

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **SEP 1, 2018** and ending **AUG 31, 2019**


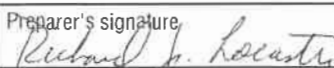
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION		D Employer identification number 23-7035089
	Doing business as		E Telephone number (202) 822-7840
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1201 16TH STREET, NW		G Gross receipts \$ 10,981,918.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		
F Name and address of principal officer: SARA A. SNEED SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.NEAFOUNDATION.ORG		L Year of formation: 1969 M State of legal domicile: DC	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PARTNER W/ EDUCATORS, DISTRICTS & COMMUNITIES TO CREATE SUSTAINABLE IMPROVEMENTS IN LEARNING.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	18
	6	Total number of volunteers (estimate if necessary)	6	35
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	-106,399.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,135,421.	Current Year 2,827,428.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	979,462.	1,614,780.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,114,883.	4,442,208.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,835,477.	1,446,701.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,438,815.	2,274,024.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 439,591.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,085,467.	2,499,586.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,359,759.	6,220,311.
19	Revenue less expenses. Subtract line 18 from line 12	-2,244,876.	-1,778,103.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 48,231,308.	End of Year 45,790,387.
	21	Total liabilities (Part X, line 26)	593,804.	747,884.
	22	Net assets or fund balances. Subtract line 21 from line 20	47,637,504.	45,042,503.

Part II Signature Block

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

Sign Here	 Signature of officer		Date		
	SARA A. SNEED, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICHARD J. LOCASTRO, CPA		01/08/20	<input type="checkbox"/>	P00288314
	Firm's name	Firm's EIN			
	GELMAN, ROSENBERG & FREEDMAN	52-1392008			
	Firm's address	Phone no. (301) 951-9090			
	4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NEA FOUNDATION (THE FOUNDATION), THROUGH THE UNIQUE STRENGTH OF ITS PARTNERSHIP WITH EDUCATORS, ADVANCES STUDENT ACHIEVEMENT BY INVESTING IN PUBLIC EDUCATION THAT WILL PREPARE EACH OF AMERICA'S CHILDREN TO LEARN AND THRIVE IN A RAPIDLY CHANGING WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 456,640. including grants of \$ 80,000.) (Revenue \$) AWARDS FOR TEACHING EXCELLENCE/GALA - THE FOUNDATION PRESENT THE AWARDS FOR TEACHING EXCELLENCE AT OUR ANNUAL GALA TO HONOR THE CRITICAL WORK THAT PUBLIC SCHOOL EDUCATORS DO EVERY DAY. IN 2019, THEY CELEBRATED 46 EXEMPLARY EDUCATORS, ALL FROM DIFFERENT STATES, IN FRONT OF AN AUDIENCE OF 3,000 PEOPLE IN DC AND ONLINE.

4b (Code:) (Expenses \$ 461,115. including grants of \$) (Revenue \$) GLOBAL LEARNING FELLOWS - WE LEAD AN ANNUAL, COHORT-BASED PROFESSIONAL DEVELOPMENT PROGRAM TO PROVIDE EDUCATORS WITH A BLEND OF ONLINE, PEER, AND FIELD-BASED LEARNING OPPORTUNITIES TO PREPARE THEMSELVES AND THEIR STUDENTS FOR GLOBAL CITIZENSHIP. FELLOWS SHARE WHAT THEY LEARN WITH EDUCATORS AROUND THE COUNTRY AND THE WORLD. IN FALL 2018, WE PUBLISHED 12 LESSONS TO OPEN CLASSROOMS AND MINDS TO THE WORLD, A BOOK WITH EDUCATOR-TESTED, GLOBAL LESSON PLANS COLLABORATIVELY DEVELOPED BY OUR 2018 GLOBAL LEARNING FELLOWS.

4c (Code:) (Expenses \$ 478,896. including grants of \$ 14,999.) (Revenue \$) BREAKFAST IN THE CLASSROOM - THE FOUNDATION BOOSTS STUDENTS' ACADEMIC PERFORMANCE, HEALTH, AND BEHAVIOR BY SUPPORTING THE BREAKFAST IN THE CLASSROOM INITIATIVE. DURING THE 2018-2019 SCHOOL YEAR, TOGETHER WITH OUR PARTNERS FOR BREAKFAST IN THE CLASSROOM, WE INVESTED IN 6 SCHOOLS TO PROVIDE BREAKFAST TO MORE THAN 1,500 UNDER-SERVED STUDENTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,506,154. including grants of \$ 1,351,702.) (Revenue \$)

4e Total program service expenses 4,902,805.

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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 "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		18
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		N/A
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		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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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 in Schedule O. See instructions.

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

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 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 in Schedule O.	1a	23	
b Enter the number of voting members included in line 1a, above, who are independent	1b	23	
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or 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?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
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?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
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		X
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		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**
- 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 only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
ERIC JAMES - (202) 822-7843
1201 16TH STREET, NW, NO. 416, WASHINGTON, DC 20036

THE NEA FOUNDATION FOR THE IMPROVEMENT
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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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON GALLAGHER-FISHBAUGH CHAIR	10.00	X		X				0.	0.	0.
(2) KEVIN ANDERSON VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) JOY WHITLOW SECRETARY-TREASURER	2.00	X		X				0.	0.	0.
(4) NICK ARCHULETA DIRECTOR	1.00	X						0.	0.	0.
(5) DAAIYAH BILAL-THREATS DIRECTOR	1.00	X						0.	0.	0.
(6) DONNA BLACKMAN DIRECTOR	1.00	X						0.	0.	0.
(7) CRYSTAL BROWN DIRECTOR	1.00	X						0.	0.	0.
(8) SEAN CORCORAN DIRECTOR	1.00	X						0.	0.	0.
(9) PEDRO DEJESUS, JR. DIRECTOR	1.00	X						0.	0.	0.
(10) CHRISTIAN DUFFUS DIRECTOR	1.00	X						0.	0.	0.
(11) JEFFREY FREUND DIRECTOR	1.00	X						0.	0.	0.
(12) LILY ESKELSEN GARCIA DIRECTOR	1.00	X						0.	0.	0.
(13) PETER HECKMAN DIRECTOR	1.00	X						0.	0.	0.
(14) JULIAN VASQUEZ HEILIG DIRECTOR	1.00	X						0.	0.	0.
(15) STACEY HERNDON DIRECTOR	1.00	X						0.	0.	0.
(16) PAIGE JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(17) VALERIA LASSITER DIRECTOR	1.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHERINE UNDERWOOD DIRECTOR	1.00	X					0.	0.	0.	
(19) SANDRA WALKER DIRECTOR	1.00	X					0.	0.	0.	
(20) ERIC WAYNE DIRECTOR	1.00	X					0.	0.	0.	
(21) MARYANN WOODS-MURPHY DIRECTOR	1.00	X					0.	0.	0.	
(22) CATHY ZIER DIRECTOR	1.00	X					0.	0.	0.	
(23) HARRIET SANFORD PRESIDENT & CEO (UNTIL 2/28/19)	37.50	X	X				259,250.	0.	34,258.	
(24) SARA SNEED PRESIDENT & CEO (FROM 3/1/19)	37.50	X	X				0.	0.	0.	
(25) ERIC JAMES CFO	37.50			X			156,626.	0.	11,533.	
(26) MARGARET PORTA COO	37.50			X			159,843.	0.	42,749.	
1b Sub-total							575,719.	0.	88,540.	
c Total from continuation sheets to Part VII, Section A							422,366.	0.	127,209.	
d Total (add lines 1b and 1c)							998,085.	0.	215,749.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

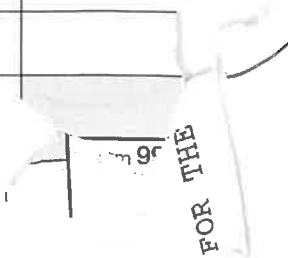
Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SHOCKING ORANGE PRODUCTIONS P.O. BOX 1565, REHOBOTH BEACH, DE 19971	EVENT PRODUCTION MANAGEMENT	318,557.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS



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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	69,632.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,757,796.			
	g Noncash contributions included in lines 1a-1f. \$					
	h Total. Add lines 1a-1f		2,827,428.			
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		708,682.		708,682.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		906,098.		906,098.	
	8 a Gross income from fundraising events (not including \$ 69,632. of contributions reported on line 1c). See Part IV, line 18	a	145,241.			
		b Less: direct expenses	b	145,241.		
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		4,442,208.	0.	0.	1,614,780.	

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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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	968,701.	968,701.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	478,000.	478,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	815,528.	380,768.	215,006.	219,754.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,018,805.	742,630.	157,282.	118,893.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,428.	66,052.	14,748.	9,628.
9 Other employee benefits	217,037.	148,129.	46,738.	22,170.
10 Payroll taxes	132,226.	82,162.	26,959.	23,105.
11 Fees for services (non-employees):				
a Management				
b Legal	10,580.		10,580.	
c Accounting	21,445.		21,445.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	165,304.		165,304.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,333,755.	1,271,670.	52,688.	9,397.
12 Advertising and promotion	6,106.	3,368.	1,994.	744.
13 Office expenses	88,615.	48,882.	28,943.	10,790.
14 Information technology				
15 Royalties				
16 Occupancy	24,008.	24,008.		
17 Travel	352,715.	275,888.	75,241.	1,586.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,779.	4,843.	2,867.	1,069.
20 Interest	516.		516.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,257.	3,817.	1,314.	1,126.
23 Insurance	14,592.	8,049.	4,766.	1,777.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION MANAGEMENT	318,557.	318,557.		
b EQUIP. RENTAL & MAINT.	41,910.	32,610.		9,300.
c LICENSE & REG. FEES	28,571.	15,760.	9,332.	3,479.
d GIVEAWAYS	23,539.	3,962.	18,311.	1,266.
e All other expenses	54,337.	24,949.	23,881.	5,507.
25 Total functional expenses. Add lines 1 through 24e	6,220,311.	4,902,805.	877,915.	439,591.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	886,894.	1	1,179,031.
	2	Savings and temporary cash investments	366,652.	2	555,810.
	3	Pledges and grants receivable, net	747,907.	3	565,258.
	4	Accounts receivable, net	19,989.	4	16,740.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	65,941.	9	54,665.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 93,636.		
	b	Less: accumulated depreciation	10b 72,388.	10c	21,248.
	11	Investments - publicly traded securities	43,864,160.	11	41,408,192.
	12	Investments - other securities. See Part IV, line 11	2,270,768.	12	1,989,443.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	48,231,308.	16	45,790,387.	
Liabilities	17	Accounts payable and accrued expenses	198,437.	17	223,614.
	18	Grants payable	197,700.	18	312,937.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	194,668.	21	194,936.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,999.	25	16,397.
	26	Total liabilities. Add lines 17 through 25	593,804.	26	747,884.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	46,557,002.	27	44,136,616.
	28	Temporarily restricted net assets	1,080,502.	28	905,887.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	47,637,504.	33	45,042,503.	
34	Total liabilities and net assets/fund balances	48,231,308.	34	45,790,387.	

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Part 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	4,442,208.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,220,311.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,778,103.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,637,504.
5	Net unrealized gains (losses) on investments	5	-816,898.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,042,503.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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Schedule A (Form 990 or 990-EZ) 2018 OF EDUCATION

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,219,493.	6,134,254.	3,909,387.	3,135,421.	2,827,428.	21,225,983.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	5,219,493.	6,134,254.	3,909,387.	3,135,421.	2,827,428.	21,225,983.
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)						4,942,889.
6 Public support. Subtract line 5 from line 4.						16,283,094.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5,219,493.	6,134,254.	3,909,387.	3,135,421.	2,827,428.	21,225,983.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	262,582.	277,821.	469,568.	650,166.	708,682.	2,368,819.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						23,594,802.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	69.01 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	65.50 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2018

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 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 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.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION**

Schedule A (Form 990 or 990-EZ) 2018

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Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in 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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**THE NEA FOUNDATION FOR THE IMPROVEMENT
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Schedule A (Form 990 or 990-EZ) 2018

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
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 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
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 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4; unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION

Schedule A (Form 990 or 990-EZ) 2018

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION

Employer identification number

23-7035089

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer identification number 23-7035089
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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	BANK OF AMERICA CORPORATION 125 DUPONT DRIVE PROVIDENCE, RI 02907	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA CASUALTY INDEMNITY EXCHANGE P.O. BOX 39701 COLORADO SPRINGS, CO 80949	\$ 109,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HORACE MANN COMPANIES 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715-0001	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE WALMART FOUNDATION 702 SOUTHWEST 8TH STREET BENTONVILLE, AR 72716-0150	\$ 400,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer identification number 23-7035089
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer identification number 23-7035089
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

Employer identification number 23-7035089

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections for conservation easements, including purpose(s), number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions about reporting collections of art, historical treasures, or other similar assets.

**THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION**

Schedule D (Form 990) 2018

23-7035089 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		51,945.	31,449.	20,496.
e Other		41,691.	40,939.	752.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,248.

Schedule D (Form 990) 2018

**THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION**

Schedule D (Form 990) 2018

23-7035089 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	16,397.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,397.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII:

Schedule D (Form 990) 2018

**THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION**

Schedule D (Form 990) 2018

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,898,447.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-816,898.	
	b Donated services and use of facilities	2b	293,200.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	145,241.	
	e Add lines 2a through 2d	2e	-378,457.	
3	Subtract line 2e from line 1		3	4,276,904.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	165,304.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	165,304.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,442,208.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,493,448.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	293,200.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	145,241.	
	e Add lines 2a through 2d	2e	438,441.	
3	Subtract line 2e from line 1		3	6,055,007.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	165,304.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	165,304.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,220,311.

Part XIII Supplemental Information.

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 IV, LINE 2B:

THE FOUNDATION ACTS AS FISCAL SPONSOR FOR TWO SCHOLARSHIP FUNDS OF THE NATIONAL EDUCATION ASSOCIATION (NEA), AND THE KENTUCKY EDUCATION ASSOCIATION, STATE AFFILIATE. AS CUSTODIAN, THE FOUNDATION INVESTS AND MANAGES THE SCHOLARSHIP PROGRAM WITH RESPECTIVE SUPPORT FROM NEA AND ITS AFFILIATE. ALL TRANSACTIONS RELATED TO THESE FUNDS ARE RECORDED AS TEMPORARILY RESTRICTED ACTIVITY IN THE FOUNDATION'S ACCOUNTING RECORDS.

PART X, LINE 2:

FOR THE YEAR ENDED AUGUST 31, 2019, THE FOUNDATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION

Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN
THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSES ON THE 145,241.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON
FORM 990, PART VIII, LINE 8B.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSES ON THE 145,241.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON
FORM 990, PART VIII, LINE 8B.

**THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION**

Schedule G (Form 990 or 990-EZ) 2018

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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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	214,873.			214,873.
	2 Less: Contributions	69,632.			69,632.
	3 Gross income (line 1 minus line 2)	145,241.			145,241.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	11,000.			11,000.
	7 Food and beverages	119,241.			119,241.
	8 Entertainment	15,000.			15,000.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				145,241.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

THE NEA FOUNDATION FOR THE IMPROVEMENT

Schedule G (Form 990 or 990-EZ) 2018 OF EDUCATION

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11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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.

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2018

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

Employer identification number
23-7035089

Name of the organization **THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER EDUCATION ASSOCIATION 9801 GRAND AVE. KANSAS CITY, MO 64114		GOVERNMENT	10,000.	0.			SCHOOL NUTRITION
ELEMENTS OF EDUCATION PARTNERS 1124 BROADWAY TACOMA, WA 98402	91-2168988	501(C)(3)	7,000.	0.			GRANTS TO EDUCATORS
GREEN BAY AREA PUBLIC SCHOOL DISTRICT - 200 SOUTH BROADWAY - GREEN BAY, WI 54303	39-6002329	GOVERNMENT	20,000.	0.			STEM FISCAL SPONSORSHIP
KANSAS CITY PUBLIC SCHOOLS 2010 N. 59TH STREET KANSAS CITY, KS 66104		GOVERNMENT	20,000.	0.			STEM FISCAL SPONSORSHIP
MOON AREA HIGH SCHOOL 8353 UNIVERSITY BLVD MOON TOWNSHIP, PA 15108		GOVERNMENT	10,000.	0.			GRANTS TO EDUCATORS
MORENO VALLEY UNIFIED SCHOOL DISTRICT - 25634 ALESSANDRO BLVD. MORENO VALLEY, CA 92553	33-0476900	GOVERNMENT	20,000.	0.			STEM FISCAL SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **19.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2018)**

THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

Schedule I (Form 990) 23-7035089 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET OAKLAND, CA 94612	94-2506933	501(C)(3)	200,000.	0.			EDUCATION CIVIL RIGHTS ALLIANCE EDUCATOR ENGAGEMENT
NATIONAL NETWORK OF STATE TEACHERS OF THE YEAR - 614 S. 4TH ST. #335 PHILADELPHIA, PA 19147	48-1035353	501(C)(3)	31,378.	0.			NEW PROGRAM DEVELOPMENT
NATIONAL PUBLIC EDUCATION SUPPORT FUND - 1900 L STREET NW - WASHINGTON, DC 20036	26-3015634	501(C)(3)	15,000.	0.			VIDEO
NATIONAL TEACHERS HALL OF FAME 1 KELLOG CIRCLE EMPORIA, KS 66801	48-1085948	501(C)(3)	15,000.	0.			NEW PROGRAM DEVELOPMENT
COMMUNITY FOR JUST SCHOOLS FUND - NEW VENTURE FUND - 1201 CONNECTICUT AVE NW - WASHINGTON, DC 20036	20-5806345	501(C)(3)	50,000.	0.			NEW PROGRAM DEVELOPMENT
NORTH DAKOTA UNITED 301 N. 4TH STREET BISMARCK, ND 58501	46-3004596	501(C)(3)	50,000.	0.			RURAL AND REMOTE OPPORTUNITY PLANNING
NOVA INSTITUTE 3106 EDGEWOOD RD KENSINGTON, MD 20895	52-2285046	501(C)(3)	10,000.	0.			NEW PROGRAM DEVELOPMENT
CHATTANOOGA-HAMILTON COUNTY PUBLIC EDUCATION FUND - 100 EAST 10TH ST. - CHATTANOOGA, TN 37402	62-1356764	501(C)(3)	150,000.	0.			STEM FISCAL SPONSORSHIP
ROCKFORD PUBLIC SCHOOLS 501 7TH ST. ROCKFORD, IL 61104	36-6009416	GOVERNMENT	20,000.	0.			STEM FISCAL SPONSORSHIP

Schedule I (Form 990)

THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

Schedule I (Form 990)

23-7035089

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA EDUCATION ASSOCIATION 411 EAST CAPITOL AVE PIERRE, SD 57501	46-0191735	501(C)(3)	50,000.	0.		RURAL AND REMOTE OPPORTUNITY PLANNING	
WALLINGFORD YOUTH & SOCIAL SERVICES - 6 FAIRFIELD BLVD. - WALLINGFORD, CT 06492		GOVERNMENT	7,500.	0.		STEM FISCAL SPONSORSHIP	
GREELEY-EVANS SCHOOL DISTRICT 1025 9TH AVE. GREELEY, CO 80631		GOVERNMENT	150,000.	0.		STEM FISCAL SPONSORSHIP	
WYOMING EDUCATION ASSOCIATION 115 EAST 22ND STREET CHEYENNE, WY 82001	83-0168105	501(C)(3)	55,000.	0.		RURAL AND REMOTE OPPORTUNITY PLANNING	

**THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION**

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 non-cash assistance
AWARDS FOR TEACHING EXCELLENCE	6	85,000.	0.		
GRANTS TO EDUCATORS	109	393,000.	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:

GRANTS TO EDUCATORS - GRANTS TO SUPPORT NEW IDEA AND PRACTICES TO STRENGTHEN TEACHING AND LEARNING. THE TWO CATEGORIES OF GRANTS ARE:
 1) STUDENT ACHIEVEMENT - \$2,000 OR \$5,000 GRANTS FOR PREK-16 EDUCATORS TO PROMOTE CLASSROOM INNOVATION AND TO ENGAGE STUDENTS IN CRITICAL THINKING TO DEEPEN THEIR KNOWLEDGE OF STANDARDS-BASED MATTER.
 2) LEARNING & LEADERSHIP - \$2,000 OR \$5,000 GRANTS FOR ALL PREK-16 EDUCATORS TO PROMOTE PROFESSIONAL DEVELOPMENT TO IMPROVE THEIR TEACHING SKILLS AND TO SHARE WITH COLLEAGUES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION** Employer identification number **23-7035089**

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:											
a Receive a severance payment or change-of-control payment?	4a		X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:											
a The organization?	5a		X								
b Any related organization?	5b		X								
If "Yes" on line 5a or 5b, describe in Part III.											
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:											
a The organization?	6a		X								
b Any related organization?	6b		X								
If "Yes" on line 6a or 6b, describe in Part III.											
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

Schedule J (Form 990) 2018

**THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION**

Schedule J (Form 990) 2018

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Page 2

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HARRIET SANFORD PRESIDENT & CEO (UNTIL 2/28/19)	(i)	259,250.	0.	0.	34,258.	293,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) ERIC JAMES CFO	(i)	152,431.	4,195.	10,277.	1,256.	168,159.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) MARGARET PORTA COO	(i)	155,425.	4,418.	15,543.	27,206.	202,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) ELIZABETH DUNNING SVP OF PROGRAMS (UNTIL 5/21/19)	(i)	147,331.	4,199.	14,733.	34,258.	200,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(5) ROBERT ADAMS, JR. SVP OF PROGRAMS (UNTIL 8/30/19)	(i)	141,346.	3,696.	14,135.	14,135.	173,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(6) EDITH WOOTEN SVP OF COMM. (UNTIL 1/25/19)	(i)	122,927.	2,867.	22,742.	27,206.	175,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

THE NEA FOUNDATION FOR THE IMPROVEMENT
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Part III Supplemental Information

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

PART I, LINE 1A:

AS A PART OF SARA SNEED'S CONTRACT, A ONE TIME HOUSING ALLOWANCE WAS PAID
TO EASE HER TRANSITION FROM CONNECTICUT TO THE DC METRO AREA. THIS IS NOT A
REGULAR BENEFIT OR SOMETHING THAT WILL BE PAID AGAIN.

PART I, LINE 7:

BONUS COMPENSATION HAS BEEN REPORTED IN PART II, COLUMN (B)(II).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION

Employer identification number
23-7035089

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROGRAM ADMINISTRATION

EXPENSES \$ 1,701,033. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NEW HORIZONS

EXPENSES \$ 350,000. INCLUDING GRANTS OF \$ 350,000. REVENUE \$ 0.

NEW PROGRAM DEVELOPMENT

EXPENSES \$ 137,699. INCLUDING GRANTS OF \$ 137,699. REVENUE \$ 0.

STEM

EXPENSES \$ 437,562. INCLUDING GRANTS OF \$ 380,003. REVENUE \$ 0.

PARTNERSHIPS

EXPENSES \$ 90,000. INCLUDING GRANTS OF \$ 90,000. REVENUE \$ 0.

GRANTS TO EDUCATORS

EXPENSES \$ 435,313. INCLUDING GRANTS OF \$ 394,000. REVENUE \$ 0.

50TH ANNIVERSARY SYMPOSIUM

EXPENSES \$ 354,547. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS PREPARED BY THE FOUNDATION'S ACCOUNTING FIRM BASED
ON INFORMATION PROVIDED BY THE FOUNDATION. THE FOUNDATION'S REVIEW PROCESS
FOR THE DRAFT FORM 990 IS AS FOLLOWS:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer identification number 23-7035089
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THE FOUNDATION'S CFO REVIEWS THE DRAFT FORM 990 FOR COMPLETENESS AND ACCURACY. THE DRAFT FORM 990 IS REVISED AS NECESSARY AFTER THE CFO'S REVIEW.

THE REVISED DRAFT FORM 990 IS THEN SUBMITTED TO THE PRESIDENT & CEO FOR HER REVIEW. THE DRAFT FORM 990 IS REVISED AS NECESSARY AFTER THE PRESIDENT & CEO'S REVIEW.

THE COMPLETED DRAFT FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW.

ANY COMMENTS FROM THE BOARD OF DIRECTORS ARE CONSIDERED AND THE DRAFT FORM 990 IS MODIFIED AS NECESSARY.

THE FEDERAL FORM 990 IS FINALIZED BY THE PRESIDENT & CEO APPROVING THE FEDERAL FORM 990 WHICH IS THEN FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION'S BOARD OF DIRECTORS AND THE FOUNDATION STAFF COMPLETE AND SIGN CONFLICT OF INTEREST FORMS ANNUALLY NEAR THE BEGINNING OF THE FISCAL YEAR. THE PRESIDENT & CEO REVIEWS THE STAFF MEMBERS' COMPLETED FORMS FOR POTENTIAL CONFLICTS AND SIGNS EACH FORM. THE CHAIR REVIEWS AND SIGNS THE PRESIDENT & CEO'S CONFLICT OF INTEREST FORM ANNUALLY. THE CHAIR OF THE BOARD OF DIRECTORS REVIEWS THE BOARD MEMBERS' COMPLETED FORMS FOR POTENTIAL CONFLICTS AND SIGNS OFF ON EACH FORM. IF THERE IS A CONFLICT OF INTEREST, THE STAFF OR BOARD MEMBERS DO NOT PARTICIPATE IN ANY DECISIONS RELATED TO THE CONFLICT THROUGHOUT THE YEAR. NEW BOARD MEMBERS AND STAFF MEMBERS WHO

Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer identification number 23-7035089
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JOIN THE FOUNDATION DURING THE YEAR COMPLETE THE CONFLICT OF INTEREST FORM WHEN THEY JOIN THE FOUNDATION. THESE FORMS ARE REVIEWED AND SIGNED OFF ON BY APPROPRIATE INDIVIDUALS THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:

LED BY THE CHAIR OF THE BOARD, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE PERFORMANCE REVIEW AND ANY COMPENSATION ADJUSTMENTS OF THE FOUNDATION'S PRESIDENT & CEO. THE COMMITTEE UTILIZES THE FOLLOWING STEPS IN THE REVIEW PROCESS:

THE CHAIR, IN CONSULTATION WITH THE PRESIDENT & CEO, SETS GOALS AND REVIEWS THE PROGRESS TOWARDS SAID GOAL.

REGULARLY, ALL MEMBERS OF THE BOARD OF DIRECTORS COMPLETE THE BOARD SOURCE "CHIEF EXECUTIVE ASSESSMENT" TO EVALUATE THE PRESIDENT & CEO'S PERFORMANCE. THE RESULTS OF THE ASSESSMENT ARE COMPILED, SUMMARIZED AND REVIEWED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE USES THE SURVEY DATA AND SALARY COMPENSATION STUDIES TO REVIEW THE PRESIDENT & CEO'S COMPENSATION PACKAGE AND MAKE A RECOMMENDATION TO THE FOUNDATION'S BOARD OF DIRECTORS. THE ENTIRE BOARD OF DIRECTORS VOTES ON THE PRESIDENT & CEO'S COMPENSATION PACKAGE.

THE BOARD CHAIR THEN COMMUNICATES ANY ADJUSTMENTS TO THE PRESIDENT & CEO'S COMPENSATION PACKAGE TO THE CFO.

THE FOUNDATION UPDATED THE EXECUTIVE COMPENSATION STUDY IN JANUARY 2019 TO ENSURE THAT THE COMPENSATION PACKAGES CONTINUE TO BE REASONABLE COMPARED TO OTHER NOT-FOR-PROFIT ORGANIZATIONS. ALSO, IN 2019, THE FOUNDATION

Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer identification number 23-7035089
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NEGOTIATED A NEW CONTRACT WITH THE FOUNDATION'S NEW PRESIDENT & CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, GA, FL, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI

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

THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC
ON THE FOUNDATION'S WEBSITE AND UPON REQUEST. THE FOUNDATION'S GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON
REQUEST.

FORM 990, PART VII, SECTION A, LINE 1A:

HARRIETT SANFORD TRANSITIONED FROM THE ORGANIZATIONS CEO INTO A
CONSULTANT FOR THE ORGANIZATION (THRU AUGUST 31, 2019).

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	1,271,670.
MANAGEMENT AND GENERAL EXPENSES	52,688.
FUNDRAISING EXPENSES	9,397.
TOTAL EXPENSES	1,333,755.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,333,755.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning SEP 1, 2018, and ending AUG 31, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(03) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1201 16TH STREET, NW, NO. 416</p> <p>City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036</p>	<p>D Employer identification number (Employees' trust, see instructions.) 23-7035089</p> <p>E Unrelated business activity code (See instructions.) 900003</p>
<p>C Book value of all assets at end of year 45,790,387.</p>		<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **INCOME FROM PARTNERSHIPS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **ERIC JAMES** Telephone number ▶ **(202) 822-7843**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5	STMT 1	-106,399.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13		-106,399.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-106,399.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	-106,399.

THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION

Form 990-T (2018)

23-7035089

Page 2

Part III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 -106,399.
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	35 0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36 -106,399.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38 -106,399.

Part IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39 0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40
41	Proxy tax. See instructions	41
42	Alternative minimum tax (trusts only)	42
43	Tax on Noncompliant Facility Income. See instructions	43
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 0.

Part V Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a
b	Other credits (see instructions)	45b
c	General business credit. Attach Form 3800	45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d
e	Total credits. Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46 0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47
48	Total tax. Add lines 46 and 47 (see instructions)	48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49 0.
50a	Payments: A 2017 overpayment credited to 2018	50a
b	2018 estimated tax payments	50b
c	Tax deposited with Form 8868	50c
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d
e	Backup withholding (see instructions)	50e
f	Credit for small employer health insurance premiums (attach Form 8941)	50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g
51	Total payments. Add lines 50a through 50g	51
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes No <input type="checkbox"/> <input type="checkbox"/> X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	<input type="checkbox"/> <input type="checkbox"/> X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	

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

Sign Here	Signature of officer	Date	PRESIDENT & CEO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RICHARD J. LOCASTRO, CPA		<i>Richard J. Locastro</i>	01/08/20	P00288314
	Firm's name	GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
Firm's address				Phone no.	
4550 MONTGOMERY AVE SUITE 800N				(301) 951-9090	
BETHESDA, MD 20814-2930					

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3							
4a	Additional section 263A costs (attach schedule)	4a						Yes	No
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			0.	0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.	0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Form 990-T (2018)

THE NEA FOUNDATION FOR THE IMPROVEMENT

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Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0. <small>Enter here and on page 1, Part I, line 11, col. (A).</small>	0. <small>Enter here and on page 1, Part I, line 11, col. (B).</small>				0. <small>Enter here and on page 1, Part II, line 27.</small>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
HARVEST MLP INCOME FUND LLC - ORDINARY BUSINESS INCOME (LOSS)	-106,399.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-106,399.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/17	46,726.	0.	46,726.	46,726.
NOL CARRYOVER AVAILABLE THIS YEAR			46,726.	46,726.

2018 D-20P SUB Payment Voucher for Corporation Franchise Tax

Instructions

Use the D-20P Payment Voucher to make any payment due on your **D-20** return.

- Do not use this voucher to make estimated tax payments.
- Enter your Taxpayer Identification Number (FEIN).
- Enter name and address exactly as they appear on your return.
- Enter the amount of your payment.
- Make the check or money order payable (US dollars) to DC Treasurer.
- Write your FEIN, tax period and type of return (D-20) on the payment.
- **Staple your check or money order to the D-20P voucher only.** Do not attach your payment to the D-20 return.
- Mail the D-20P **with**, but not attached to, your D-20 tax return to:
Office of Tax and Revenue
PO Box 96166
Washington, DC 20090-6166

Notes:

- If your payment exceeds \$5,000 in any period, **you must pay electronically.** Visit MyTax.DC.gov.
- **For electronic filers**, in order to comply with banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by money order (US dollars) or credit card. Please notify this agency if your response changes in the future.

843331 10-30-18

Detach at perforation before mailing

Government of the
District of Columbia

2018 D-20P SUB Payment Voucher for
Corporation Franchise Tax



18020PS11019

Amount of Payment \$ 250 .00

(dollars only)
Taxpayer Identification Number
237035089

To avoid penalties and interest, your payment must
be postmarked no later than the due date of your return.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Business or Designated Agent Name

THE NEA FOUNDATION FOR THE IMPROVEM

Tax period ending (MMYY)

0819

Business mailing address (number, street and suite/apartment number if applicable)

1201 16TH STREET, NW

Business mailing address (number, street and suite/apartment number if applicable)

City
WASHINGTON

State
DC

ZIP code + 4
20036

Government of the
District of Columbia

2018 D-20 SUB Corporation
Franchise Tax Return



Taxpayer Identification Number (TIN)
237035089

Number of business locations
In DC: 1 Outside DC: 0

180203S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1019

Name of corporation
THE NEA FOUNDATION FOR THE IMPROVEM

Tax period ending (MMYY) Mark if:
0819

QHTC located in DC
Ballpark TIF area

AMENDED RETURN

FINAL RETURN

CERTIFIED QHTC

COMBINED REPORT*

Business mailing address #1
1201 16TH STREET, NW

Business mailing address #2

*You must fill in the Designated Agent info below

City
WASHINGTON

State ZIP code
DC 20036

**Worldwide form must be filed with this return.

Designated Agent Name

Designated Agent TIN

● READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank, if minus, enter amount and fill in space.

GROSS INCOME

1	Gross receipts, minus returns and allowances		1	\$		0.00
2	Cost of goods sold (from Form D-20 Schedule A) and/or operations (attach statement)		2	\$		.00
3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus	3	\$		.00
4	Dividends from Form D-20, Schedule B		4	\$		.00
5	Interest (attach statement)		5	\$		.00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6	\$		.00
7	Gross royalties (attach statement)		7	\$		.00
8	(a) Net capital gain (attach copy of federal Form 1120, Schedule D)	Mark if minus	8(a)	\$		.00
	(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus	8(b)	\$		.00
9	Other income (loss) (attach statement)		9	\$	STATEMENT 1	106399.00
10	Total gross income. Add Lines 3 - 9		10	\$		106399.00

DEDUCTIONS

11	Compensation of officers from Form D-20, Schedule C		11	\$		.00
12	Salaries and wages		12	\$		.00
13	Repairs		13	\$		.00
14	Bad debts		14	\$		.00
15	Rent		15	\$		.00
16	Taxes From Form D-20, Schedule D		16	\$		.00
17	(a) Interest payments	.00				
	(b) Minus nondeductible payments to related entities	.00 =	17(c)	\$		.00
18	Contributions and/or gifts (attach statement)		18	\$		.00
19	Amortization (attach a copy of your federal Form 4562)		19	\$		.00
20	Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.)		20	\$		.00
21	Depletion (attach statement)		21	\$		.00
22	(a) Enter royalty payments made	.00				
	(b) Minus nondeductible payments to related entities	.00 =	22(c)	\$		.00

Taxpayer Name: THE NEA FOUNDATION FOR T



Taxpayer Identification Number (TIN) 237035089

180203S21019

Enter dollar amounts only

DEDUCTIONS	23	Pension, profit-sharing plans	23	\$	.00		
	24	Other deductions (attach statement)	24	\$	.00		
	25	Total deductions Add Lines 11-24	25	\$	.00		
TAXABLE INCOME	26	Net income Line 10 minus Line 25	Mark if minus	X	26	\$	106399	.00
	27	Net operating loss deduction (For years before 2000)	27	\$	.00		
	28	Net income after net operating loss deduction Line 26 minus Line 27	Mark if minus	X	28	\$	106399	.00
	29	(a) Non-business income/state adjustment (attach statement)	Mark if minus		29a	\$.00	
		(b) Expense related to non-business income (attach statement)			29b	\$.00	
		(c) 29(a) minus 29(b)	Mark if minus		29c	\$.00	
	30	Net income subject to apportionment Line 28 minus Line 29(c)	Mark if minus	X	30	\$	106399	.00
	31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5	31				1.000000	
	32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor	Mark if minus	X	32	\$	106399	.00
	33	Other income/deductions attributable to DC (attach statement - see instructions)	Mark if minus		33	\$	0	.00
	34	Total taxable income <i>before</i> apportioned NOL deduction Line 32 plus or minus Line 33	Mark if minus	X	34	\$	106399	.00
35	Apportioned NOL deduction (Losses occurring in year 2000 and later)	35	\$.00		
36	Total DC taxable income Line 34 minus Line 35 If QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4, Lines 1-10.	Mark if minus	X	36	\$	106399	.00	
37	TAX 8.25% of Line 36.	37	\$			0	.00	
TAX - PAYMENTS AND CREDITS	38	Minus nonrefundable credits from Schedule UB, Line 9	38	\$	.00		
	39	Total DC Gross Receipts (from Line '4' MTLGR worksheet)	\$	.00	STATEMENT 2		
	40	Net Tax Line 37, minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M	40	\$	250	.00		
	41	Payments and Refundable Credits:						
		(a) Tax paid, if any, with request for an extension of time to file	41a	\$	.00		
		(b) Tax paid, if any, with original return if this is an amended return	41b	\$	.00		
		(c) 2018 estimated franchise tax payments	41c	\$	.00		
		(d) Refundable credits from Schedule UB, Line 12	41d	\$	.00		
	42	If this is an amended 2018 return, enter the amount requested with original return	42	\$	.00		
	43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42	43	\$	.00		
44	Estimated tax interest (Mark if D-2220 attached)	44	\$	.00			
45	Total Amount Due. If Line 43 amount is smaller than the total of Lines 40 and 44, enter amount due Will this payment come from an account outside the U.S.? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> See instructions	45	\$	250	.00			
46	Overpayment If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid	46	\$	.00			
47	Amount you want to apply to your 2019 estimated franchise tax	47	\$	.00			
48	Amount to be refunded Line 46 minus Line 47	48	\$	.00			

Third Party Designee To authorize another person to discuss this return with OTR, mark here and enter the name and phone number
Designee's name Phone

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

PLEASE SIGN HERE PAID PREPARER ONLY

Preparer's signature

Richard J. Lancaster

Title

01/08/20

Date

GELMAN, ROSENBERBETHESDA, MD 2081

2028227840

Telephone number of person to contact

Firm address

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here.

Preparer's PTIN P00288314



Taxpayer Name: THE NEA FOUNDATION FOR

Taxpayer Identification Number (TIN) 237035089

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
		NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
1. Inventory at beginning of year	\$		
2. Merchandise bought for manufacture or sale			\$
3. Salaries and wages			
4. Other costs per books (attach statement) <small>(Additional federal depreciation and additional IRC § 179 expenses are not allowable.)</small>			
5. Total	\$		
6. Minus: Inventory at end of tax year			
7. Cost of goods sold (Enter here and on D-20, Line 2.)	\$		
Method of inventory valuation:			
		Total Dividends	\$
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	\$

Schedule C - Compensation of officers (See specific instructions for Line 11. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total DC taxable income reported (from D-20, Line 36).	\$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16).		8. Net income apportioned or allocated to outside DC.	0.
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			0.
(b) _____			
6. TOTAL of Lines 1-5.	\$	10. TOTAL of Lines 7, 8 and 9.	\$ 0.

Taxpayer Name: **THE NEA FOUNDATION FOR T**



Taxpayer Identification Number (TIN) **237035089**

Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places.

For all businesses other than financial institutions:

Column 1 TOTAL

Column 2 in DC

Column 3 Factor
(Column 2 divided by Column 1)

1. **SALES FACTOR:** All gross receipts of the business other than gross receipts from non-business income.

\$.00 \$.00

For Financial Institutions:

2. **SALES FACTOR:** All gross income of the financial institution other than gross income from non-business income.

\$.00 \$.00

3. **PAYROLL FACTOR:** Total compensation paid or accrued by the financial institution.

\$.00 \$.00

4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Col 3. Enter on D-20, Line 31
For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31

For Combined Reporters

Enter the number of members in the combined group

Complete Schedule 1 from the DC Combined Reporting Schedule 1A Designated Agent

Schedule 1 - Combined Report Tax Due				
Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

Qualified High Technology Companies Tax, Exemption and Credits Schedule (See instructions)

1	Initial Date of Taxable Income (MMYY)				
2	Cumulative Amount of QHTC Exemption Previously Used	\$	.00		
3	Total DC taxable income. D-20 Line 36.		Mark if minus:	3	\$.00
4	Qualified High Technology Companies Franchise Tax 6.0% of Line 3			4	\$.00
5	Minus nonrefundable credits from Schedule UB, Line 9			5	\$.00
6	Tentative Tax. Subtract Line 5 from Line 4			6	\$.00
7	Minus QHTC Exemption This Return			7	\$.00
8	Total DC gross receipts from Line '4' MTLGR Worksheet			8	\$.00
9	Net tax. Line 6 minus Line 7. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Enter here and on page 2, Line 40. Complete page 2, Lines 41 through 48.			9	\$.00
10	Amount of QHTC Exemption Remaining			10	\$.00

Taxpayer Name: THE NEA FOUNDATION FOR T

Taxpayer Identification Number (TIN) 237035089

Schedule G- Balance Sheets		Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS	1. Cash				
	2. Trade notes and accounts receivable				
	(a) MINUS: Allowance for bad debts				
	3. Inventories				
	4. Gov't obligations: (a) U.S. and its instrumentalities				
	(b) States, subdivisions thereof, etc.				
	5. Other current assets (attach statement)				
	6. Loans to stockholders				
	7. Mortgage and real estate loans				
	8. Other investments (attach statement)				
	9. Buildings and other fixed depreciable assets				
	(a) MINUS: Accumulated depreciation				
	10. Depletable assets				
	(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)					
12. Intangible assets (amortizable only)					
(a) MINUS: Accumulated amortization					
13. Other assets (attach statement)					
14. TOTAL ASSETS					
LIABILITIES AND CAPITAL	15. Accounts payable				
	16. Mortgages, notes, bonds payable in less than 1 year				
	17. Other current liabilities (attach statement)				
	18. Loans from stockholders				
	19. Mortgages, notes, bonds payable in 1 year or more				
	20. Other liabilities (attach statement)				
	21. Capital stock: (a) Preferred stock				
	(b) Common stock				
	22. Paid-in or capital surplus (attach statement)				
	23. Retained earnings - Appropriated (attach statement)				
	24. Retained earnings - Unappropriated				
	25. MINUS: Cost of treasury stock				
26. TOTAL LIABILITIES AND CAPITAL					

Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return

1. Net income per books	\$	7. Income recorded on books this year and not included in this return (itemize).	\$
2. Federal income tax		Tax-exempt interest \$	
3. Excess of capital losses over capital gains		8. Deductions on this tax return and not charged against book income this year (itemize).	
4. Taxable income not recorded on books this year (itemize)		(a) Depreciation \$	
5. Expenses recorded on books this year and not deducted on this return (itemize).		(b) Depletion \$	
(a) Depreciation \$		9. TOTAL of Lines 7 and 8	\$
(b) Depletion \$		10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	\$
6. TOTAL of Lines 1 through 5	\$		

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of year	\$	5. Distributions: (a) Cash	\$
2. Net income per books		(b) Stock	
3. Other increases (itemize)		(c) Property	
		6. Other decreases (itemize).	
		7. TOTAL of Lines 5 and 6	\$
4. TOTAL of Lines 1, 2 and 3	\$	8. Balance at end of year (Line 4 minus Line 7)	\$

Taxpayer Name: THE NEA FOUNDATION FOR T



Taxpayer Identification Number (TIN) 237035089

Schedule I - Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.		\$	\$	\$	\$
2.					
3.					
4.					
5.					
6. TOTAL (Enter the total of Col. 3 on D-20, Line 6. Enter total of Col 4, 5, and 6 on appropriate deduction lines.)		\$	\$	\$	\$

*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses.

Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION: DC
 2.(a) DATE OF INCORPORATION: 07/24/1969
 2.(b) DATE BUSINESS BEGAN IN DC: 07/24/1969
 3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: OGDEN, UT

4. THE CORPORATION'S BOOKS ARE IN THE CARE OF - ERIC JAMES
 5. LOCATED AT - 1201 16TH STREET, NW, NO. 41 WASHINGTON, DC 20036

6. During 2018, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES NO
 If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.
 If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY

7. Is this corporation unitary with another entity? YES NO If yes, explain:

8. Is this return made on the accrual basis? YES NO If no, indicate basis used: Cash Basis Other (specify)

9. Did you file a franchise tax return with DC for the year 2017? YES NO If no, state reason: NO UBI

10. Did you withhold DC income tax from wages paid to your DC resident employees during 2018? YES NO If no, state reason:

11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2018? YES NO

12. (a) Has the business been terminated? YES NO If yes, explain and give date:
 (b) Have you moved out of DC? YES NO

13. Did you file an annual ballpark fee return? YES NO

THE NEA FOUNDATION FOR THE IMPROVEMENT O

23-7035089

DC FORM D-20 OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
NET TAXABLE INCOME/LOSS FROM FORM 990-T	-106,399.
TOTAL TO FORM D-20, PAGE 1, LINE 9	-106,399.

DC FORM D-20 MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR) STATEMENT 2

- 1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR
FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL
INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2,
COLUMN 2 OF D-20. 0.

- 2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION)
FOR WHICH GAINS REPORTED IN LINE 1 0.

- 3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED
PER D-20, LINE 33 0.

- 4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3)
TOTAL TO D-20, LINE 39 0.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2019

Name THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer Identification Number 23-7035089
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL NET OPERATING LOSS 153,125.

FEDERAL AMT NET OPERATING LOSS 106,399.