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

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.lrs.gov/form990.

Α	For the	2015 calendar year, or tax year beginning $$ SEP $$ $$ $$ 1 , $$ $$ $$ $$ $$ 20 $$ 15 $$ $$ and ending	AUG 31	, 2016	
	Check if applicable:		D Emplo	yer identific	ation number
Г	Address				
	Name change Initial	Doing business as			35089
	Ireturn Final return/	Number and street (or P.O. box if mail is not delivered to street address) Room/s 1201 16TH STREET, NW 416	uite E Teleph	one number (202)	
	termin- . ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross rec	eipts \$	16,629,352.
	Amende return	WASHINGTON, DC 20030	H(a) Is this	s a group ret	turn
	Applica-	Filiname and address of principal officer: TATALLET DAME OND	for st	ubordinates?	Yes X No
	pending	SAME AS C ABOVE			oluded? Yes No
$\overline{\Gamma}$	Fax-exer	npt status: X 501(c)(3)	527 If "No	o," attach a l	ist, (see instructions)
		:▶ WWW.NEAFOUNDATION.ORG	H(c) Grou	p exemption	number 🕨
Κ	orm of c	rganization; X Corporation Trust Association Other ▶ L	ear of formation:	1969 M	State of legal domicile: DC
	art I	Summary			
6)	1 B	riefly describe the organization's mission or most significant activities: PARTNER	W/ EDUCA	TORS,	DISTRICTS
Activities & Governance	8	COMMUNITIES TO CREATE SUSTAINABLE IMPROVEM	ENTS IN	LEARNI	NG.
r	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25%	of its net as:	sets.
Š		umber of voting members of the governing body (Part VI, line 1a)		1.1	23
Ğ		umber of independent voting members of the governing body (Part VI, line 1b)			22
οδ Ω		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			19
itie		otal number of volunteers (estimate if necessary)			40
댨		otal unrelated business revenue from Part VIII, column (C), line 12			0.
₹		et unrelated business taxable income from Form 990-T, line 34		······	0.
	- 2	or dissociate business caracteristics from some quinter of the some some some some some some some som	Prior Y		Current Year
41	8 C	ontributions and grants (Part VIII, line 1h)		7,493.	6,134,254.
nue	I	rogram service revenue (Part VIII, line 2g)	-,	0.	0.
Revenue	I	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	258	3,074.	2,049,920.
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	I	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5.477	7,567.	8,184,174.
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)	4.052	2,305.	2,888,886.
	1	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
10	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2.151	L,687.	2,094,409.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber	h T	otal fundraising expenses (Part IX, column (D), line 25) 389,124.			
띴	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2.168	3,134.	2,193,315.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,126.	7,176,610.
	1	evenue less expenses. Subtract line 18 from line 12		1,559.	
- Se		evenue less expenses. Outstract line 10 nonnine 12	Beginning of Cu		End of Year
als c	20 T	otal assets (Part X, line 16)	45,795		47,949,035.
Net Assets Fund Baland	21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	1.900	7,666.	1,652,885.
und und	22 N	et assets or fund balances. Subtract line 21 from line 20	43,895		46,296,150.
D:	art II	Signature Block	10,050	,,0201	10/200/2001
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta	stements and to t	he hest of my	knowledge and helief, it is
		and complete: Declaration of preparer (other than officer) is based on all information of which prep			isionioago aria bollolj le lo
1100	, 0011000,	Classed Aghlat	land the tany time.	-toago.	1 L 0 L 11 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L
Cia	.	Signature of officer	Da	ite	· · · · · · · · · · · · · · · · · · ·
Sig	1.	HARRIET SANFORD, PRESIDENT & CEO			
Her	e	Type or print name and title			
	- 1	Print/Type preparer's name Preperer's signature	Date	Check	PTIN
Paid	1	PRANK H. SMITH Frank H. Smith	02/23/1	7	_ puocaunea
		Firm's name RAFFA, P.C.		∟ /] self-employed 'm's EIN ▶	52-1511275
		Firm's address 1899 L STREET, NW, SUITE 850	I FII	III 9 LIN	J4 17114/J
USE	Unity	WASHINGTON, DC 20036	Dr	one no. (20	2) 822-5000
	. 46 - 1724	· • • • • • • • • • • • • • • • • • • •	IPII	.ute no. \ Z U	
May	tne IRS	6 discuss this return with the preparer shown above? (see instructions)			Yes X No

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532002 12-16-15

4e Total program service expenses ▶

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	22	х	
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		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	25b		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	26		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			7.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27	568040	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):	00-	<u> </u>	X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		
30		30		х
24	contributions? If "Yes," complete Schedule M			
31	If "Yes," complete Schedule N, Part I	31		Х
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	37	<u></u>	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	38	X	(2015)
		l-orn	MMIL	いいけつか

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Second Comparison of the com	ra)	Check if Schedule O contains a response or note to any line in this Part V				
Enter the number reported in Box 3 of Form 1096, Enter-O-il rost applicable 10 0 0 1 10 10 0 10 10 10 10 10 10 10 1		Check it ochedie o contains a response of hote to any line in the rate v	,	<u>.</u>	Voc	No.
Enter the number of Forms W 2G included in line 1s. Finter of Find applicable in the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (purchillar) withmings to prace withmings and prace withmings to prace withmings to prace withmings and prace withmings to prace withmings to prace withmings and prace withmings to prace withmings and prace withmings to prace withmings and prace withm	4.0	Enter the number reported in Poy 2 of Form 1006. Enter 0, if not applicable	64	30137 30137	163	
C Did the arganization comply with buckup withholding rules for reportable payments to vandors and reportable gaming (gambling) winnings to prize winners? First the mumber of employeear reported on Form WS, Transmittal of Wage and Tax Statuments, fled for the calendar year ending with or within the year covered by this resultance. 19 If all east 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-/80 (see instructions) 30 If the organization have urested business gross incomo of \$1,000 or more during the year? 30 If the organization have urested business gross incomo of \$1,000 or more during the year? 31 At any time during the calendar year, did the organization have an explanation in Schedule O. 32 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country? 42 At any time of the name of the foreign country? 53 Was the organization and party to a prohibled tax schedule remanded account, or other financial account in a foreign country. 54 Was the organization and party to a prohibled tax schedule remanded account, or other financial accounts ("BARI). 55 Was the organization problem to the schedule organization that was or is a party to a prohibled tax schedule tax schedule any contributions that were not bus deductible organization that was or is a party to a prohibled tax schedule tax schedule any contributions that were not tax deductible as chalitable contributions. 56 If "Yes," to fine 6a or 8b, did the organization file Form 8886-17 57 Craphatzolion stath may receive deductible contributions under section 170(c), if the organization schedule and party to grow the foliation of the value of the good or services provided? 58 If "Yes," and the organization schedule accombination of qualified intellectual property, for this child the organization file organization schedule			0			8183 (3
(gambiling) winnings to prize witners? 2	D	Enter ale flamber of Come in Education and Inter a little and Inter appropriate in the Enter and Inter appropriate in the Education and Internation and	gaming		90.00	
28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, feel for the calendary year entity with rive within the year covered by this result. 19 If at least one is reported on line 2a, did the organization file all required federal employment tax returne? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to 6-/66 (see instructions) 30 If the organization have werested business greater than 250, you may be required to 6-/66 (see instructions) 31 If Yes, 1 has if filed a Form 8607 for this year? If Y.No, 16 Info 2b, provide an explanation in 8-heatuble O. 32 If Yes, 1 has if filed a Form 8607 for the year? If Y.No, 16 Info 2b, provide an explanation in 8-heatuble O. 33 If Yes, 1 has if filed a Form 8607 for the year? If Y.No, 16 Info 2b, provide an explanation in 8-heatuble O. 34 If Yes, 1 has if filed a Form 8607 for the year? If Y.No, 16 Info 2b, provide an explanation in 8-heatuble O. 35 If Yes, 1 has the organization are of the foreign country (such as a bank account, securities account, or other financial account)? 35 If Yes, 1 has the organization and party to a prohibited that shelter transaction at any time during the tax year? 36 If Yes, 1 has the organization and the Yes organization and the Yes organization as the Yes organization as the Yes, 1 has the organization solicit any contributions that were not tax deductible as charitable contributions. 36 If Yes, 1 has the organization include with every sellicitation an express statement that such contributions or gifts were not tax deductible on orbinization under section 170(c). 36 If Yes, 1 has the organization receive a payment in excess of 57 and party as a contibution and party for goods and services provided to the payor of the Yes of the organization receive a payment in excess of 57 and party as a contibution and party for goods and services provided to the payor of the Yes organization receive a payment in excess of 57 and party as a contibution and party for goods and s	·		l l	ic	х	26255455
files for the celevridary year onding with or within the year covered by this natura. 19	22	,				
In It all least one is reported on line 2a, did the organization file all required dederal employment tax returns? Note. If the sum of lines is and 2a is greated than 280, you may be required to of 6,60e in instructions) Tild the organization have unrelated business gross income of \$1,000 or more during the year? By If Yes, "has it filed a Form 990." For this year? If YWo, "to line 30, provide an explanation in Schedule O If Yes, "has it filed a Form 990." For this year? If YWo, "to line 30, provide an explanation in Schedule O If Yes, "the six it filed a Form 990." For this year? If YWo, "to line 30, provide an explanation in Schedule O If Yes, "the the name of the foreign country." ► See instructions for fifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). By If Yes, "the line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? By If Yes, "the line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? By If Yes, "the time 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? By If Yes, "the time of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? By If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. By If Yes, "did the organization neolive a payment in excess of 3f5 made party as a contribution of party of goods and services provided to the payor? By If Yes, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? By If Yes, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? By If Yes, "enter t	r.u		19			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	h		- 2	2b	Х	
3a X X If Yes,* has it filed a Form 990-T for this year? If *No,* to file 3b, provide an explanation in Schodule O 3b A At my 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 hark account, securities account, or other financial account) A A X X S Was the organization of the foreign country; S S S Was the organization and the foreign country; S S S Was the organization and the foreign country; S S S Was the organization of the foreign country; S S Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? S S X S Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any sexualization 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? S Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). B Was,* did the organization receive a payment in excess of \$75 made partly as continuous and partly for goods and services provided to the payor? A X X X X X X X X X	~		17/69			2 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5
b if "Yes," insist iffeld a Form 990.1 for this year? If "No," to line 3b, provide an explanation in Schedule O A At any time during the calendar year, did the organization have an interest in, or a vignature or of hor authority over, a financial account in a foreign country (such as a hark account, socialise account, or other financial account)? B If "Yes," enter the name of the foreign country; Web. B If "Yes," enter the name of the foreign country. B If "Yes," enter the name of the foreign country. B D Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? B D Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? B D If "Yes," to line 5a or 5b, did the organization file Form 8886-1? B D If "Yes," to line 5a or 5b, did the organization flee Form 8886-1? C D If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions solict any contributions that were not tax deductibles? B If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax doductibles? C Organizations that may receive deductible contributions under section 170(c). B D If the organization receive a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor? B If "Yes," include the number of Forms 8882 filed during the year. D If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received an contribution of care, boots, any payment in expect of the sponsoring organization have excess business holdings at any time during the year? P Sponsoring organization make a distribution to donor, donor advised funds	За		۔ ا	За		X
4a A 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 accounts? 5 Was the organization of the foreign country? 5 So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that mave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6 Organizations that many receive deductible contributions under section 170(c). 8 If If "Yes," did the organization include with very solicitation and party for goods and services provided to the payor? 7 Organizations that many receive deductible contributions under section 170(c). 8 If If If Yes, "indicate the number of Forms 8282 filed during the year 10 If If Yes," indicate the number of Forms 8282 filed during the year 11 If Yes, "indicate the number of Forms 8282 filed during the year 12 If Yes," indicate the number of Forms 8282 filed during the year 13 If If the organization received a contribution of qualified infellectual property, (if the organization file a Form 1098-C)? 14 If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098-C)? 15 If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098-C)? 16 If				3b		
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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? 5b Did any studble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c if "Yes," to line 5a or 5b, did the organization file Form 8866-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? 5c 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 that may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 To X 4 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 To X 6 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 To X 6 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 To X 6 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 To X 6 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 To X 6 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 To X 6 If the organization received a contribution of qualified intellectual property, did the organization file a form 1039 c? 8 Sponosoring organization make any taxable distributions under section			ver, a			
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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. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1.	2a	euconomică	567003554
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. 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	d	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b						25169)32
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а		1	3a	9703577	30 FEB. 084
organization is licensed to issue qualified health plans						
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	I I				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b		Little dro district of today to district		40		¥
b If "Yes," has it filed a Form 720 to report these payments? If two, provide an explanation in Scriedule 0			·····	-		-23
	b	if "Yes," has it filed a Form 720 to report these payments? II No, provide an explanation in Schedule O			99n	(2015)

23-7035089

Form 990 (2015) OF EDUCATION 23-7035089 Page
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		<u> </u>				<u> X</u>
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		23			
	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.				(A. 455)		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		22		9,43	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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	e dire	ct supervision				
					3		X
4					4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X
6					6		X
7a		ppoint	one or				
					7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, 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	ar by th	e following:				
а					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 rea	ached	at the				
					9		X
Sec							
						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 c	hapter	s, 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 bod	ly befo	re filing the for	m?	11a	Х	Ĺ
b							
12a					12a	_X_	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?		12b	X	L
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe				
					12c	X	<u></u>
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	treat are material differences in valing rights among members of the governing body, or II the governing budy and until the organization have members of the governing body? The organization have members of the governing body? The organization favor furbuses, or the governing body? The organization furbuse of the governing body? The organ						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•					
а	The state of the s				15a	X	<u> </u>
b	Other officers or key employees of the organization				15b	X	///
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	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	ate its i	participation				
					4309 (404) 1764 (465)		
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure	70.0	יות או די	77.77	7237	3.677	1,47
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C	20 , C	. r , F L , L L	' V'O	,KY	, ME	טואו,
18		T (Sec	tion 501(c)(3)s	only) a	vailab	ie	
		, -					
19		onflict (ot interest polic	cy, and	i tinan	cial	
	statements available to the public during the tax year.	, ,	,				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records:				
		136					
	AND A COURT DISTRICT TO THE COURT OF THE COU	130			Го- -	000	(2016)
53200	6 12-16-15 SEE SCHEDULE O FOR FULL LIST OF STATES				LOUI	220	(ZU 10)

Form 990 (2015)

OF EDUCATION

23-7035089

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See 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 n (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not o	Pos heck	itior more) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week		J		I	I	100,	from the	from related organizations	other compensation
	(list any hours for	ordirector						organization	(W-2/1099-MISC)	from the
	related	10 88	stee			nsate		(W-2/1099-MISC)	(*, 2, ,00000)	organization
	organizations	‡E	al tru		yee	ed E				and related
	below	Individual trustee	Institutional trustee	 to:	Key employee	est ca	Jer			organizations
	line)	重	ıısti	Officer	Ş.	Highest compensated employee	Fern			
(1) HARRIET SANFORD	37.50									-, ,,,
PRESIDENT & CEO		X		X		L		250,587.	0.	74,104
(2) CRYSTAL BROWN	2.00							_	,	
CHAIR		X		X				0.	0.	0
(3) SHARON GALLAGHER-FISHBAUGH	1.00								_	_
VICE CHAIR		X		X		L		0.	0.	0
(4) DONNA MEACHAM BLACKMAN, CPA	2.00									_
SECRETARY/TREASURER (AS OF 11/2015)		X		Х			L	0.	0.	0
(5) JOHN STOCKS	2.00									_
SECRETARY/TREASURER (UNTIL 11/2015)		X		Х				0.	0.	0
(6) KEVIN A. ANDERSON	1.00									_
DIRECTOR		X	L					0.	0.	0
(7) DAAIYAH BILAL-THREATS	1.00								_	_
DIRECTOR		X						0.	0.	0
(8) KATIE BLOT	1.00								_	_
DIRECTOR		X						0.	0.	0
(9) SEAN PATRICK CORCORAN	1.00								_	_
DIRECTOR		X				<u> </u>		0.	0.	0
(10) PEDRO DEJESUS, JR.	1.00							_		_
DIRECTOR		X				L		0.	0.	0
(11) CHRISTIAN L. DUFFUS	1.00									
DIRECTOR		X						0.	0.	0
(12) JEFFREY FREUND	1.00				1					_
DIRECTOR		X						0.	0.	0
(13) LILY ESKELSEN GARCIA	1.00								4	_
DIRECTOR		X			ļ			0.	0.	0
(14) PETER H. HECKMAN	1.00			ľ					_	
DIRECTOR		X				<u> </u>		0.	0.	0
(15) JULIAN VASQUEZ HEILIG	1.00									_
DIRECTOR		X				<u> </u>	L	0.	0.	0
(16) JONI L. HENDERSON	1.00									_
DIRECTOR		\mathbf{x}	L			L	<u> </u>	0.	0.	0
(17) JERRY L. JOHNSON	1.00									
DIRECTOR		X	1	i	ı	1	1	0.	0.	0

Form 990 (2015) OF EDUCA!	rion								23-703	5089 F	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimat	.ed
	hours per	box, unless person is both an officer and a director/trustee)					h an	compensation	compensation	amount	
	week	 -	cer an	nd a d	irecto	or/trus	tee)	from	from related	other	
	(list any	ecto						the	organizations	compens	
	hours for related	01 di	83			Sted		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	nstee	trust		8	ubeu		(44-271099-14830)		and rela	
	below	inal tr	tional	١.	yolde	st con	_			organizat	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				
(18) PAIGE JOHNSON	1.00			Ī	-						
DIRECTOR		Х						0.	0		0.
(19) LOLA KELLY	1.00										
DIRECTOR		Х						0.	0	•	0.
(20) VALERIA LASSITER	1.00										
DIRECTOR		X						0.	0		0.
(21) CARMEN ORTIZ-MCGHEE	1.00	[_		_
DIRECTOR		X	L					0.	0	•	0.
(22) KATHERINE UNDERWOOD	1.00	ļ									_
DIRECTOR		X						0.	0	•	0.
(23) MARYANN WOODS-MURPHY	1.00							-			^
DIRECTOR		X				_	_	0.	0		0.
(24) CATHY ZIER	1.00	,,							^		0.
DIRECTOR	25 50	X			ļ			0.	0	•	0.
(25) NANCY MOLL	37.50			٠,,				147 610	0	. 49,8	67
SVP OF FINANCE	27 50			X	<u> </u>			147,610.	<u> </u>	45,0	10 / •
(26) ELIZABETH DUNNING	37.50					٦,		147 205	0	13 5	:70
SVP OF PROGRAMS		<u> </u>				Х	Ļ	147,395. 545,592.	0		, <u>7 о •</u>
1b Sub-total								245,940.	0		06
c Total from continuation sheets to Part VI								791,532.	0		
d Total (add lines 1b and 1c)		· · · · · ·	 				<u> </u>	<u> </u>		• 41 = 1 1 2	
2 Total number of individuals (including but n	ot imitea to tr	iose	IISEE	eu a	DOVE	e) Wr	10 1	eceived more man a roc	,000 of reportable		5
compensation from the organization										Yes	
3 Did the organization list any former officer,	director or tra	ietai	a ke	w er	mnle	VEE	or	highest compensated e	mnlovee on		
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su										100 C 100 C	
and related organizations greater than \$15	0.000? <i>If "Yes</i> .	" co	mple	ete S	Sche	edule	. J.	for such individual		4 X	200000000000000
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	anv	unr	elat	ted organization or indiv	idual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	Х
Section B. Independent Contractors										128.0	
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compe	nsation 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	210,494.
DANIEL BURKHALTER, LLC P.O. BOX 620258, MIDDLETON, WI 53562	CONSULTING SERVICES	125,204.

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

2 \$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2015)

Form 990 OF EDUCA	NOTTA							THE WOARRING	23-703	5089
Part VII Section A. Officers, Directors, 7	rustees, Key E	mpl	oye	es, a	ind	High	nest	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours per	(c	hecl	Pos	C) sitior that		oly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) MARGARET PORTA	37.50	<u> </u>					11.			
VICE PRESIDENT	20 00		_	_		X	<u> </u>	123,698.	0.	35,044
(28) EDITH WOOTEN SVP OF COMMUNICATIONS	37.50	<u> </u>				х		122,242.	0.	45,362.

<u>,</u>										
AB-77-77-77-78-78-78-78-78-78-78-78-78-78-										
<u> </u>		1								
Total to Part VII, Section A, line 1c						<i></i>		245,940.		80,406

Form 990 (2015)

	***	_	OCTOLINA	O-1 -	~	
F	EDUCA	T	ION			

Pai	TA		Statement of Rever Check if Schedule O cont		nse	or note to any li	ne in this Part VIII			
			Oricia il concedio e con				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a	_	1,532.				
E in		b	Membership dues				940 (\$4.66 (\$1.05 (\$1.05)			
Am		С	Fundraising events	1c	_	208,983.	58483466	A cell de souge les deux		
Fig		ď	Related organizations	1d	<u> </u>					
S III		е	Government grants (contribut	ions) <u>1e</u>	<u> </u>					
P S		f	All other contributions, gifts, gran							
호			similar amounts not included abo	ve1f	Ь,	923,739.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	: 1a-1f: \$			6 104 054			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f				6,134,254.	C. (C. (C. (C. (C. (C. (C. (C. (C. (C. (
						Business Code				50 50 40 50 50 50 98 6
jce	2	a								
e c		b								
S El		С			_					
Re		d			_					<u></u>
Program Service Revenue		e								
_			All other program service reve				<u> </u>			
	3		Total. Add lines 2a-2f					Total Carrier and the same of the same and t	55-00 1-000 101 Eq. (100-00 1-00-00-00 1-00-00-00 1-00-00 1-00-00 1-00-00 1-00-00 1-00-00 1-00-00 1-00-00 1-00	- No. I I was maken to the contract of the
	3		other similar amounts)				277,821.			277,821.
	4		Income from investment of ta							
	5		Royalties			•				
	J		noyanco	(i) Real		(ii) Personal				
	6	9	Gross rents	ty rious		Light Grooting:			44155434	25 20 20 20 20 20 20 20 20 20 20 20 20 20
			Less: rental expenses							
			Rental income or (loss)				Sign of the state			
			Net rental income or (loss)			>				
			Gross amount from sales of	(i) Securit		(ii) Other	100	2.02.18	6942365	
			assets other than inventory	100994						3 20 30 50
		b	Less: cost or other basis					2 86 90 40 10 10 46 90	organism and	A STREET
			and sales expenses	832735	8.				0000000 S145 4 12	
		C	Gain or (loss)	177209	99.					455000
		d	Net gain or (loss)			<u> </u>	1,772,099.			1772099.
enne	8	a	Gross income from fundraisin		ot					
ě			including \$ 208,9				980 \$160 000	145338888		4.6.6.0.0.0
Re			contributions reported on line		_	117,820.		0.0000000000000000000000000000000000000	6 (3 (3 (5 (7 (5 (5 (3.0)
Other Rev		1_	Part IV, line 18		a	117 820				
ŏ∣		מ	Less: direct expenses Net income or (loss) from fund	drajojna ovo:	⊌ nŧc	<u> </u>	0.			
			Gross income from gaming at				<u> </u>			The Control of the Co
	9	a	Part IV, line 19							
		h	Less: direct expenses			1		3 9 14 2 5 5 3		E 10 E 15 E 16 E
1			Net income or (loss) from gan							a se esta establica de la como que en contrata de la composiçõe de la comp
			Gross sales of inventory, less							
		~	and allowances		. a				a 215 0 47 5 1	
		b	Less: cost of goods sold							
			Net income or (loss) from sale							
[_	Miscellaneous Revenu			Business Code				5 9 9 9 9 6 B
ſ	11	a								
1		b				_,				
		С								
Į										
		е	Total. Add lines 11a-11d				8,184,174.	0.	0.	2049920.
	12		Total revenue. See instructions.		,,,	>	0,104,1/4.	l	1 0.	Form 990 (2015

Form 990 (2015) 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). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (C) Management and general expenses (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. ĕxpenses Grants and other assistance to domestic organizations 2,388,886 2,388,886 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 500,000 500,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 127,028. 522,167 221,589 173,550. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,100,682. 769,351. 215,580. 115,751. Other salaries and wages Pension plan accruals and contributions (include 84,953. 10,892. 21,733. 117,578 section 401(k) and 403(b) employer contributions) 254,574. 164,504. 57.666. 32,404. Other employee benefits g 60,871. 23,715. 14,822. 99,408. 10 Payroll taxes Fees for services (non-employees): Management Legal 4,001. 26,671 16,269. 6.401. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 172,310. 172,310. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 134,190. 8,175. 934,935 792,570 column (A) amount, list line 11g expenses on Sch O.) 15,385. 1,479. 16,864. Advertising and promotion 12 57,998. 24,946. 7,302. 90,246. 13 Office expenses Information technology 14 15 Royalties 47,579 47,579. Occupancy 16 398,760. 336,164. 55,281. 7,315. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,667. 9,239. 96,596. 85,690. 19 Conferences, conventions, and meetings 862. 862. 20 Interest Payments to affiliates 21 10,900. 2,616. 1,635. 6,649. Depreciation, depletion, and amortization 22 3,428. 2,143. 16,097. 10,526. 23 Insurance Other expenses, Itemize expenses not covered 24 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.) 258,900. 258,900. PRODUCTION MANAGEMENT 94,292. 20,933. 27,191. 46,168. MISCELLANEOUS EXPENSES 2,249. 13,017. 28,303. 13,037. GIVEAWAYS d e All other expenses 389,124. 7,176,610. 5,851,854. 935,632. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

532010 12-16-15

Form 990 (2015) 2015.05050 THE NEA FOUNDATION FOR THE NEAF

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

Check here

art X	The state of the s			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,406,240.	1	2,388,839 631,372
- 1	Savings and temporary cash investments	247,777.	2	631,372
2		968,333.	3	1,608,652
3	Pledges and grants receivable, net	200,000	4	_,,,,,,,,
4	Accounts receivable, net Loans and other receivables from current and former officers, directors,		SEPTE	
5	trustees, key employees, and highest compensated employees. Complete			
			5	
	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		Enteral.	
6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ľ	employers and sponsoring organizations of section 501(c)(9) voluntary		6	(29 / 99 / 59 / 59 / 59 / 59 / 59 / 59 /
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
7	Notes and loans receivable, net		8	
8	Inventories for sale or use	23,911.	9	28,625
9	Prepaid expenses and deferred charges	20,711.	9	20,020
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 87,081. Less: accumulated depreciation 10b 65,494.	27,911.	40-	21,587
		43,121,520.	10c	43,269,960
11	Investments - publicly traded securities	43,141,340.	11	43,200,000
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4E 70E 602	15	47,949,035
16	Total assets. Add lines 1 through 15 (must equal line 34)	45,795,692. 268,248.	16	248,50
17	Accounts payable and accrued expenses	1,484,740.	17	1,236,88
18	Grants payable	1,404,/40.	18	1,230,00
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	132,090.	20	156,132
21	Escrow or custodial account liability. Complete Part IV of Schedule D	134,030.	21	100,10,
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	15 500		11 250
	Schedule D	15,588.		11,359
26	Total liabilities. Add lines 17 through 25	1,900,666.	26	1,002,000
	Organizations that follow SFAS 117 (ASC 958), check here			
	complete lines 27 through 29, and lines 33 and 34.	40 557 704	\$1250.18	42 096 146
27	Unrestricted net assets	42,557,294.	27	42,986,149 3,310,003
27 28 29 30 31 32	Temporarily restricted net assets	1,337,732.	_	3,310,00.
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			dispersion in the second
	and complete lines 30 through 34.		148.00	
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	40 005 005	32	4C 00C 1E
	Total net assets or fund balances	43,895,026.	33	46,296,15
33	Total fiet assets of fully balances	45,795,692.	34	47,949,03

Form	990 (2015) OF EDUCATION	23-7	035089	Page 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>
			0 104	171
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,184	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,176	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,007	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,895	
5	Net unrealized gains (losses) on investments	5	1,393	,500.
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,		46,296	150
r=	column (B))	10	40,290	,130+
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		1,	 Yes No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			163 140
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	. O.	-	
ο-	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	100000000	
	separate basis, consolidated basis, or both:			
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis			
	Were the organization's financial statements audited by an independent accountant?		2b	X
ស	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis.		55750 AV057415
	consolidated basis, or both:	,		
	X Separate basis Consolidated basis Both consolidated and separate basis			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit.		
·	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	8 2 7	
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	nale Audit	38.076	
Sa	Act and OMB Circular A-133?		3a	X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit	····	
Q	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	*****	3b	
	of audits, explain with it outleddie of and describe any steps taken to diverge easily addite		Form 9	990 (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

Employer identification number

		OF E	DUCATION					2	3-7035089
Pa	irt J	Reason for Public (All organizations must co	omplete th	is part.) Se	e instruction	3.	
The	organ	ization is not a private found							
1		A church, convention of ch)(A)(i).		
2	百	A school described in secti							
3	$\overline{\Box}$						i).		
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
7		city, and state:	ado,, opulated ii.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				· ·	•
5	F	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
•		section 170(b)(1)(A)(iv). (C				,			
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	v).		
7	X	An organization that norma						he general	public described in
		section 170(b)(1)(A)(vi). (Co	-	indi part of no copport	.ci a go	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	
8		A community trust describe		1)(A)(vi) (Complete Pari	F II Y				
9		An organization that norma				contributio	ns members	ship fees, a	nd aross receipts from
9		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2). (Cor		(1000 000 tion of Francy in	om baomo	0000 4044		3	,
10		An organization organized a	•	ively to test for public sa	ifety See:	section 50	9(a)(4).		
11		An organization organized a						arry out the	purposes of one or
٠,		more publicly supported or							
		lines 11a through 11d that							
а		Type I. A supporting orga							aiving
		the supported organization							
		organization. You must o			, ,				
b	. [Type II. A supporting org			tion with it	s supporte	ed organizatio	on(s), by ha	ving
٠.	' b	control or management o							
		organization(s). You mus			,				•
,		Type III functionally inte			in connec	tion with, a	ınd functiona	lly integrate	ed with,
_		its supported organization							
c		Type III non-functionally						rted organi	zation(s)
		that is not functionally int							
		requirement (see instruct							
6	. $ abla$	Check this box if the orga						II, Type III	
		functionally integrated, or					,		
f	Ente	er the number of supported							
		vide the following information							
_		i) Name of supported	(ii) EIN	(iii) Type of organization			(v) Amount of	-	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	governing	in your document?	support		other support (see
				anove (see listinctions)	Yes	No	instruct	ionsi	instructions)

_									
									
						ajorgioskijoskoskoskoviši			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

23-7035089 Page 2

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3322567.	5406136.	6541193.	5219493.	6134254.	26623643.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3322567.	5406136.	6541193.	5219493.	6134254.	26623643.
	The portion of total contributions	1416 G G G G			9 8 8 8 8 8 8		
	by each person (other than a			5 6 6 8 8 8 8	1-1 84 84 1		
	governmental unit or publicly	100000000000000000000000000000000000000					
	supported organization) included						
	on line 1 that exceeds 2% of the		445) B. 34 (2 3 3 3				
	amount shown on line 11,		aga da da da Salas				
	column (f)			A 63 (0) ES (3) (5)			10437977.
6	Public support, Subtract line 5 from line 4.						16185666.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	3322567.	5406136.	6541193.	5219493.	6134254.	26623643.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	A-Marian Marian					
	and income from similar sources	466,961.	255,336.	189,297.	262,582.	277,821.	1451997.
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	A A STANDARD RESTRICTED AND A STANDARD RESTR		12 12 12 12 12 12 12 12 12 12 12 12 12 1			28075640.
12	Gross receipts from related activities	etc. (see instructi	ons)			12	511,083.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	p here					<u></u>
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2015 (line 6, column (f) d	ivided by line 11, o	column (f))		14	57.65 %
	15 Public support percentage from 2014 Schedule A, Part II, line 14						
16a	16a 33 1/3% support test - 2015. 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						
k	b 33 1/3% support test - 2014. 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						
17a	17a 10% -facts-and-circumstances test - 2015. 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						
h	10% -facts-and-circumstances tes						
	more, and if the organization meets t						e
	organization meets the "facts-and-cir						▶
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2015

532022 09-23-15

Schedule A ((Form 990	or 990-EZ)	2015	OF.	EDUCATION	

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

qualify under the tests listed by			rganization tailed	10 quality drider 1	art II. II tilo Organiza	adon railo to
Section A. Public Support	delow, please com	piete rait it.)	- /V/ <i>I</i> -	 		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
5) 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.)			- Called Co. (Called Co. (Call	Section of Contract		
Section B. Total Support	The state of the s					
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 						
14 First five years. If the Form 990 is for	or the organization	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						L
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2015			column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2015. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2014. If the	e organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The ora	anization qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organization						
532023 09-23-15		-		Sch	edule A (Form 990	or 990- EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 OF EDUCATION Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)



Section A. All Supporting Organizations

- 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.
- 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 11a or 11b 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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
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10b		
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Schedule A (Form 990 or 990-EZ) 2015 OF EDUCATION 23-7035089 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Sche	dule A (Form 990 or 990-EZ) 2015 OF EDUCATION			3-7035089 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Sect	ion D - Distributions		11//	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	<u> </u>	
2	Amounts paid to perform activity that directly furthers exempted and the performance of the control of the cont	ot purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns .	
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 t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii) Underdistributions	(iii) Distributable
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a		The state of the s	00 00 00 00 00 00 00 00 00 00 00 00 00	
<u>_b</u>				
<u>c</u>	F 0040			
	From 2013			
	From 2014			99 NO. 12 Oct. 12 CO. 1
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions)		ar gride S, et p	
\div	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		TARRES CANADA	
4	Distributions for 2015 from Section D,		70	
7	line 7:	Control of the Contro		
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			3.77.0.77.0.77.0.7
	Remainder. Subtract lines 4a and 4b from 4.	A SOCIAL SECTION CONTRACTOR SECTION SE		
5	Remaining underdistributions for years prior to 2015, if			
_	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2013			
d	Excess from 2014			
	Excess from 2015			

Schedule A	(Form 990 or 990-EZ) 2015 OF EDUCATION	23-7035089 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E, Ires 1c, 2a, 2b, 3a and 3b; Part V, Iines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, Iines 2, 5, and 6. Also complete this part for	line 17a or 17b: Part III line 12:
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	any additional information.
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2015

	OF EDUCATION	23-7035089				
Organization type (chec	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	The second builty of the Comment Builty on a Chapter Builty					
	on is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special f	Rule. See instructions.				
General Rule						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contribute					
Special Rules						
sections 509(a) any one contrib	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) filling 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, II, and III.						
year, contribution is checked, ento purpose. Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from seculusively for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., e it received <i>nonexclusively</i>				
	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not 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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,541,039.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,001,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>250,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

523452 10-26-15

Employer identification number

THE NEA FOUNDATION FOR THE IMPROVEMENT

OF EDUCATION

23-7035089

(c) No. Form Description of noncash property given W/A (c) FMV (or estimate) (see instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (d) Date received (d) Date received	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. pert i Description of noncash property given \$ FMV (or estimate) (see instructions)	No. from	(b) Description of noncash property given	FMV (or estimate)					
No. pescription of noncash property given			- - - - \$					
(a) No. from Part I	No. from		FMV (or estimate)					
No. from Description of noncash property given \$			\$					
(a) No. from Part I Description of noncash property given \$	No. from		FMV (or estimate)					
No. from Part I (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions)			\$					
(a) No. from Part I (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions)	No. from		FMV (or estimate)					
No. from Part I Lead of the part I Description of noncash property given			- - - - - - - - - - - -					
(a) No. from Part I (b) FMV (or estimate) (see instructions) Date received	No. from	(b) Description of noncash property given	FMV (or estimate)					
No. from Description of noncash property given See instructions (d) Date received			\$					
	No. from		FMV (or estimate)					
			*					

Name of organization

Employer identification number

THE NEA FOUNDATION FOR THE IMPROVEMENT

OF	ਾ	DT.	バつな	mΥ	OM

23-7035089

Part III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	e columns (a) through (e) and the follov ous, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info. once.)					
(a) No. from	Use duplicate copies of Part III if addition (b) Purpose of gift	nal space is needed. (c) Use of gift	(d) Description of how gift is held					
Part I	(47.4.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
-								
_		(e) Transfer of gift	i i					
	Transferee's name, address,		Relationship of transferor to transferee					
	Transieros o Trainis, address,							
.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	1	Linkship of the second of the						
-								
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
-								
(a) No. from								
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					
	. Landente							
	(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	ne of organization THE NEA	FOUNDATION FOR	THE IMPROVE	EMENT	Employer identification number
	OF EDUC	ATION			23-7035089
Pε	art I-A Complete if the org	janization is exempt un	der section 501(c) or is a section 5	27 organization.
2	Provide a description of the organize Political expenditures Volunteer hours				
Pε	ert I-B Complete if the org	ganization is exempt un	der section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955		> \$
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 495	5	* \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	0 for this year?		Yes No
4 a	Was a correction made?				L Yes L No
L	If "Yes," describe in Part IV.		-1	\	E04(a)(a)
	art I-C Complete if the org				
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities	* \$
2	Enter the amount of the filing organ	ization's funds contributed to o	other organizations for	section 527	. .
	exempt function activities				- \$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	- ,	^ •
	line 17b				
4	Did the filing organization file Form	1120-POL for this year?	TIM) - f - fl fl 507 m	alitical eventuations to	
5	Enter the names, addresses and er made payments. For each organiza	nployer identification number (i	tilly of all section 527 p	ionical organizations it ization's funds. Also er	of the amount of political
	contributions received that were pr	month and directly delivered to	n a senarate political or	ganization, such as a s	eparate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	ovide information in Par	t IV.	, , ,
		(b) Address	(c) EIN	(d) Amount paid f	rom (e) Amount of political
	(a) Name	(b) Address	(O) ENV	filing organization	n's contributions received and
				funds. If none, ente	er -0 promptly and directly delivered to a separate
					political organization.
					If none, enter -0
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	111111111111111111111111111111111111111	***************************************			
		1	1		i

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





Schedule C (Form 990 or 990-EZ) 2015	OF ED	UCATIO	NDATION FOR	IIII IIIIIOV	23-7	035089 Page 2
Part II-A Complete if the org	ganizatio	n is exe	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).						
A Check Lifthe filing organiza	tion belon	gs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha		• -				
B Check 🕨 📖 if the filing organiza	ition check	ed box A ar	nd "limited control" pro	visions apply.		
Limi	ts on Lobi	ying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" m	eans amou	ints paid or incurred.)	1	totals	iotais
1a Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to infl	-				0.	
c Total lobbying expenditures (add I	ines 1a and	d 1b) ,			0.	
d Other exempt purpose expenditure	es				7,168,435.	
e Total exempt purpose expenditure	es (add line	s 1c and 1c	l)		7,168,435.	
f_Lobbying nontaxable amount. Ent-	er the amo	unt from the	e following table in bot	h columns.	508,422.	
If the amount on line 1e, column (a) (or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
					107 106	<u> </u>
g Grassroots nontaxable amount (er					127,106.	
h Subtract line 1g from line 1a. If zer					0.	·
i Subtract line 1f from line 1c. If zero			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		۷.	
j If there is an amount other than ze					Г	
reporting section 4911 tax for this	•	····			<u>,,,,,,,,,</u> <u>L</u>	Yes No
(Some organizations t			eraging Period Under		of the five columns h	elow
(Some organizations to			ate instructions for lir		or the nee columns s	0.0111
			nditures During 4-Yea		**************************************	
		J			A.M.O.	
Calendar year	(a) 2	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
(or fiscal year beginning in)						
			-			
2a Lobbying nontaxable amount	520	0,443.	659,645.	568,606.	508,422.	2,257,116.
b Lobbying ceiling amount		F8-55 (57-4)				2 205 674
(150% of line 2a, column(e))						3,385,674.
c Total lobbying expenditures		 			##****	
d Grassroots nontaxable amount	13	0,111.	164,911.	142,152.	127,106.	564,280.
e Grassroots ceiling amount						
(150% of line 2d, column (e))			5 1 1 1 a			846,420.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-Ez) 2015 OF EDUCATION 23-703508

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

23-7035089 Page 3

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(2	a)			(b)	
of the lobbying activity.		Yes	No	D	Ar	nount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	37007(B2)						
a Volunteers?							
b Paid staff or management (include compensation in expenses reported on lines 1c through 1	i)?				7,121,21		(05:00:00) (05:70:00)
c Media advertisements?							
d Mailings to members, legislators, or the public?							
e Publications, or published or broadcast statements?							
f Grants to other organizations for lobbying purposes?							
g Direct contact with legislators, their staffs, government officials, or a legislative body?							
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?							
j Total. Add lines 1c through 1i			75470 4 105 44475 1006				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					\$460,0812		
b If "Yes," enter the amount of any tax incurred under section 4912	F/20						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			GM IFF				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					900 No 000 000 8 000 000 000		
Part III-A Complete if the organization is exempt under section 501(c)(4), 501(c)(6).	sectio	n 501(c)	(5), o	r se	ction		
					Yes		Nο
1 Were substantially all (90% or more) dues received nondeductible by members?				1		<u> </u>	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				$\overline{}$			
,,,,,,,				2		I	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered.	ar? section	n 501(c)	 (5), o	3 or se	ection t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes." 1 Dues, assessments and similar amounts from members	ar? section wered "	n 501(c) 'No," Ol	 (5), o R (b)	3 or se	etion t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarsed "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts o expenses for which the section 527(f) tax was paid).	section section wered "	n 501(c) 'No," Ol	 (5), o R (b)	3 or se Par	etion t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarsed "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts or	section section wered "	n 501(c) 'No," Ol	 (5), o R (b)	3 Pr se Par 1	ection t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarsed "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts o expenses for which the section 527(f) tax was paid).	ar? section wered "	n 501(c) No," Ol	(5), o	3 Par 1 2a 2b	ection t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ar? section wered "	n 501(c) 'No," Ol	(5), o	3 Par 1 2a 2b 2c	ection t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) or	ar? section wered " of political dues	n 501(c) 'No," Ol	(5), o	3 Par 1 2a 2b	ection t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	section wered " of political dues f the exce	n 501(c) 'No," Ol	(5), o	3 Par 1 2a 2b 2c	ection t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarsed "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) or	section wered " of political dues f the exce	n 501(c) 'No," Ol	(5), o	3 Par 1 2a 2b 2c 3	ection t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarsed "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year?	section wered " of political dues f the exce	n 501(c)	(5), o	3 or se Par 1 2a 2b 2c 3	ection t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answanswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of lif notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)	section wered " of political dues f the exce	n 501(c)	(5), o	3 Par 1 2a 2b 2c 3	ection t III-A,	line 3	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answanswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of lif notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	section wered " of political dues f the exce	n 501(c)	(5), o R (b)	2a 2b 2c 3	t III-A,		3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answanswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate)	section wered " of political dues f the exce	n 501(c)	(5), o R (b)	2a 2b 2c 3	t III-A,		3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of lift notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	section wered " of political dues f the exce	n 501(c)	(5), o R (b)	2a 2b 2c 3	t III-A,		3, is
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Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answanswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate)	section wered " of political dues f the exce	n 501(c)	(5), o R (b)	2a 2b 2c 3	t III-A,		3, is
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532043 10-05-15

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

year 🕨

7

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 23-7035089 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds ☐ No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

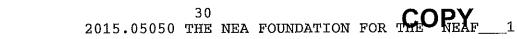
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

2015.05050 THE NEA FOUNDATION FOR THE NEAF

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 OF EDUC	ATION					23-70	35089) _{Pa}	ge 2
E	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other record	s, check any of the	following that	are a sig	ınificant ι	use of its	collection	items	;
	(check all that apply):					n1.	И			
а	Public exhibition	d		hange prograi	ms	10/	77			
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						se in Par	t XIII.		
5	During the year, did the organization solicit of						<u></u>	7		
East Count	to be sold to raise funds rather than to be m							Yes		No
Pai	TIV Escrow and Custodial Arran		te if the organizatio	n answered "\	Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	is or other ass	ets not ir	ncluded		1	77	
	on Form 990, Part X?						└─	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				·			
								Amount		
	Beginning balance					1 1				
	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f	1.5	Yes		
	Did the organization include an amount on F					y?	∟죠	」Yes	X	No
	If "Yes," explain the arrangement in Part XIII.						<u> </u>	*******	[2]	—
Pai	t V Endowment Funds. Complete i		•				oare book	(e) Four	voore F	
		(a) Current year	(b) Prior year	(c) Two years		•	ears back		216,	
1a	Beginning of year balance	43,369,298.	48,831,589.	45,345	·	44,0	41,804.	44,	410,1	
b	Contributions	3,453,091.	1 745 604		,408.	V 3	06,688.	1	091,	118
	Net investment earnings, gains, and losses	3,453,091.	<1,745,624.	7,030	, 303.	4,5	00,000.	т,	UJI.,	
	Grants or scholarships									
e	Other expenditures for facilities	2 749 747	3,542,288.	3,338	723	3 3	45,866.	3	416,	504
_	and programs	2,748,747. 172,310.	174,379.		314		57,371.		249,	
	Administrative expenses	43,901,332.	43,369,298.				45,255.		641,	
g	End of year balance			<u> </u>	, , , , , ,		,,	,	,	
2	Provide the estimated percentage of the cur	100.00	e (iine rg, colomir (a %	ij) rieiu as.						
a	Board designated or quasi-endowment	%	_70							
	Permanent endowment									
С	The property was an image On the and On the	%								
-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses		tion that are held a	nd administer	ad for the	e organiz	ation			
sa		ission of the organiza	INDIT I HAL AIG HOLD A	ila aariiiliistor	ed for the	o organiz	auon.	Γ	Yes	No
	by:							3a(i)		X
	(i) unrelated organizations							7.01		X
h	(ii) related organizations							1		
4	Describe in Part XIII the intended uses of the			***************************************	************	***********		1 1		
***	t VI Land, Buildings, and Equipm		William Caraco		···					
11.000,000	Complete if the organization answere		. Part IV. line 11a. S	See Form 990.	Part X, li	ine 10.				
	Description of property	(a) Cost or of		or other		cumulate	d	(d) Book	value	
	becomplicated property	basis (investm		(other)		reciation				
	Land									
b	Buildings			100						
	Leasehold improvements									
	Equipment		4	5,390.		26,59			3,79	
	Other			1,691.		38,90			2,79	
	. Add lines 1a through 1e. (Column (d) must e		X. column (B), line 1	(Oc.)			•	21	.,58	37.

Schedule D (Form 990) 2015



THE NEA FOUNDATION FOR THE IMPROVEMENT 23-7035089 Page 3 OF EDUCATION Schedule D (Form 990) 2015 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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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 (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book 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. (b) Book value (a) Description (1)(2)(3)(4)(5) (6)(7)(8) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes 11,359. CAPITAL LEASE OBLIGATIONS (3)(4)

11,359. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 X Schedule D (Form 990) 2015

(5) (6)(7)(8)

THE NEA FOUNDATION FOR	THE IMPROVEMENT	00 5005000
Schedule D (Form 990) 2015 OF EDUCATION		23-7035089 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		Return.
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1 Total revenue, gains, and other support per audited financial statements	.,,,,,	1 9,892,056.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a 1,393,560	-
b Donated services and use of facilities	1 1 344 333	<u>.</u>
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		_{2e} 1,707,882.
3 Subtract line 2e from line 1		3 8,184,174.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c 0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5 8,184,174.
Part XII Reconciliation of Expenses per Audited Financial St		r Return.
Complete if the organization answered "Yes" on Form 990, Part IV, iii		
Total expenses and losses per audited financial statements		1 7,490,932.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	_{2a} 314,322	
b Prior year adjustments	··········	7
c Other losses		
		-
d Other (Describe in Part XIII.)		2e 314,322.
e Add lines 2a through 2d		3 7,176,610.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	***************************************	
	1 40 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		-
b Other (Describe in Part XIII.)		4c 0.
c Add lines 4a and 4b		70 777 710
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	0./	13 ,7270,0200
TOTAL MARKET STATE OF THE STATE	4. Doubly lines the and the Bort V line	A: Bort V line 2: Bort VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		4, Fatt A, line 2, Fatt Ai,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	пу адоптопа ілгоппалоп.	
DADO TI TAME OD.		
PART IV, LINE 2B:		
THE FOUNDATION ACTS AS FISCAL SPONSOR FOR	ים מדעסמג זמעמט מעות פ	יואוס אד יישד
THE FOUNDATION ACTS AS FISCAL SPONSOR FOR	TWO SCHOLLARSHIEF IN	DINDS OF THE
TAME ON THE TOTAL TOTAL TOTAL TOTAL TOTAL AND	min resimilary bisila	M TI C NT
NATIONAL EDUCATION ASSOCIATION (NEA), AND	THE KENTUCKI EDUCA	RIION
* CCC CT TTON CONTROL * CONTROL * C CVICTOD T	TANTER CIVILATION TO STANK	rangerana aaro
ASSOCIATION, STATE AFFILIATE. AS CUSTODIA	IN, THE FOUNDATION	INVESTS AND
THE SHE WAS DOLLD STATE DOLLD BY THE DESCRIPTION OF THE PROPERTY OF THE PROPER	DOMESTIC CITY DOMESTIC	AT NATION WATER TOTAL
MANAGES THE SCHOLARSHIP PROGRAM WITH RESI	PECTIVE SUPPORT FROM	M NEA AND ITS
		2222 44
AFFILIATE. ALL TRANSACTIONS RELATED TO TH	IESE FUNDS ARE RECO	RDED AS
TEMPORARILY RESTRICTED ACTIVITY IN THE FO	OUNDATION'S ACCOUNT	ING RECORDS.
PART V, LINE 4:		
A PERCENTAGE OF THE FOUNDATION'S ENDOWMEN	T FUNDS ARE UTILIZE	ED TO FUND THE
FOUNDATION'S ANNUAL OPERATING BUDGET FOR	VARIOUS FOUNDATION	PROGRAMS. THE

THE NEA FOUNDATION FOR THE IMPROVEMENT 23-7035089 Page 5 OF EDUCATION Schedule D (Form 990) 2015 Part XIII Supplemental Information (continued) FOUNDATION'S ENDOWMENT ARE REVIEWED ANNUALLY. PART X, LINE 2: THE FOUNDATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED AUGUST 31, 2016 AND 2015, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

Schedule D (Form 990) 2015

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number THE NEA FOUNDATION FOR THE IMPROVEMENT Name of the organization 23-7035089 OF EDUCATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants ☐ Mail solicitations Internet and email solicitations □ Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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



THE NEA FOUNDATION FOR THE IMPROVEMENT Schedule G (Form 990 or 990-EZ) 2015 OF EDUCATION 23-7035089 Page 2 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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE 2016 SALUTE (add col. (a) through TO EXCELLENC col. (c)) (total number) (event type) (event type) Revenue 326,803. 326,803. Gross receipts 208,983. 208,983. 2 Less: Contributions 117,820. 117,820 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 9,620. 9,620 6 Rent/facility costs 108,200. 108,200 7 Food and beverages 8 Entertainment 9 Other direct expenses _____ 117,820. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 2 Cash prizes ...

ense	_	Nanasah sejasa				
X.	3	Noncash prizes				
Direct Expense	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	1-1	>	
	F	tantha atata/a) in udaish the expeniention condu	rota gamina activitios:			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a				Yes No
		No," explain:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		ere any of the organization's gaming licenses re			year?	. Yes No
b	If "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

Sch	edule G (Form 990 or 990-EZ) 2015 OF EDUCATION 41 // 23-	7035089	Page 3
11	edule G (Form 990 or 990 EZ) 2015 OF EDUCATION 23- 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?		□ No
13	Indicate the percentage of gaming activity conducted in:	f 1	
	The organization's facility	. I	
b	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	%
14	Enter the name and address of the person who prepares the organization's gaining/special events books and records.		
	Name		
	Address >		
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No 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 > \$		
С	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:		
	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		
Pai	organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10t	o. 15b.
[A 1971	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		· ·
	n) /A		
		~	
	·		
-			
53208	Schedule G (For	n 990 or 990-l	E Z) 2015

THE NEA FOUNDATION FOR THE IMPROVEMENT 23-7035089 Page 4 OF EDUCATION Schedule G (Form 990 or 990-EZ) OF EDUCATI Part IV Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

OMB No. 1545-0047 **2015**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. THE NEA FOUNDATION FOR THE IMPROVEMENT

Employer identification number 23-7035089 OF EDUCATION Part I General Information on Grants and Assistance 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 X Yes ☐ No criteria used to award the grants or assistance? 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 (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (h) Purpose of grant (b) EIN (c) IRC section (d) Amount of (e) Amount of 1 (a) Name and address of organization or government if applicable cash grant non-cash assistance non-cash assistance or assistance FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS - P.O. BOX 1608 - FORT CLOSING THE ACHIEVEMENT GAPS 59-2637849 501(C)(3) 252,500 MYERS, FL 33901 OMAHA SCHOOLS FOUNDATION CLOSING THE ACHIEVEMENT 3215 CUMING STREET GAPS OMAHA, NE 68131 36-3301526 501(C)(3) 240,000 0 KENTUCKY EDUCATION ASSOCIATION 401 CAPITAL AVENUE STATE AFFILIATE CAPACITY BUILDING 26-3516073 501(C)(5) 225,000 0, FRANKFORT, KY 40601 ILLINOIS EDUCATION ASSOCIATION STATE AFFILIATE CAPACITY 100 E. EDWARDS STREET BUILDING SPRINGFIELD, IL 62704 37-0343490 501(C)(5) 30,000. 0 COLORADO EDUCATION ASSOCIATION STATE AFFILIATE CAPACITY 1500 GRANT STREET BUILDING 225,000 0 84-0172608 501(C)(5) DENVER, CO 80203 FIRST BOOK 1319 F STREET, NW, SUITE 1000 STRATEGIC PLAN WASHINGTON, DC 20004 52-1779606 501(C)(3) 258,000, 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ______

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

532101 10-28-15

COPY

OF EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (e) Amount of (f) Method of (g) Description of non-cash assistance (h) Purpose of grant or assistance (b) EiN (c) IRC section (d) Amount of (a) Name and address of organization or government non-cash assistance if applicable cash grant valuation (book, FMV, appraisal, other) NATIONAL EDUCATION ASSOCIATION OF THE US - 1201 16TH STREET, NW -ISCAL SPONSORSHIP WASHINGTON, DC 20036 53-0115260 501(C)(5) 252,200. 0 WASHINGTON EDUCATION ASSOCIATION 32032 WEYERHAUSER WAY S ZISCAL SPONSORSHIP 91-0460645 501(C)(5) 240,288 0, FEDERAL WAY, WA 98063 DONORSCHOOSE, ORG 213 WEST 35TH STREET OONORSCHOOSE, ORG NEW YORK, NY 10001 13-4129457 501(C)(3) 200,000 0. NEW VENTURE FUND, FISCAL SPONSOR FOR COMMUNITIES FOR JUST SCHOOLS FUND - 1201 CONNECTICUT AVENUE, NEW PROGRAM DEVELOPMENT NW, SUITE 300 - WASHINGTON, DC 20-5806345 501(C)(3) 70,000 O, GUILFORD COUNTY ASSOCIATION OF EDUCATORS - 3407-D WEST WENDOVER STRATEGIC PLAN AVENUE - GREENSBORO, NC 27407 58-2203233 501(C)(4) 55,370 0 UNIVERSITY OF MASSACHUSETTS QUINN ADMINISTRATIVE BUILDING, 100 MORRISSEY BOULEVARD - BOSTON, MA NEW PROGRAM DEVELOPMENT 0 04-6013152 501(C)(3) 50,000. 02125 SCHOOLS THAT LEAD 100 W 10TH STREET STRATEGIC PLAN WILMINGTON, DE 19801 45-4866878 501(C)(3) 50,000. 0

Schedule I (Form 990)

532241 04-01-15

NATIONAL COMMISSION OF TEACHING & AMERICA'S FUTURE - 1525 WILSON

BOULEVARD - ARLINGTON, VA 22209

ACTIVE CITIZEN PROJECT 250 WEST 39TH STREET

NEW YORK, NY 10018

04-3641630

30-0558873 501(C)(3)

501(C)(3)



NEW PROGRAM DEVELOPMENT

INNOVATION

23-7035089

Page 1

20,000.

25,000.

0

THE NEA F Schedule I (Form 990) OF EDUCAT		FOR THE IM	IPROVEMENT			2	3-7035089 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ut ((.)	
(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
HANAII STATE TEACHERS ASSOCIATION 1200 ALA KAPUNA STREET HONOLULU, HI 96819	45-3216262	501(C)(5)	63,000.	0.			FISCAL SPONSORSHIP; NEW PROGRAM DEVELOPMENT
GIRLS THINKING GLOBAL 22 FLORAL STREET NEWTON, MA 02461	47-1797616	501(C)(3)	15,000.	0,			NEW PROGRAM DEVELOPMENT
BLACK PHILANTHROPY FUND 75 ARLINGTON STREET BOSTON, MA 02116	04-2104021	501(C){3}	10,000.	0.			NEW PROGRAM DEVELOPMENT
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW - 50 E WASHINGTON STREET - CHICAGO, IL 60602	36-3151279	501(C){3}	19,000.	0.			NEW PROGRAM DEVELOPMENT

Schedule I (Form 990)

532241 04-01-15

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Schedule I (Form 990) (2015) OF EDUCATION					Z3-/U33U03 Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	ls. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(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
GRANTS TO EDUCATORS	121	425,000	. 0.		
AWARDS FOR TEACHING EXCELLENCE		75,000,	. 0.		
AWARDS FOR IBACRING BACEBURES		,5,000,			
Part IV Supplemental Information, Provide the information re	equired in Part I, lin	e 2, Part III, column	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE FOUNDATION USUALLY ISSUES GRA	NTS FOR N	O MORE THA	AN A 12 MON	TH PERIOD.	
THE FOUNDATION PROGRAM STAFF PERF	ORMS SITE	VISITS AT	LEAST ONC	E DURING THE	
FISCAL YEAR FOR GRANTS TOTALING M	ORE THAN	\$100,000.	SITE VISIT	S CAN ALSO BE	
MADE ON A SELECTIVE BASIS FOR GRA	NTS OF \$1	00,000 OR	LESS. THE	GRANTEE IS	
REQUIRED TO REPORT TO THE FOUNDAT	ION ON TH	E PROGRESS	OF THE GR	ANT FUNDED	
PROJECT AT LEAST ONCE PER YEAR AN	D THE REC	EIPT OF AI	DITIONAL F	UNDS IS	
CONTINGENT UPON THE REVIEW AND AP	PROVAL OF	BOTH PROG	RAMMATIC A	ND FINANCIAL	
REPORTS. ADDITIONALLY, THE FOUNDA	TION HAS	A POLICY (F RETAININ	G AT LEAST	
532102 10-28-15		41			Schedule I (Form 990) (2015)

Schedule I (Form 990) OF EDUCATION 23-7 Part IV Supplemental Information	7035089 Page 2
10% OF THE GRANT FUNDS FOR DISBURSEMENT AFTER THE FINAL PROGRAMM	MATIC AND
FINANCIAL REPORTS HAVE BEEN REVIEWED ON ALL GRANTS OF \$5,000 OR	MORE.
	-12-419
	4. 40 . 4 1. 41.
	AAAR VITTA III
	Schedule I (Form 990)

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. THE NEA FOUNDATION FOR THE IMPROVEMENT

OF EDUCATION

23-7035089 **Questions Regarding Compensation** Yes No

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.			1995E002
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			9.000
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			1 VII (100 - 100 -
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			9454
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	150500 165500		33356633 3336633
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	ISSE NOVE IN	,,,,,,,,,
				0.00000000 0.0000000000000000000000000
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	8.633-1981 1833-1835		
	establish compensation of the CEO/Executive Director, but explain in Part III.	931-565		
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	7 pprovai by the board of compensation committee	189-187		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	(0.000)		5.000
7	organization or a related organization:			
_	Receive a severance payment or change-of-control payment?	4a	6609989933	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		Vec overce Park (September)	2.5
	if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Farcin.			
	Outros - No. FOM - VO) FOM (-VA) and FOM (-VO) associations much complete lines E.O.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5		100.00		
_	contingent on the revenues of:	5a	2002 BY	X
	The organization?	5b		X
D	Any related organization?	30	5007L303	
_	If "Yes" to line 5a or 5b, describe in Part III.		800000	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			30000000
	contingent on the net earnings of:	6a	70000	Х
	The organization?	6b		X
b	Any related organization?	On	SECTION .	23
_	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 non-fixed payments		Х	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	<i>Δ</i> Σ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	250255		X
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	150045840	<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
	Provincione continue CO ADEO COV			1

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

Schedule J (Form 990) 2015

OF EDUCATION

23-7035089

Page 2

Schedule J (Form 990) 2015 OF EDUCATION 23-7035089

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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-M	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derions	(6)()/(0)	reported as deferred on prior Form 990
(1) HARRIET SANFORD	(i)	226,587.	0.	24,000.	44,971.	29,133.	324,691.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NANCY MOLL	(i)	119,710.	3,900.	24,000.	26,723.	23,144.	197,477.	0.
SVP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH DUNNING	(i)	132,050.	3,900.	11,445.	14,445.	29,133.		0.
SVP OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARGARET PORTA	(i)	96,455.	3,243.	24,000.	11,900.	23,144.	158,742.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EDITH WOOTEN	(i)	101,360.	2,882.	18,000.	22,218.	23,144.		0.
SVP OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							

Schedule J (Form 990) 2015

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	THE NEA FOUNDATION FOR THE IMPROVEMENT	02 7025000	_
Schedule J (Form 990) 2015	OF EDUCATION	23-7035089	Page
Part III Supplemental Information	on The state of th		lion
Provide the information, explanation	n, 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 c	complete this part for any additional informal	uon.
PART I, LINE 7:			
		NT A	·
ALL STAFF, OTHER T	THAN THE PRESIDENT & CEO, HAD THE OPPORTUNITY TO OBTAIN	A W	
PERFORMANCE PAYMEN	NT, UP TO 3% OF SALARY LAST YEAR, BASED ON MEETING THE	IR	
ANNUAL PERFORMANCE	PLAN GOALS.		

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532113 10-14-15 Schedule J (Form 990) 2015

COPY

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

23-7035089

OMB No. 1545-0047

Inspection Employer identification number

Name of the organization

THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TARGETED PHILANTHROPY. OUR RESEARCH-BASED STRATEGY SHOWS THAT DEVELOPING AND STRENGTHENING PARTNERSHIPS AMONG LOCAL UNIONS, SCHOOL DISTRICTS AND COMMUNITY ORGANIZATIONS CREATES A POWERFUL APPROACH FOR IMPROVING STUDENT PERFORMANCE AND A VEHICLE FOR SYSTEMIC REFORM. GRANTS ARE AWARDED TO DISTRICT-BASED TEAMS COMPOSED OF THE SCHOOL DISTRICT, THE TEACHER'S UNION AND AT LEAST ONE COMMUNITY ORGANIZATION. TOGETHER, THESE PARTNERS FOCUS ON THEIR COMMUNITY'S MOST PRESSING INSTRUCTIONAL/LEARNING ISSUES AND DEVELOP RESEARCH BASED STRATEGIES TO ADDRESS THEM. THE JOINT PLANNING ENSURES THAT THE IMPLEMENTATION EFFORT IS OWNED BY ALL PARTIES - INCREASING ITS EFFECTIVENESS AND CHANCES FOR SUCCESS. THE FOUNDATION PROVIDED GRANT FUNDS TO TWO DIFFERENT SCHOOL

THE NEA FOUNDATION INSTITUTE FOR INNOVATION IN TEACHING & LEARNING (THE INSTITUTE) IS A STRUCTURED LEARNING EXPERIENCE THAT SUPPORTS LOCAL UNIONS AND SCHOOL DISTRICT LEADERS COLLABORATIVE EFFORTS TO IMPROVE EDUCATION BY FOCUSING ON A SINGLE ISSUE AND PROVIDING A DEDICATED COACH, CONNECTING LEADERS TO A LARGER COMMUNITY OF PRACTICE AND SHARING ONLINE CURRICULUM ON ISSUES OF LABOR-MANAGEMENT, AND HOW TO LEAD CHANGE AND REFORM. THE INSTITUTE IS COMPRISED OF LEADERSHIP TEAMS FROM ACROSS THE COUNTRY. EACH HAS IDENTIFIED ISSUES MOST CRITICAL TO THEIR STUDENTS AND HAS MADE A COMMITMENT TO WORK TOGETHER TOWARD A COMMON GOAL: TO IMPROVE THE QUALITY OF EDUCATION FOR THEIR STUDENTS. THE FOUNDATION PROVIDED TECHNICAL ASSISTANCE AND COACHING SUPPORT TO SEVEN DIFFERENT

SCHOOL DISTRICTS DURING THE YEAR. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

DISTRICTS DURING THIS OPERATING YEAR.

Schedule O (Form 990 or 990-EZ) (2015)

Employer identification number 23-7035089

THE NEA FOUNDATION STATE AFFILIATE CAPACITY BUILDING - THIS INITIATIVE

IS A PROGRAM DESIGNED TO SUPPORT STATE AFFILIATE INFLUENCE AND

RELEVANCE TO BOTH ITS MEMBERS AND THE BROADER EDUCATION COMMUNITY

INCREASES BY EXPANDING SERVICES AND BUILDING SKILLS IN SUPPORT OF THE

PROFESSIONAL NEEDS OF EDUCATORS AND THEIR STUDENTS. FOUR NEA STATE

AFFILIATES COMPRISE THE COHORT. THEY HAVE ENGAGED IN EXTENSIVE

ASSESSMENT OF EDUCATOR NEEDS, DESIGNED AND IMPLEMENTED NEW STRATEGIC

PLANS, RE-IMAGINED THE ROLES AND RESPONSIBILITIES OF HEADQUARTERS AND

FIELD STAFF, DESIGNED ONLINE PROFESSIONAL DEVELOPMENT TOOLS AND FOUND

OTHER NEW WAYS TO SUPPORT AND ENGAGE EDUCATORS ACROSS THEIR STATES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AGREEMENT THAT OUTLINES THE SPECIFIC ROLES OF AND RESPONSIBILITIES OF

THE NEA FOUNDATION AS THE FISCAL SPONSOR AND THE SPONSORED ORGANIZATION

AS THE PROJECT ADMINISTRATOR. THE FOUNDATION WAS FISCAL SPONSOR FOR SIX

GRANTS (INCLUDING THE TWO SCHOLARSHIP FUNDS DISCLOSED IN SCHEDULE D,

PART IV, LINE 2B) DURING THE FISCAL YEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LEARNING & LEADERSHIP - \$2,000 OR \$5,000 GRANTS FOR ALL PRE-K TO 16

EDUCATORS TO PROMOTE PROFESSIONAL DEVELOPMENT TO IMPROVE THEIR TEACHING

SKILLS AND TO SHARE WITH COLLEAGUES.

THE FOUNDATION PROVIDED GRANTS TO 121 INDIVIDUAL EDUCATORS DURING THE YEAR, SUPPORTING NEARLY 148,000 STUDENTS.

DONORSCHOOSE.ORG - TEACHERS HAVE GREAT IDEAS DESIGNED TO HELP THEIR

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer identification number 23-7035089
STUDENTS LEARN MORE, BUT OFTEN LACK THE RESOURCES THEY NE	ED TO BRING
THESE IDEAS TO LIFE. THROUGH OUR PARTNERSHIP WITH DONORSC	HOOSE.ORG THE
FOUNDATION MATCHED PUBLIC DONATIONS TO SUPPORT APPROXIMAT	ELY 2,600 NEA
MEMBER REQUESTS FOR CLASSROOM MATERIALS, REACHING APPROXI	MATELY 108,000
PUBLIC SCHOOL STUDENTS.	
	a de la companya de l
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
STRATEGIC PLAN PROJECTS	
EXPENSES \$ 504,131. INCLUDING GRANTS OF \$ 363,370. RE	VENUE \$ 0.
AWARDS FOR TEACHING EXCELLENCE & GALA	
EXPENSES \$ 424,168. INCLUDING GRANTS OF \$ 107,800. RE	VENUE \$ 0.
NEW PROGRAM DEVELOPMENT	
	VENUE \$ 0.
INNOVATION	
EXPENSES \$ 125,216. INCLUDING GRANTS OF \$ 2,500. REVE	NUE \$ 0.
COMMUNITIES FOR JUST SCHOOLS FUND	
EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVE	NUE \$ 0.
PROGRAM ADMINISTRATION	
EXPENSES \$ 1,440,631. INCLUDING GRANTS OF \$ 0. REVENU	E \$ 0.
FORM 990, PART VI, SECTION B, LINE 11:	
THE FEDERAL FORM 990 IS PREPARED BY THE FOUNDATION'S ACCO	UNTING FIRM BASED
ON INFORMATION PROVIDED BY THE FOUNDATION. THE FOUNDATION 532212 09-02-15 Scheen	I'S REVIEW PROCESS dule O (Form 990 or 990-EZ) (2015)
48 500223 786783 NEAF 2015.05050 THE NEA FOUNDATION	CODV

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer identification number 23-7035089
FOR THE DRAFT FORM 990 IS AS FOLLOWS:	
THE FOUNDATION'S SENIOR VICE PRESIDENT (SVP) OF FINANCE R	EVIEWS THE DRAFT
FORM 990 FOR COMPLETENESS AND ACCURACY. THE DRAFT FORM 99	0 IS REVISED AS
NECESSARY AFTER THE SVP OF FINANCE'S REVIEW.	1.00
THE REVISED DRAFT FORM 990 IS THEN SUBMITTED TO THE PRESI	DENT & 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 E	NTIRE BOARD OF
DIRECTORS FOR THEIR REVIEW.	
ANY COMMENTS FROM THE BOARD OF DIRECTORS ARE CONSIDERED A	ND THE DRAFT FORM
THE FEDERAL FORM 990 IS FINALIZED BY THE PRESIDENT & CEO	APPROVING THE
FEDERAL FORM 990 WHICH IS THEN FILED WITH THE INTERNAL RE	VENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION'S BOARD OF DIRECTORS AND THE FOUNDATION ST	AFF COMPLETE AND
SIGN CONFLICT OF INTEREST FORMS ANNUALLY NEAR THE BEGINNI	NG OF THE FISCAL
YEAR. THE PRESIDENT & CEO REVIEWS THE STAFF MEMBERS' COMP	LETED FORMS FOR
POTENTIAL CONFLICTS AND SIGNS EACH FORM. 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 CONFL	ICT OF INTEREST,
THE STAFF OR BOARD MEMBERS DO NOT PARTICIPATE IN ANY DECI	SIONS RELATED TO
THE CONFLICT THROUGHOUT THE YEAR. NEW BOARD MEMBERS AND S	STAFF MEMBERS WHO

ENSURE THAT THE COMPENSATION PACKAGES CONTINUE TO BE REASONABLE COMPARED TO OTHER NOT-FOR-PROFIT ORGANIZATIONS.

Schedule O (Form 990 or 990-EZ) (2015)

THE FOUNDATION UPDATED THE EXECUTIVE COMPENSATION STUDY IN OCTOBER 2012 TO

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION	Employer identification number 23-7035089
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, CA, CO, CT, FL, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ,	NM,NY,NC,ND,OH,OK
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILAB	LE TO THE PUBLIC
ON THE FOUNDATION'S WEBSITE AND UPON REQUEST. THE FOUNDAT	ION'S GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE T	O THE PUBLIC UPON
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ADMINISTRATIVE & CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	643,547.
MANAGEMENT AND GENERAL EXPENSES	134,190.
FUNDRAISING EXPENSES	8,175.
TOTAL EXPENSES	785,912.
GLOBAL LEARNING INITATIVE:	
PROGRAM SERVICE EXPENSES	149,023.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	149,023.
	934,935.