales expenses				
venue		с	Gain or (loss) 7c				
			Net gain or (loss)				
Other Re			Gross income from fundraising events (not				
₽₽			including \$ of				
			contributions reported on line 1c). See				
			Part IV, line 18 8a 87,601.				
		b	Less: direct expenses				
		с	Net income or (loss) from fundraising events	-21,250.			-21,250.
	9	а	Gross income from gaming activities. See				
			Part IV, line 19 9a				
			Less: direct expenses9b				
			Net income or (loss) from gaming activities				
	10	а	Gross sales of inventory, less returns				
			and allowances 10a	-			
			Less: cost of goods sold				
		С	Net income or (loss) from sales of inventory				
s			Business Code				
eor	11						
llan 'eni		b					
Miscellaneous Revenue		с					
Mis			All other revenue				
		e	Total. Add lines 11a-11d	157 067	0.	0.	_21 220
	12	_	Total revenue. See instructions	157,867.	U.	U .	-21,229. Form 990 (2021)
13200	9 12-	09-	21				runn 330 (2021)

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Form 990 (2021) NORTHEAST OHIO FOUNDATION FOR PATRIOTISM 27-3277678 Page 10 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dono	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	10, 110	10 110		
а	nd domestic governments. See Part IV, line 21	18,412.	18,412.		
	Grants and other assistance to domestic	0.5 1.0.5	06 106		
	ndividuals. See Part IV, line 22	26,126.	26,126.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,		15 000	15 004	1 - 000
	rustees, and key employees	47,500.	15,833.	15,834.	15,833
	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	ees for services (nonemployees):				
	/anagement				
	egal	16,987.		16 097	
		10,907.		16,987.	
	obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	olumn (A), amount, list line 11g expenses on Sch 0.)	33,775.		33,775.	
	Advertising and promotion	7,202.		7,202.	
		7,202.		7,202.	
	nformation technology				
	Payments of travel or entertainment expenses or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates Depreciation, depletion, and amortization				
		3,552.		3,552.	
	nsurance)ther expenses. Itemize expenses not covered	5,552.		5,552.	
a li	bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	IISCELLANEOUS EXPENSE	775.		775.	
b					
с –					
d _					
_	All other expenses				
	total functional expenses. Add lines 1 through 24e	154,329.	60,371.	78,125.	15,833
	oint costs. Complete this line only if the organization				,
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	check here if following SOP 98-2 (ASC 958-720)				

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132010 12-09-21

09351111 138919 13409.0

NORTHEAST OHIO FOUNDATION FOR PATRIOTISM 27-3277678	Page 11
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		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		108,524.	1	103,942.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	28,572.	3	41,500.	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ïed persons (as defined			
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	–		4,029.	9	4,632.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		141,125.	16	150,074.
	17	Accounts payable and accrued expenses		12,547.	17	17,958.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ß	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
lide		controlled entity or family member of any of thes	e persons		22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		of Schedule D	<i>,</i> .		25	
	26	Tabal Rah IBM and Ashid Rama 47 discounds OF		12,547.	26	17,958.
		Organizations that follow FASB ASC 958, che				
ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		112,578.	27	73,616.
Bal	28	Net assets with donor restrictions		16,000.	28	58,500.
p		Organizations that do not follow FASB ASC 9				
Ъц		and complete lines 29 through 33.				
č	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or eq			30	
Ast	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		128,578.	32	132,116.
~	33	Total liabilities and net assets/fund balances		141,125.	33	150,074.
						Form 990 (2021)

Form **990** (2021)

Form	990 (2021) NORTHEAST OHIO FOUNDATION FOR PATRIOTISM	27-3	277678	Pag	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	157		
2	Total expenses (must equal Part IX, column (A), line 25)	2	154		
3	Revenue less expenses. Subtract line 2 from line 1	3			38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	128	3,5	78.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
	Prior period adjustments	8			
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 32,				
	column (B))	10	132	2,1:	16.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," explain on Schedule	e O.			
			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

132012 12-09-21

SCHEDULE A	Dublic Charity C
(Form 990)	Public Charity S
(Form 990)	Complete if the organization i
	4947(a)(1) i
Department of the Treasury	Attach to
Internal Revenue Service	Go to www irs gov/Form9

Status and Public Support is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

ĺ	OMB No. 1545-0047
	2021
	Open to Public Inspection

Nan	Name of the organization Employer identification number									
		NORT	HEAST OHIO	FOUNDATION I	FOR PA	ATRIO	TISM	2	7-3277678	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4										
	city, and state:									
5										
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
	X	An organization that norma	-					ne deneral i	oublic described in	
•		section 170(b)(1)(A)(vi). (C	-		onn a gove			ie general j		
8		A community trust describe		(1)(A)(vi) (Complete Par	них					
9	H	An agricultural research org				nd in coniu	unction with a	land grant	collogo	
9			-			-		-	-	
		or university or a non-land-g	grant college of agric			name, city	, and state of	the college		
10		university:		than 22 1/20/ of its sum	art from a	optribution		in face on	d areas respires from	
10		An organization that norma								
		activities related to its exem							-	
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	aπer June 30, 1975.	
		See section 509(a)(2). (Cor	. ,							
11		An organization organized a	-	•	•					
12		An organization organized a	-	-	-			•		
		more publicly supported or	-						Check the box on	
	_	lines 12a through 12d that	• •					-		
а		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization			majority c	of the direc	ctors or truste	es of the su	upporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		_ organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,	
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .			
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount o		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
				1						

Schedule A (Form 990) 2021 NORTHEAST OHIO FOUNDATION FOR PATRIOTISM 27-3277678 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	220,117.	330,667.	210,020.	256,118.	179,096.	1196018.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	220 117	220 667	210 020	2FC 110	170 006	1106010
	Total. Add lines 1 through 3	220,117.	330,667.	210,020.	256,118.	179,096.	1196018.
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)						
6	Public support. Subtract line 5 from line 4.						1196018.
	ction B. Total Support						1190010.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	220,117.	330,667.	210,020.	256,118.	179,096.	1196018.
	Gross income from interest,		,				
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	0.	653.	410.	30.	21.	1,114.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	53,095.	48,913.	61,346.	38,731.	0.	202,085.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1399217.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
-	organization, check this box and stop						
	ction C. Computation of Publi		-				05 40
	Public support percentage for 2021 (I		•	())		14	85.48 %
	Public support percentage from 2020					15	81.91 %
168	33 1/3% support test - 2021. If the c						N V
	stop here. The organization qualifies		•			or mara abaali thi	
L	33 1/3% support test - 2020. If the c						
17-	and stop here. The organization qual 10% -facts-and-circumstances test					and line 1/ is 10%	
178	and if the organization meets the fact						
	meets the facts-and-circumstances te			•	•	•	
۲	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is	
~	more, and if the organization meets the	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
			· · · ·				(Form 990) 2021

Schedule A (Form 990) 2021 NORTHEAST OHIO FOUNDATION FOR PATRIOTISM 27-3277678 Page 3 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization'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						
	Amounts included on lines 1, 2, and						
1 d	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received						
N	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	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						
0	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
	First 5 years. If the Form 990 is for th	e organization's fi	irst. second. third.	fourth, or fifth tax	vear as a section !	501(c)(3) organizat	tion
		0					
Sec	tion C. Computation of Public						
	Public support percentage for 2021 (li			column (f))		15	%
						16	<u> </u>
	Public support percentage from 2020 ction D. Computation of Inves						70
	•					/ =	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box an						▶∟
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
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Schedule A (Form 990) 2021

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.
- **10a** 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.)

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990) 2021 NORTHEAST OHIO FOUNDATION FOR PATRIOTISM 27-3277678 Page 5

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

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</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 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 have providing each hanefit contriad out the numbers of the supported exception(a) that encroted		

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	

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).

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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	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 instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a gover	nmental entity (see instruction <u>s).</u>
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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 to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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? If "Yes," explain in 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

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 VI** *the role played by the organization in this regard.*

Yes No

2

Yes No

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NORTHEAST OHIO FOUNDATION FOR PATRIOTISM 27-3277678 Page 6 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 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) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 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 held for production of income (see instructions) 6 7 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) 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 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year

 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) 2021

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NORTHEAST OHIO FOUNDATION FOR PATRIOTISM 27-3277678 Page 7

Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 N	ORTHEAST OF	IIO FOUNDAT	ION FOR PA	TRIOTISM	27-3277678 Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; a (See instructions.)	3b, 3c, 4b, 4c, 5a, 6, s 2 and 3; Part IV, Se	9a, 9b, 9c, 11a, 11b, ction E, lines 1c, 2a, 2	and 11c; Part IV, S 2b, 3a, and 3b; Part	ection B, lines 1 ar t V, line 1; Part V, S	id 2; Part IV, Section C, section B, line 1e; Part V,
						.
132028 01-04-2	2					Schedule A (Form 990) 2021

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Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

27-3277678

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
, ,	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	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	

NORTHEAST OHIO FOUNDATION FOR PATRIOTISM

X	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), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)



Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Gene

Schedule B (Form 990) (2021) Name of organization

NORTHEAST OHIO FOUNDATION FOR PATRIOTISM

			•= · · • · •
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>50,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>15,500.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$12,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>10,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	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
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

27-3277678

Schedule B (Form 990) (2021)

NORTHEAST OHIO FOUNDATION FOR PATRIOTISM

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>10,000.</u>	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_		\$ <u>7,500.</u>	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		\$6,400.	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		\$5,633.	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
		\$5,300.	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
		\$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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Schedule B (Form 990) (2021)

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NORTHEAST OHIO FOUNDATION FOR PATRIOTISM

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>5,000.</u>	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
14		\$ <u>5,000.</u>	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
15		\$ <u> </u>	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
16		\$ <u>5,000.</u>	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash (Complete Part II for noncash contributions.)

Employer identification number

27-3277678

Name of organization

NORTHEAST OHIO FOUNDATION FOR PATRIOTISM

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Pa	in in additional space is needed.	1
(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
· ·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
:			
3453 11-11-2	1	\$	Schedule B (Form 990) (

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2021.05000 NORTHEAST OHIO FOUNDATION 13409.01

Employer identification number

27 - 3277678

Schedule B (Form 990) (2021)		Page 4
Name of organization		Employer identification number
NORTHEAST OHIO FOUNDATION F	OR PATRIOTISM	27-3277678
	butions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
completing Part III, enter the total of exclusively religiou	us, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) > \$
Use duplicate copies of Part III if addition	nal space is needed.	
from (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_	
	-	
	(e) Transfer of gif	t
T		
Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
(a) No.		
from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	_	
	-	
	(e) Transfer of gif	t
Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		
	_	
	(e) Transfer of gif	t
	(0) 11010101 01 911	-
Transferee's name, address	s, and ZI P + 4	Relationship of transferor to transferee
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	_	
	- <u></u>	
	(e) Transfer of gif	t
Transfersa's nome address	and $7\mathbf{IP} + 4$	Polationship of transformer to transforme
Transferee's name, address	, and LIF + 4	Relationship of transferor to transferee
123454 11-11-21		Schedule B (Form 990) (2021)

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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Employer identification number

Nam	e of the organization NORTHEAST OHIO FOUNDATION FOR PATRIOTISM	Employer identification number 27-3277678
Par		
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ls
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferri	•
	impermissible private benefit?	
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	prically important land area
	Protection of natural habitat	fied historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation during the tax
	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
-	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements the formation of the formatio	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet works of
-	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	► \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	
-	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

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2021.05000	NORTHEAST	OHIO	FOUNDATION	13409.01

	dule D (Form 990) 2021 NORTHEA	ST OHIO FO						27–32 r Asset s			age 2
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the f	ollowing that	t make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how tl	hey further th	e organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-						
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	gements. Compl							line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for	contributions	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							····· <u> </u>			
			lowing	labio.					Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • •	······ <u> </u>	_		
Par											
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Fou	r years	back
1a	Beginning of year balance			,						<u> </u>	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
e											
f	and programs										
	Administrative expenses										
-	End of year balance	l	l 0 (lino 1	a oolump (a)							
2	Provide the estimated percentage of the curr Board designated or quasi-endowment			g, column (a)	ji neiu as.						
	•		_%								
С		%									
0-	The percentages on lines 2a, 2b, and 2c show										
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are neid ar	ia administer	red for the	e organiza	ation		Yes	No
	by:								0-(1)	163	
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.							
I ai	Complete if the organization answered		Dart	V line 112 S	ee Form 990	Dart X	line 10				
									()) =		
	Description of property	(a) Cost or o basis (investr			or other		ccumulate	be	(d) Boo	k valu	e
			nentj	basis		uep	preciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	<u>mn (B), line 1</u>	0 <u>c.)</u>						0.
								Schedule	D (Forn	n 990)) 2021

Schedule D	(Form 990) 2021		оніо	FOUNDATION	I FOR	PATRIOTISM	27-3277678	Page 3
Part VII	Investments -	Other Securities.						
	Complete if the orga	anization answered "Yes	" on Fo	rm 990, Part IV, line 1	1b. See F	Form 990, Part X, line 12		
(a) Descrip	tion of security or categ	Ory (including name of security)		(b) Book value	(c) №	lethod of valuation: Cost	t or end-of-year market v	alue
(1) Financia	al derivatives							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (I	b) must equal Form 990	, Part X, col. (B) line 12.)	•					
Part VIII		Program Related.						
						Form 990, Part X, line 13		
	(a) Description of	investment		(b) Book value	(c) N	lethod of valuation: Cost	t or end-of-year market v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		, Part X, col. (B) line 13.) 🕨	•					
Part IX	Other Assets.							
	Complete if the org				1d. See I	Form 990, Part X, line 15		
		()	a) Descr	iption			(b) Book va	lue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	<u>mn (b) must equal Fo</u> Other Liabilitie	rm 990, Part X, col. (B) I	ne 15.)				🕨	
Part X				000 Det IV/ lise 4			View 05	
			s" on Fo	rm 990, Part IV, line 1	1e or 111	. See Form 990, Part X,		
<u>1.</u>		escription of liability					(b) Book va	aiue
	leral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		<u>rm 990, Part X, col. (B) li</u>					▶	
-	-				-	ization's financial staten		
organiza	ation's liability for und	certain tax positions und	er FASB	ASC 740. Check her	re if the te	ext of the footnote has b	een provided in Part XIII	X

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 NORTHEAST OHIO FOUNDATI	ON FOR PATRIOTISM	27-32	277678 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	157,867.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			157,867.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	157,867.
		/		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses p	er Return.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With Expenses p	er Return.	
Ра 1	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses po ne 12a.	er Return.	154,329.
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With Expenses po ne 12a.	er Return.	154,329.
1	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements	atements With Expenses por the 12a.	er Return.	154,329.
1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	atements With Expenses pont of the second se	er Return.	154,329.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	atements With Expenses provide 12a.	er Return.	154,329.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	atements With Expenses permiser ne 12a.	er Return.	154,329.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	er Return.	0.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Image: 2a Image: 2a 2b Image: 2b 2c Image: 2d	2e	
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Image: 2a Image: 2a 2b Image: 2b 2c Image: 2d	2e	0.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	Image: 2a Image: 2a 2b Image: 2b 2c Image: 2d	2e	0.
1 2 6 6 8 3 4	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Image: 2a Image: 2a 2b Image: 2b 2c Image: 2d 2d Image: 2d	2e	0.
1 2 b c d e 3 4 a	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	2e	<u>0.</u> 154,329. 0.
1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	Image: 2a Image: 2a 2a Image: 2b 2b Image: 2b 2c Image: 2d 2d Image: 2d	2e 	0. 154,329.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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SCHEDULE G	Suppleme	Supplemental Information Regarding Fundraising or Gaming Activities								
(Form 990)	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
5		•	Attach to Form 990						2021 Open to Public	
Department of the Treasury Internal Revenue Service	► Go	•	ov/Form990 for instr				on.		Inspection	
Name of the organization		ST OHIO	FOUNDATION	FOI	R PZ	ATRIOTISM		Employer id	entification number 7678	
	sing Activities.	Complete if th	e organization answe				ine 1			
· · · · ·	complete this part					<u></u>				
c Phone solici d In-person so	tions email solicitations tations licitations		e Solicita f Solicita g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events	****			
2 a Did the organization			in connection with p				iees,		s 🗌 No	
b If "Yes," list the 10						÷	he fur			
compensated at le	east \$5,000 by the	organization.								
(i) Name and addres or entity (fund		(ii	(iii) Did fundraiser have custody or control of contributions?			(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No	-				
Total 3 List all states in white	ich the organizatio			contrib	▶ utions	or has been notified	it is (exempt from re	egistration	
or licensing.										
LHA For Paperwork R	eduction Act Noti	ce. see the Inc	structions for Form 9	990 or	990-F	7.		Schedul	e G (Form 990) 2021	
					L			Concour		

132081 10-21-21

NORTHEAST OHIO FOUNDATION FOR PATRIOTISM 27-3277678 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fundraising event contributions and gre			ventes with groot receipt	e greater than ee,eee.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF OUTING		1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anı					, , , , , , , , , , , , , , , , , , ,	
Revenue	1	Gross receipts	80,074.		7,527.	87,601.
Ä		-				
	2	Less: Contributions				
						0.5. 6.4
	3	Gross income (line 1 minus line 2)	80,074.		7,527.	87,601.
	4	Cash prizes				
	5	Noncash prizes				
se	Ŭ					
Direct Expenses	6	Rent/facility costs				
Exp						
ect	7	Food and beverages				
Dire						
	8	Entertainment	27,914.			27,914.
	9	Other direct expenses	14,337.		66,600.	80,937.
		Direct expense summary. Add lines 4 through	., .			108,851. -21,250.
Pa	rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization		990 Part IV line 19 or r		-21,230.
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	2	Noncash prizes				
Exp	3					
ect	4	Rent/facility costs				
Di						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	0	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	8	Net garning income summary. Subtract line 7				
9	Ent	er the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
13208	2 10	-21-21			Sche	dule G (Form 990) 2021

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Schedule G (Form 990) 2021	NORTHEAST	OHIO	FOUNDATION FOR	R PATRIOTISM 2	7-3277678	Page 3
11 Does the organization conduct g	gaming activities with r	nonmemb	ers?		Yes	No
12 Is the organization a grantor, be						
to administer charitable gaming					Yes	No
13 Indicate the percentage of gami						
a The organization's facility						<u>%</u>
b An outside facility14 Enter the name and address of the name address of the						
			amzation o gaming/opcolar o			
Name 🕨						
Address 🕨						
15a Does the organization have a co	intract with a third part	ty from wh	om the organization receives	s gaming revenue?	Yes	No No
b If "Yes," enter the amount of ga	ming revenue received	by the or	ganization 🕨 💲	and the amount		
of gaming revenue retained by t						
c If "Yes," enter name and addres	s of the third party:					
Neme						
Name 🕨						
Address						
16 Gaming manager information:						
Name 🕨						
Gaming manager compensation	• • •					
Gaming manager compensation	φ					
Description of services provided						
	□ <u>-</u> .	Г				
Director/officer	Employee	L	Independent contractor			
17 Mandatory distributions:						
a is the organization required und	er state law to make cl	haritable c	listributions from the gaming	proceeds to		
retain the state gaming license?					Yes	🗌 No
b Enter the amount of distribution	s required under state	law to be	distributed to other exempt	organizations or spent in th	e	
organization's own exempt activ						
			tions required by Part I, line		d Part III, lines 9, 9	b, 10 b,
15b, 15c, 16, and 17b, a	as applicable. Also pro	vide any a	dditional information. See in	structions.		
132083 10-21-21				e,	hedule G (Form 9	90) 2021
102000 10-21-21			33	30		20, 2021

Schedule G	6 (Form 990)	NORTHEAST OHIO	FOUNDATION	FOR PATRIOTISM	27-3277678 Page 4
Part IV	Supplemental Inf	NORTHEAST OHIO			
					Schedule G (Form 990

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection	
Name of the organization Employer identific NORTHEAST OHIO FOUNDATION FOR PATRIOTISM 27-3									
	Part I General Information on Grants and Assistance								
criteria used	anization maintain records t to award the grants or assis	stance?	-			-			
	Part IV the organization's pro						(
	s and Other Assistance to Int that received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name an	d address of organization r government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
3 Enter total n	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table								

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

132102 10-26-21

Schedule | (Form 990) 2021 NORTHEAST OHIO FOUNDATION FOR PATRIOTISM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FINANCIAL AID	27	26,126.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MONITORING USE OF GRANT FUNDS - THE FOUNDATION OBTAINS APPROPRIATE DATA TO

VERIFY THE ECONOMIC NEED FROM ITS GRANT RECIPIENTS AND PROVIDES FUNDING

ONLY FOR IMMEDIATE NEEDS. THE FOUNDATION ALSO MAKES GRANTS TO GOVERNMENTAL

AND OTHER CHARITABLE ORGANIZATIONS FOR GENERAL PURPOSES. THERE WERE NO

GRANTS IN 2021 THAT EXCEEDED \$5,000 PER ORGANIZATION.

Page **2**

27-3277678

SCHEDULE O (Form 990)

Name of the organization

I,

HONOR PATRIOTS WHO SERVE,

LINE 1,

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

NORTHEAST OHIO FOUNDATION FOR PATRIOTISM



Employer identification number 27-3277678

IN THE ARMED FORCES

FORM 990, PART DESCRIPTION OF ORGANIZATION MISSION:

OR HAVE SERVED,

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, THE NORTHEAST OHIO FOUNDATION FOR PATRIOTISM (NEOPAT) IS A NON-PROFIT SECTION 501(C)(3) ORGANIZATION CREATED TO HONOR PATRIOTS WHO SERVE OR HAVE SERVED IN THE ARMED FORCES BY WORKING TO MINIMIZE THE SACRIFICES THE SOLDIERS AND THEIR FAMILIES ENDURE. IN ADDITION TO VOLUNTARILY SPENDING EXTENDED PERIODS OF TIME AWAY FROM HOME AND RISKING INJURY OR DEATH TO SECURE OUR FREEDOM, NEOPAT HAS IDENTIFIED THAT SERVICE MEN AND WOMEN OFTEN RETURN TO CIVILIAN LIFE WITH NEEDS THAT ARE NOT DIRECTLY ADDRESSED BY EXISTING GOVERNMENTAL PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE PAST 12 YEARS, NEOPAT HAS DIRECTLY IMPACTED OVER 11,000 ACTIVE OVER DUTY MILITARY, RESERVISTS, MILITARY DEPENDENTS, AND VETERANS ACROSS 20 COUNTIES IN NORTHEAST OHIO. MORE THAN 350 CORPORATIONS AND 3,500 FAMILIES HAVE MADE DONATIONS TO NEOPAT DURING THIS SAME TIME PERIOD. DONATIONS ARE DISTRIBUTED AS FOLLOWS: 60% GOES TO SUPPRT DESERVING MILITARY FAMILIES, HELPING TO FUND EMERGENCY MEDICAL NEEDS, FOOD AND HOUSING SUPPORT TRANSPORTATION AND COMMUNITY NEEDS, MORALE CARE PACKAGES, FAMILY HOLIDAY EVENTS FOR MILITARY UNITS, AND FOR SUCH SPECIFIC PROGRAMS AS THE ADOPT-A-FAMILY HOLIDAY PROGRAM. 20% SUPPORTS PATRIOTIC COMMUNITY EVENTS SUCH AS THE FLAGS OF UNITY DISPLAY, THE HONORING OF AREA NEW RECRUITS, THE OPERATION OHIO FLAGS OF FREEDOM COMMUNITY DISPLAYS AND WREATHS ACROSS AMERICA. 15% SUPPORTS THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2					
Name of the organization NORTHEAST OHIO FOUNDATION FOR PATRIOTISM	Employer identification number 27-3277678					
REMEMBERING OF NE OHIO'S FALLEN HEROS INCLUDING GOLD STAR FAMILIES						
MEMORIAL, THE OLMSTED FALLS VIETNAM WAR MEMORIAL, THE HELP	FOR HEROS					
INITIATIVE, AND RALLY FOR THE TROOPS. THE FINAL 5% SUPPORT	S					
SCHOLARSHIPS SET UP IN MEMORY OF FALLEN SOLDIERS.						
FORM 990, PART VI, SECTION B, LINE 11B:						
FORM 990 REVIEW - THE COMPLETED FORM 990 IS DISTRIBUTED EL	ECTRONICALLY TO					
EACH MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW AND COMME	NT					
FORM 990, PART VI, SECTION B, LINE 15:						
COMPENSATION REVIEW AND APPROVAL - INDEPENDENT CONTRACTOR	EXECUTIVE					
DIRECTOR AND DIRECTOR OF PHILANTHROPY AND COMMUNITY ENGAGE	MENT CONTRACTS					
ARE REVIEWED BY NEOPAT'S EXECUTIVE COMMITTEE. ONCE APPROVE	D BY THE					
COMMITTEE, THE CONTRACTS ARE PRESENTED TO THE BOARD OF DIR	ECTORS FOR VOTE					
AND APPROVAL. BOTH CONTRACTS WERE FILLED USING AN INTERVIE	W PROCESS OF					
VARIOUS VENDORS TO ACHIEVE THE BEST VALUE AND SKILLSET FOR	THE COST.					
MEMBERS OF THE BOARD ARE INDEPENDENT OF THE INDIVIDUALS FO	R WHOM					

COMPENSATION DECISIONS ARE BEING MADE.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF DOCUMENTS - GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE UPON REQUEST.

132212 11-11-21