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DLN: 93493315023055

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Inspection

	r the '	201 <i>4</i> cal	endar year, or tax year beginning 01-01-2014 , and endin	a 12-31-201	<u> </u>			
		pplicable	C Name of organization	g 12-31-201	<del>-</del>	D Emplo	yer ide	ntification number
	lress ch		FINRA INVESTOR EDUCATION FOUNDATION			20-08	86377	9
Г Naı	ne cha	nge	% JENNIFER P MITCHELL Doing business as			-		
Init	ıal retu	m				E Teleph	one num	ber
Fin-	al urn/terr	nınated	Number and street (or P O box if mail is not delivered to street addition 1735 K STREET NW	ess)  Room/si	uite	(202)	728-8	3949
_	ended i		City or town, state or province, country, and ZIP or foreign postal co-	de				
App	lication	pending	WASHINGTON, DC 200061506			<b>G</b> Gross i	receipts:	\$ 7,203,432
			F Name and address of principal officer GERALDINE M WALSH 1735 K STREET NW WASHINGTON, DC 200061506			this a group pordinates?		┌ Yes  No
			WASHINGTON, DC 200001300			all subordi luded?	ınates	Γ Y es Γ No
<b>I</b> Ta	x-exem	npt status	501(c)(3) ✓ 501(c) (4) ◀ (insert no ) ☐ 4947(a)(1) or	<b>□</b> 527	If"	No," attach	a list	(see instructions)
J W	ebsite	•: <b>►</b> WW	/W FINRAFOUNDATION ORG		   <b>H(c)</b> Gr	oup exempt	tion nui	mber ►
<b>K</b> Forr	n of org	ganızatıon	✓ Corporation		L Year of	formation 20	004 <b>M</b>	State of legal domicile DE
Pa	rt I	Sum	mary		<u> </u>			-
Governance	<u>!</u> - -	FINANC	SSION IS TO PROVIDE UNDERSERVED AMERICANS WI IAL SUCCESS THROUGHOUT LIFE  nis box  fr if the organization discontinued its operations of					
		CHECK LI	is box F <sub>1</sub> in the organization discontinued its operations of	Татэрозеа	or more than	25 70 01103	·	
Activities &			of voting members of the governing body (Part VI, line 1a)				3	6
Æ			of independent voting members of the governing body (Part				4	5
Pct.			mber of individuals employed in calendar year 2014 (Part \ mber of volunteers (estimate if necessary)				6	5
•			related business revenue from Part VIII, column (C), line 1				7a	0
	I		lated business taxable income from Form 990-T, line 34				7b	0
					Pı	ior Year		Current Year
ā	8		butions and grants (Part VIII, line 1h)			6,010,	732	1,750,923
Ravenue	9 10	_	Im service revenue (Part VIII, line 2g)			537,	590	1,071,632
å	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a			,	0	0
	12		revenue—add lines 8 through 11 (must equal Part VIII, col		е	6,548,	222	2,822,555
	13		s and similar amounts paid (Part IX, column (A), lines 1–3			3,019,		3,234,757
	14		ts paid to or for members (Part IX, column (A), line 4) .				0	0
	15		es, other compensation, employee benefits (Part IX, colum	n (A), lines			0	0
Expenses	16a	5-10) Profes	) sional fundraising fees (Part IX, column (A), line 11e) .		_		0	0
⊕ ⊕	ь		ndraising expenses (Part IX, column (D), line 25) ▶0					
Ω	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		_	7,612,	680	7,245,399
	18		expenses Add lines 13–17 (must equal Part IX, column (A			10,631,		10,480,156
	19	Reven	ue less expenses Subtract line 18 from line 12			-4,083,	437	-7,657,601
Net Assets or Fund Balances					Beginni	ng of Curre Year	nt	End of Year
1000	20	Total	assets (Part X, line 16)			39,680,	732	32,365,620
A A	21		liabilities (Part X, line 26)			752,		1,055,785
	22		sets or fund balances Subtract line 21 from line 20			38,928,	214	31,309,835
Unde my ki	nowled	alties of dge and	pature Block  perjury, I declare that I have examined this return, including belief, it is true, correct, and complete Declaration of preparation property belongs.					
		<b>_</b>				2015-11-10		
Sign		Signa	ature of officer			Date		
Here	2		ERT A RENNER VICE PRESIDENT or print name and title					
		F	Print/Type preparer's name Preparer's signature	1	Date C	heck / ıf	PTIN	4550
		1 5	BRENDA D GRIESEMER BRENDA D GRIESEMER			elf-employed	P0026	Innu

Firm's name FRNST & YOUNG US LLP

Firm's address ► TWO NORTH CENTRAL AVENUE STE 2300

PHOENIX, AZ 85004

Preparer

**Use Only** 

Firm's EIN 🟲

Phone no (602) 322-3000

Form	1990 (2014)					Page
Par		<b>it of Program Serv</b> nedule O contains a res			III	٧
1	Briefly describe th	e organization's missioi	n			
	MISSION IS TO PR ANCIAL SUCCESS T		D AMERICANS	S WITH THE KNOWLE	DGE, SKILLS AND TOOLS NEC	ESSARY FOR
_						
2	the prior Form 990	or 990-EZ?		ervices during the yea	r which were not listed on	┌ Yes ┌ No
		these new services on S				
3		n cease conducting, or	=	=	onducts, any program	┌ Yes ┌ No
	If "Yes," describe t	these changes on Sche	dule O			
4	expenses Section		4) organization:	s are required to repor	ree largest program services, as t the amount of grants and alloca	
4a	(Code	) (Expenses \$	3,352,206	including grants of \$	0) (Revenue \$	0)
	INVESTOR PROTECTION	DN CAMPAIGN - SEE SCHEDU	ILE O			
4b	(Code	) (Expenses \$	3,234,756	ıncludıng grants of \$	3,234,756 ) (Revenue \$	0)
	GRANT PROGRAM - S	EE SCHEDULE O				
4c	(Code	) (Expenses \$	2,036,928	ıncludıng grants of \$	0 ) (Revenue \$	0)
	MILITARY FINANCIAL I	READINESS PROJECT - SEE S	SCHEDULE O			
4d	Other program se	rvices (Describe in Sch	edule O )			
	(Expenses \$	1,521,659 inc	-	of\$	0 )(Revenue \$	0 )

10,145,549

Total program service expenses ▶

Part IV	Chec	rklist	of Re	auired	Scher	dules
	CHE	LNIISL	OI NO	uuncu	SCILC	Juics

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f g}$	2	Yes			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No		
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No		
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes			
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV$	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
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		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2014)

II GII	Check if Schedule O contains a response or note to any line in this Part V			_
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   13			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
_		5c		<b>.</b>
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?	7a 7b		NO
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
<b>9</b> 2	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	13a		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	. , , , , , , , , , , , , , , , , , , ,			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule C	contains a respo	nse or note to ar	y line in this Part VI							.I

Se	ction 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	6			
	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			•		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	d by d	or under the direct	3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p		4		No
5	Did the organization become aware during the year of a significant diversion of the o		ation's assets?	5		Νo
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by) r	members, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following					
а	The governing body?			8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?		8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	evenu	ıe Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	tivitie: on's e	s of such chapters, exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$ .	•		12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done			12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a		Νo
b	Other officers or key employees of the organization			15b		No
	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 of taxable entity during the year?	orsım	ılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
  - Own website Another's website Vipon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JENNIFER P MITCHELL

1735 K STREET NW

WASHINGTON, DC 200061506 (202) 728-8949

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

#### 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	(C) Position (do not che more than one box, ur person is both an off and a director/trust					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) RICHARD G KETCHUM	1 0	х						0	2,812,798	81,030
CHAIRMAN	59 0								_,, -	
(2) JAYNE W BARNARD	1 0	x						0	0	0
BOARD MEMBER	0 0	^							0	
(3) JOHN T DOOLEY	1 0	V						0	0	0
BOARD MEMBER	0 0	Х						0	0	U
(4) IDALIA P FERNANDEZ	1 0							_	_	_
BOARD MEMBER	0 0	Х						0	0	0
(5) SHARON P SMITH	1 0							_	_	
BOARD MEMBER	0 0	Х						0	0	0
(6) G DONALD STEEL	1 0							_		
BOARD MEMBER	0 0	Х						0	0	0
(7) GERALDINE M WALSH	48 0			Ī.,					517 506	20.500
PRESIDENT	12 0			X				0	517,596	90,603
(8) EILEEN M FAMIGLIETTI	5 0							_		
TREASURER	55 0			Х				0	427,045	65,675
(9) JENNIFER P MITCHELL	3 0			,				0	254.670	42.604
SECRETARY	57 0			Х				0	254,678	42,604
(10) MARCIA E ASQUITH	0 0						Х	0	552,315	102,098
SECRETARY (FORMER)	60 0						^		332,313	102,098

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	han d n is	ne l both	box, an d	officer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•		
C	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	4,564,432	382,010

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	1 00	No

#### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GMMB INC, PO BOX 415312	SEE SCHEDULE O	717,152
BOSTON, MA 02241		
HOUGHTON MIFFLIN HARCOURTCHANNEL O, 151 W 26TH STREET NEW YORK, NY 10001	SEE SCHEDULE O	658,233
FAIR ISAAC CORPORATION, 3661 VALLEY CENTRE DRIVE SAN DIEGO, CA 92130	SEE SCHEDULE O	434,073
ASSOCIATION FOR FINANCIAL COUNSELIN, 1940 DUKE STREET ALEXANDRIA, VA 22314	SEE SCHEDULE O	433,463
BBB INSTITUTE FOR MARKETPLACE TRUST, 3033 WILSON BOULEVARD ARLINGTON, VA 22201	SEE SCHEDULE O	400,500
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Part V	Ш	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedi	ule O contains a respoi	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
0 L	1a	Federated cam	paigns 1a								
s, Grants Amounts	ь	Membership du	es <b>1b</b>								
Gr.	С	Fundraising eve	ents <b>1c</b>								
	d	Related organiz	zations 1d	1,750,923							
ons, Gifte Similar	e	Government grants	s (contributions) <b>1e</b>								
ons Sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>								
tributio Other	•	sımılar amounts no	ot included above								
it Ot	g	Noncash contribute 1a-1f \$	ons included in lines								
Contributions, and Other Sim	h	Total. Add lines	s 1a-1f	🛌	1,750,923						
				Business Code							
Program Serwce Revenue	2a										
æ	ь										
ЛСе	С										
Seri	d										
a	e										
100,	f	All other progra	am service revenue								
	g		s 2a-2f		0						
	3		ome (including dividen ar amounts)		542,882			542,882			
	4		stment of tax-exempt bond		0						
	5	Royalties		🕨	0						
			(ı) Real	(II) Personal							
	ba b	Gross rents Less rental									
	c	expenses Rental income	0	0							
		or (loss)	_	ı .	0						
	d	Net rental incol	me or (loss)  (i) Securities	<b>►</b> (II) Other	Ů						
	7a	Gross amount from sales of assets other	4,909,627	(ii) o ciici							
	ь	than inventory Less cost or									
		other basis and sales expenses	4,380,877								
	С	Gain or (loss)	528,750								
	d		ss)	· · · · •	528,750			528,750			
<u>e</u>	Oa	Gross income f events (not inc									
Other Revenue		\$ of contributions See Part IV , lin	s reported on line 1c)								
er F	_		а								
换	С		penses <b>b</b> (loss) from fundraising	events <b>-</b>	0						
_			rom gaming activities	events p							
		See Part IV, lin	ne 19								
	ь	Loop direct ov	penses b								
			(loss) from gaming acti		o						
	10a	Gross sales of returns and allo	owances .								
	ь	less cost of a	a oods sold b								
			(loss) from sales of inv	L entory ▶	o						
		Miscellaneous		Business Code							
	11a										
	b										
	С										
	d		ue								
	е		s 11a-11d	🕨	0						
	12	Total revenue.	See Instructions .		2,822,555		0	1,071,632			

Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)									
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		<del></del>	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	567,218	1	1,070,405
	2	Savings and temporary cash investments	10,121,476	2	3,174,133
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	1,353,133
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	_	0
Assets	_	Notes and lane recovering not	0	7	
¥S.	7	Notes and loans receivable, net	0		
	8	Inventories for sale or use	189,096		129,126
	10a	Prepaid expenses and deferred charges	109,090	9	129, 120
	Ь	Less accumulated depreciation	ا	10c	
	11	Investments—publicly traded securities	28,802,942	11	26.638.823
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0		
	14	Intangible assets	0		
	15	Other assets See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	39,680,732	16	32,365,620
	17	Accounts payable and accrued expenses	672,503	17	862,949
	18	Grants payable	79,255	18	192,320
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0		
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
Liabiliti		persons Complete Part II of Schedule L	О	22	0
Ï	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	760	25	516
	26	Total liabilities. Add lines 17 through 25	752,518	26	1,055,785
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u> n	27	Unrestricted net assets	38,928,214	27	31,309,835
<u>е</u>	28	Temporarily restricted net assets	0	28	0
2	29	Permanently restricted net assets	0	29	0
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>≱</b>	33	Total net assets or fund balances	38,928,214	33	31,309,835
_	34	Total liabilities and net assets/fund balances	39,680,732	34	32,365,620

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,8	322,555
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	 480,156
3	Revenue less expenses Subtract line 2 from line 1	3			557,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			, ,	337,001
		4		38,9	928,214
5	Net unrealized gains (losses) on investments	5			-77,262
6	Donated services and use of facilities	_			
_		6		3,2	294,298
7	Investment expenses	7			14,578
8	Prior period adjustments				116 405
9	Other changes in net assets or fund balances (explain in Schedule O)	8			116,485
_	Content changes in fact assets of faile salarices (explain in schedule 6).	9		-3,0	75,907
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		31,3	309,835
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>e</b>	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to 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 instance.

Open to Public

Name of the organization TINRA INVESTOR EDUCATION FOUNDATION			Emp	loyer identificat	ion numbe	er
			20-	0863779		
	ntaining Donor Advised d "Yes" to Form 990, Part	Funds or Other Similar I IV, line 6.	unds	or Accounts.	Complet	te if th
<del>-</del>		(a) Donor advised funds		<b>(b)</b> Funds and of	theraccou	ınts
Total number at end of year						
Aggregate value of contribution	s to (during year)					
Aggregate value of grants from	(during year)					
Aggregate value at end of year						
Did the organization inform all of funds are the organization's pro		3	nor adv	ısed	☐ Yes	┌ No
Did the organization inform all gused only for charitable purpost conferring impermissible privat	es and not for the benefit of the e benefit?	e donor or donor advisor, or for	any othe	er purpose	┌ Yes	┌ No
rt III Conservation Ease	ments. Complete if the or	ganization answered "Yes"	to Forn	n 990, Part IV,	line 7.	
Purpose(s) of conservation eas  Preservation of land for pub  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d it easement on the last day of the	lic use (e g , recreation or edu t f the organization held a qualifi	cation)  Preservation of a	certifie	d historic structi	ure	
				Held at the E	nd of the	Year
Total number of conservation e	asements		2a			
Total acreage restricted by con	servation easements		2b			
Number of conservation easem	ents on a certified historic stri	ucture included in (a)	2c			
Number of conservation easem historic structure listed in the N		fter 8/17/06, and not on a	2d			
Number of conservation easem	ents modified, transferred, rele	eased, extinguished, or termina	ted by th	ne organization d	urıng	
the tax year ►						
Number of states where propert	ry subject to conservation eas	ement is located 🛌				
Does the organization have a w enforcement of the conservatio	ritten policy regarding the peri			violations, and	┌ Yes	┌ No
Staff and volunteer hours devot	ed to monitoring, inspecting, a	ınd enforcıng conservation ease	ements o	during the year		
A mount of expenses incurred in	monitoring inspecting and a	nforcing conservation easemen	te durin	a the vear		
► \$	i monitoring, mspecting, and e	moreing conservation easemen	ts dullin	g the year		
Does each conservation easem and section 170(h)(4)(B)(ii)?	ent reported on line 2(d) abov	e satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
In Part XIII, describe how the obalance sheet, and include, if a the organization's accounting fo	pplicable, the text of the footno					
rt IIII Organizations Mair	taining Collections of A	art, Historical Treasures	, or Ot	her Similar A	ssets.	
	nization answered "Yes" to		on::		naa ak '	
If the organization elected, as p works of art, historical treasure service, provide, in Part XIII, t	s, or other similar assets held	for public exhibition, education	, or rese	arch in furtherar		
If the organization elected, as p works of art, historical treasure service, provide the following a	s, or other sımılar assets held	for public exhibition, education				ıc
(i) Revenue included in Form 9	90, Part VIII, line 1			<b>F</b> \$		
(ii) Assets included in Form 99	0, Part X			<b>►</b> \$		
If the organization received or l following amounts required to b	held works of art, historical tre					
Revenue included in Form 990	Part VIII line 1			<b>b</b> ¢		

**b** Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Ar	t, His	tori	cal Tr	easur	es, or O	the	Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck a	any of t	the follo	wing that a	re a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	aın hov	w they	/ furthe	r the or	ganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit								ılar	_ v	<b></b> .
Dai	assets to be sold to raise funds rather than rt IV Escrow and Custodial Arrang								oc" to Form	Yes	No
Гa	Part IV, line 9, or reported an ar						answere	u i	25 (0 1 0 1 1 1 1	<del>990,</del>	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	for c	ontrıbu	tions or	other ass	ets r	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving t	able		г				
							-		Aı	mount	
С	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	ne 21,	for es	crow o	rcusto	dial accou	nt lıa	bility?	☐ Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	e expla	anatı	n has	been pr	ovided in F	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete							_			
<b>-</b> -	Daniming of warmhalana	(a)Current year	(b)	)Prior y	/ear	<b>b (c)</b> Two	o years back	(d)	hree years back	(e)Four y	years back
1a L	Beginning of year balance							┢		<del> </del>	
b	Contributions							┢		<del> </del>	
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	and programs							$\vdash$			
q	End of year balance							+			
_	,	rent was and halan	l (lin	. 1		n (a)) h	ald an	<u> </u>			
2	Provide the estimated percentage of the cur	rent year end balan	ice (iin	ie Ig,	colum	n (a)) ne	eid as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🗠										
С	Temporarily restricted endowment										
За	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		-ation 1	+6-+-	ra bala		ministara	1 60 -	th a		
Зa	organization by	ssion of the organiz	Zationi	LIIaL	ne nero	ı anu au	IIIIIIStere	וטו ג	uile	Yes	No
	(i) unrelated organizations								3a	(i)	
	(ii) related organizations								3a	(ii)	
b	If "Yes" to 3a(II), are the related organization							•	3	Bb	
4	Describe in Part XIII the intended uses of the							1 1 .	F 000 D	- 1 7) / 1	
Pa	rt VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		tne o	rgan	izatior	n answe	erea Yes	το	Form 990, P	art IV, II	ine
	Description of property				a) Cost o	or other estment)	(b)Cost or basis (ot		(c) Accumula depreciation		Book value
1a	Land			+						_	
	Buildings						1			$\neg$	
	Leasehold improvements									$\neg$	
	Equipment									$\neg$	
	Other									$\dashv$	
	I. Add lines 1a through 1e (Column (d) must e			ımn (l	3) line	10(c))					

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
		+
<b>T. I.</b> (0.1 (1.1 (1.2 (1.2 (1.2 (1.2 (1.2 (1.2 (1	(5)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 2 <b>Part X</b> Other Liabilities. Complete if the org		to Form 990 Part IV line 11e or 11f See
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes	C	, <del>-</del>
DUE TO RELATED ORGANIZATION	516	
		_
	<u> </u>	
		7
		_
		1
		4
		1
		4
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>•</b> 516	<u>,                                    </u>
2 Liebiliti famina anton tan mantana. In Dant VIII manin	la tha tayt of the foot	

Par		enue per Audited Financial Stat ed 'Yes' to Form 990, Part IV, line 1		ts With Revenue	per R	eturn Complete ıf
1	_	upport per audited financial statements			1	6,039,591
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	investments	2a	-77,262		
b	Donated services and use of facil	ities	2b	3,294,298	1	
C	Recoveries of prior year grants		2c		1	
d	Other (Describe in Part XIII ) .		2d		1	
e	Add lines <b>2a</b> through <b>2d</b>				2e	3,217,036
3	Subtract line $2e$ from line $1$				3	2,822,555
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII ) .		4b			
C	Add lines <b>4a</b> and <b>4b</b>		· ·		4c	
5	Total revenue Add lines <b>3</b> and <b>4c</b>	. (This must equal Form 990, Part I, line	12)		5	2,822,555
Part		enses per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line		nts With Expense	s per	Return. Complete
1	Total expenses and losses per au	dited financial statements			1	13,657,969
2	A mounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a	3,294,298		
b	Prior year adjustments		2b			
C	Otherlosses		2c			
d	Other (Describe in Part XIII ) .		2d	-116,485		
e	Add lines 2a through 2d				2e	3,177,813
3	Subtract line ${f 2e}$ from line ${f 1}$				3	10,480,156
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
C	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines 3 and 4	<b>k.</b> (This must equal Form 990, Part I, lin	e 18 )		5	10,480,156
Par	Supplemental Infor	mation				
Part		rt II, lines 3, 5, and 9, Part III, lines 1a es 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
SCHE	, , , , , , , , , , , , , , , , , , ,	SC740 FOOTNOTE FROM FINRA CONS ROVIDES A TWO-STEP APPROACH FO TEP 1) OCCURS WHEN AN ENTITY CO S TECHNICAL MERITS, IS MORE LIKE	R EVA NCLUI	LUATING TAX POSIT: DES THAT A TAX POS	ONS ITION	RECOGNITION I, BASED SOLELY ON

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC740 FOOTNOTE FROM FINRA CONSOLIDATED AUDITED FINANCIALS US GAAP PROVIDES A TWO-STEP APPROACH FOR EVALUATING TAX POSITIONS RECOGNITION (STEP 1) OCCURS WHEN AN ENTITY CONCLUDES THAT A TAX POSITION, BASED SOLELY ON ITS TECHNICAL MERITS, IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION IN STEP 2 (MEASUREMENT), THE TAX BENEFIT IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT, DETERMINED ON A CUMULATIVE PROBABILITY BASIS, THAT IS MORE LIKELY THAN NOT TO BE REALIZED UPON ULTIMATE SETTLEMENT DURING THE YEARS FROM 2011 TO 2014, WHICH REPRESENT THE YEARS MANAGEMENT CONSIDERS TO BE OPEN FOR EXAMINATION BY TAXING AUTHORITIES, MANAGEMENT DID NOT IDENTIFY THE EXISTENCE OF ANY UNCERTAIN TAX POSITIONS ACCORDINGLY, ALL TAX POSITIONS ARE RECOGNIZED AND MEASURED AT THEIR FULL BENEFIT IN THE CONSOLIDATED BALANCE SHEETS AND STATEMENTS OF OPERATIONS
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 RELATE TO REFUNDS OF PRIOR YEAR'S UNUSED GRANTS

Jenedale 2 (1 31111 33 3) 23 13		i age <b>S</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

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

OMB No 1545-0047

DLN: 93493315023055

(Form 990)

	Comple	ste ir the organization t	ilisweled res, to rolli	1 330, Fait 14, line 21 of	22.	L		
Department of the Treasury		•	Attach to Form 990.				_	pen to Public
Internal Revenue Service		Inspection						
Name of the organization						Employe	· identificatio	on number
FINRA INVESTOR EDUCATION FO	UNDATION					20-086	3779	
Part I General Informati	on on Grants and	d Assistance						
<ol> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or as	ssistance?						√Yes
				<b>Governments.</b> Com ort II can be duplicate				s" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	/	ription of assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table								

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental 1	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS FOLLOWING APPROVAL OF A GRANT APPLICATION BY THE BOARD OF DIRECTORS, THE FOUNDATION EXECUTES A GRANT AGREEMENT WITH THE APPLICANT THIS AGREEMENT SPECIFIES THE TERMS AND CONDITIONS OF THE GRANT, AS WELL AS THE REPORTING AND PAYMENT SCHEDULE GRANTS ARE DISBURSED IN INSTALLMENTS TIED TO THE SUBMISSION OF NARRATIVE AND FINANCIAL PROGRESS REPORTS AND THE COMPLETION OF DELIVERABLES, WHICH ARE REVIEWED BY THE FOUNDATION TO ENSURE QUALITY AND COMPLIANCE WITH THE GRANT AGREEMENT AT ITS DISCRETION. THE FOUNDATION MAY CONDUCT SITE VISITS TO OBSERVE PROJECTS AND EXAMINE OUTCOMES THE
	FOUNDATION MAY ALSO UNDERTAKE OR COMMISSION EVALUATION ANALYSIS ACROSS GRANT SITES IN ADDITION TO PROGRESS REPORTS, GRANTEES ARE REQUIRED TO COMPLETE A FINAL NARRATIVE AND FINANCIAL REPORT DETAILING PROJECT OUTCOMES AND ACCOUNTING FOR THE USE OF GRANT FUNDS

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 20-0863779

Name: FINRA INVESTOR EDUCATION FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALOHA UNITED WAY200 N VINEYARD BLVD HONOLULU,HI 96817	99-0073494	501(C)(3)	70,572				SEE SCHEDULE O

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
BBB OF METRO NEW YORK 30 E 33RD STREET NEW YORK, NY 10016	13-6263835	501(C)(3)	7,150				SEE SCHEDULE O				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BOONSHOFT MUSEUM OF DISCOVERY2600 DEWEESE PARKWAY DAYTON,OH 45414	31-0585917	501(C)(3)	50,000				SEE SCHEDULE O			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
BRIGHTON CENTER INCPO BOX 325 NEWPORT,KY 41072	61-0673886	501(C)(3)	50,000				SEE SCHEDULE O				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BROOKLYN PUBLIC LIBRARY10 GRAND ARMY PLAZA BROOKLYN,NY 11235	11-1904261	501(C)(3)	100,000				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BRUNSWICK PUBLIC LIBRARY ASSOCIATION23 PLEASANT STREET BRUNSWICK,ME 04011	01-6000787	501(C)(3)	46,070				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CAPITAL AREA UNITED WAY700 LAUREL STREET BATON ROUGE, LA 70602	72-0447100	501(C)(3)	70,030				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FAYETTEVILLE PUBLIC LIBRARY FOUNDATION401 W MOUNTAIN FAYETTEVILLE,AR 72701	71-0827418	501(C)(3)	49,658				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN STREET LONGMONT,CO 80501	54-1254491	501(C)(3)	103,838				SEE SCHEDULE O			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF THE ALBUQUERQUE PUBLIC LIBRARYPO BOX 26657 ALBUQUERQUE,NM 67125	23-7024173	501(C)(3)	31,635				SEE SCHEDULE O		

Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF THE CHESTERFIELD COUNTY PUBLIC9501 LORI ROAD CHESTERFIELD,VA 23632	52-1245254	501(C)(3)	39,140				SEE SCHEDULE O		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF THE FLORENCE COUNTY LIBRARY509 SOUTH DARGAN ST FLORENCE,SC 29506	57-0697650	501(C)(3)	25,303				SEE SCHEDULE O		

Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF THE GEORGETOWN LIBRARY INC405 CLELAND ST GEORGETOWN,SC 29440	57-0918036	501(C)(3)	49,995				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF THE PISCATAWAY PUBLIC LIBRARY500 HOES LANE PISCATAWAY,NJ 06654	22-2131001	501(C)(3)	63,671				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF THE SARATOGA SPRINGS PUBLIC49 HENRY ST SARATOGA SPRINGS,NY 12666	14-1724307	501(C)(3)	60,596				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF THE TROY PUBLIC LIBRARYPO BOX 4445 TROY,MI 48099	38-6091389	501(C)(3)	32,588				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GEORGIA STATE UNIVERSITY COLLEGE OF LAWPO BOX 3999 ATLANTA,GA 30302	58-6005250	501(C)(3)	62,500				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GREATER EDWARDSVILLE AREA COMMUNITY FNDPO BOX 102 EDWARDSVILLE,IL 62025	36-7146151	501(C)(3)	27,295				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HARTFORD PUBLIC LIBRARY500 MAIN STREET HARTFORD,CT 06103	06-6026029	501(C)(3)	49,990				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HUNTSVILLE LIBRARY FOUNDATION915 MONROE STREET HUNTSVILLE,AL 35601	63-0927523	501(C)(3)	50,000				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
IDA RUPP PUBLIC LIBRARY 301 MADISON ST PORT CLINTON, OH 43452	34-6401091	501(C)(3)	9,554				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KENTUCKY DOMESTIC VIOLENCE ASSOCIATION 111 DARBY SHIRE CIRCLE FRANKFORT,KY 40601	61-1110432	501(C)(3)	74,800				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LEBANON COMMUNITY LIBRARY125 N 7TH STREET LEBANON,PA 17046	23-1413687	501(C)(3)	46,250				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LIBRARY FOUNDATION OF NEW HANOVER COUNTY 201 CHESTNUT ST WILMINGTON,NC 26401	20-0547038	501(C)(3)	36,500				SEE SCHEDULE O		

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LIBRARY LEGACY FND OF THE TOLEDO-LUCAS32 N MICHIGAN STREET TOLEDO,OH 43604	34-1632308	501(C)(3)	40,941				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LYRASISSTATE LIBRARIES OF IOWA1438 W PEACHTREE ST ATLANTA,GA 30329	23-1365979	501(C)(3)	35,507				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MICHIGAN STATE UNIVERSITY COLLEGE OF LAW648 N SHAW LANE EAST LANSING,MI 48624	38-1358000	501(C)(3)	62,500				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MIDDLE COUNTRY LIBRARY FOUNDATION INC101 EASTWOOD BLVD CENTERREACH,NY 11720	11-3388626	501(C)(3)	71,000				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MISSION ECONOMIC DEVELOPMENT AGENCY 2301 MISSION ST SAN FRANCISCO,CA 94110	51-0187791	501(C)(3)	75,000				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MONROE COUNTY PUBLIC LIBRARY FOUNDATION303 E KIRKWOOD AVE BLOOMINGTON,IN 47408	35-1892355	501(C)(3)	43,615				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MONTANA STATE UNIVERSITY309 MONTANTA HALL PO BOX 172470 BOZEMAN,MT 59717	81-6010045	501(C)(3)	43,085				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MONTANA STATE UNIVERSITY EXTENSION 309 MONTANA HALL BOZEMAN,MT 59717	81-6010045	501(C)(3)	63,246				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NORTHEAST LIBRARY SYSTEM3038 33RD AVENUE COLUMBUS,NE 68601	47-0587492	501(C)(3)	50,000				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OPERATION HOPE707 WILSHIRE BLVD LOS ANGELES,CA 90017	95-4378084	501(C)(3)	86,950				SEE SCHEDULE O		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PELHAM PUBLIC GUILD INC3160 PELHAM PARKWAY PELHAM,AL 35124	26-4800985	501(C)(3)	83,500				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PIKE COUNTY PUBLIC LIBRARY DISTRICT FRIENDSPO BOX 1276 PIKEVILLE,KY 41502	80-0415553	501(C)(3)	40,338				SEE SCHEDULE O			

<u>  Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RISE FOUNDATION2650 THOUSAND OAKS BLVD MEMPHIS,TN 38118	31-1712061	501(C)(3)	62,352				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAN DIEGO PUBLIC LIBRARY FOUNDATION330 PARK BOULEVARD SAN DIEGO,CA 92101	33-0959608	501(C)(3)	50,000				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SANTA FE COLLEGE LIBRARY3000 NW 83RD STREET GAINESVILLE,FL 32606	59-1207627	501(C)(3)	100,000				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SETON HALL UNIVERSITY SCHOOL OF LAWONE NEWARK CENTER NEWARK,NJ 07102	22-1500645	501(C)(3)	18,976				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SPOKANE COUNTY UNITED WAY920 N WASHINGTON STREET SPOKANE, WA 99201	91-0606058	501(C)(3)	75,000				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SPRINGDALE PUBLIC LIBRARY FOUNDATION405 SOUTH PLEASANT ST SPRINGDALE, AR 72764	71-0861658	501(C)(3)	17,028				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST LOUIS COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH BLVD ST LOUIS,MO 63131	43-1863977	501(C)(3)	20,848				SEE SCHEDULE O		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STEP UP SAVANNAH428 BULL STREET SAVANNAH,GA 31401	30-0526014	501(C)(3)	75,000				SEE SCHEDULE O			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TRUSTEES OF BOSTON COLLEGE140 COMMONWEALTH CHESTNUT HILL,MA 02467	04-2103545	501(C)(3)	81,542				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNITED WAY OF ACADIANA215 EAST PINHOOK ROAD LAFAYETTE,LA 70501	72-0513639	501(C)(3)	43,329				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNITED WAY OF CENTRAL IOWA111 NINTH STREET DES MOINES,IA 50314	42-0680425	501(C)(3)	75,000				SEE SCHEDULE O		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNITED WAY OF CHITTENDEN COUNTY412 FARRELL ST SOUTH BURLINGTON,VT 05403	03-0217229	501(C)(3)	74,800				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY225 W VINE STREET MILWAUKEE,WI 53212	39-0806190	501(C)(3)	75,000				SEE SCHEDULE O			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNITED WAY OF MASSACHUSETTS BAY & MERRIMACK VALLEY51 SLEEPER STREET BOSTON,MA 02210	04-2382233	501(C)(3)	75,000				SEE SCHEDULE O		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE ATLANTA,GA 30303	58-0566194	501(C)(3)	70,345				SEE SCHEDULE O		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNITED WAY OF NORTHEAST FLORIDA1301 RIVERPLACE JACKSONVILLE,FL 32207	59-0637825	501(C)(3)	67,937				SEE SCHEDULE O		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE MIDLANDS1805 HARNEY STREET OMAHA,NE 68102	47-0376605	501(C)(3)	74,740				SEE SCHEDULE O

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTHEAST MICHIGAN 620 E MAIN NILES,MI 49120	38-1358411	501(C)(3)	35,252				SEE SCHEDULE O

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WAYNE AND HOLMES COUNTIES 215 SOUTH WALNUT STREET WOOSTER,OH 44691	34-0946973	501(C)(3)	25,000				SEE SCHEDULE O

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF KANSAS SCHOOL OF SOCIAL WELFARE2385 IRVING HILL ROAD LAWRENCE,KS 66045	48-0680117	501(C)(3)	11,965				SEE SCHEDULE O

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MARYLAND SCHOOL OF SOCIAL WORK 620 WEST LEXINGTON ST BALTIMORE, MD 21201	52-6002033	501(C)(3)	17,638				SEE SCHEDULE O

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI SCHOOL OF LAWPO BOX 405803 ATLANTA,GA 30384	59-0624458	501(C)(3)	25,000				SEE SCHEDULE O

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE121 MORGAN HALL KNOXVILLE,TN 37996	62-6001636	501(C)(3)	60,194				SEE SCHEDULE O

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE FAMILY SERVICE CENTER1201 25TH STREET SOUTH FARGO,ND 58103	45-0226423	501(C)(3)	25,000				SEE SECHEDULE O

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF SEATTLEKINGSNOHOMISH 2024 3RD AVENUE SEATTLE, WA 98121	91-0482890	501(C)(3)	75,000				SEE SCHEDULE O

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DLN: 93493315023055

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** FINRA INVESTOR EDUCATION FOUNDATION 20-0863779

Pa	rt I 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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	□ Travel for companions    □ Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		_
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		_
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III	- 55		110
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
-	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			NI a
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

## 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 in 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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 RICHARD G KETCHUM,	(i)	0	0	0	0	0	0	0
CHAIRMAN	(ii)	978,762	1,500,000	334,036	61,388	19,642	2,893,828	
2 GERALDINE M WALSH,	(i)	0	0	0	0	0	0	0
PRESIDENT	(ii)	283,205	214,435	19,956	79,258	11,345	608,199	
3 EILEEN M FAMIGLIETTI,	(i)	0	0	0	0	0	0	0
TREASURER	(ii)	257,083	125,000	44,962	31,180	34,495	492,720	25,945
4 JENNIFER P MITCHELL,	(i)	0	0	0	0	0	0	0
SECRETARY	(ii)	153,546	80,000	21,132	18,064	24,540	297,282	
5 MARCIA E ASQUITH,	(i)	0	0	0	0	0	0	0
SECRETARY (FORMER)	(ii)	249,420	280,000	22,895	78,270	23,828	654,413	

Schedule J (Form 990) 2014

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINES 3 AND	SUPPLEMENTAL COMPENSATION INFORMATION THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES ALL SERVICES ARE PROVIDED BY
4B	EMPLOYEES OF FINRA OR ITS SUBSIDIARIES THE FOUNDATION DOES NOT COMPENSATE THESE EMPLOYEES FOR THEIR SERVICES LINE 3)
	COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR IS ESTABLISHED AT THE PARENT ORGANIZATION, THE FINANCIAL INDUSTRY
	REGULATORY AUTHORITY, INC. FOR FURTHER DETAILS REGARDING COMPENSATION OF OFFICERS, PLEASE REFER TO THE 2014 RETURN OF
	ORGANIZATION EXEMPT FROM INCOME TAX - FORM 990 FOR THE FOUNDATION'S PARENT ORGANIZATION, THE FINANCIAL INDUSTRY
	REGULATORY AUTHORITY, INC WITH RESPECT TO LINE 4B), FINRA OFFERS TWO NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT
	PLANS ANNUAL INCREASES IN BENEFIT VALUE, CLIFF VESTING EVENTS, AND PAYOUT DIFFERENTIALS ARE TAXABLE IN THE YEAR IN
	WHICH THEY OCCUR AND ARE REPORTED IN COLUMN B(III) OF SCHEDULE J, PART II UNVESTED BENEFIT AND CONTRIBUTION ACCRUALS
	ARE TAX DEFERRED AND ARE REPORTED IN COLUMN C OF SCHEDULE J, PART II 1) FINRA'S SUPPLEMENTAL DEFINED BENEFIT PLAN IS A
	NON-QUALIFIED DEFINED BENEFIT PLAN THAT IS PROVIDED TO MEMBERS OF A SELECT GROUP OF MANAGEMENT OR HIGHLY
	COMPENSATED EMPLOYEES SUCH AS THOSE DESCRIBED UNDER 201(2), 301(A)(3), AND 401(A)(1) OF ERISA IT IS A FINRA FUNDED PLAN
	THAT VESTS AT SPECIFIED AGE AND SERVICE MILESTONES THIS PLAN WAS CLOSED TO NEW ENTRANTS AS OF 12/31/05 PARTICIPANTS
	IN THE SUPPLEMENTAL NON-QUALIFIED DEFINED BENEFIT PLAN THAT HAD A GROSS TAXABLE PAYOUT IN 2014 NONE 2) FINRA'S
	SUPPLEMENTAL DEFINED CONTRIBUTION PLAN IS A NON-QUALIFIED PLAN THAT IS OPEN TO VICE PRESIDENTS AND ABOVE WITH AN
	ANNUAL BASE PAY ABOVE THE QUALIFIED LIMIT IT IS ONLY OPEN TO THOSE NOT PARTICIPATING IN THE CLOSED NON-QUALIFIED
	DEFINED BENEFIT PLAN DESCRIBED ABOVE IT IS A FINRA FUNDED PLAN WITH A THREE YEAR VESTING CYCLE WITH ANNUAL VESTING
	BEGINNING AT AGE 62 PARTICIPANTS IN THE SUPPLEMENTAL NON-QUALIFIED DEFINED CONTRIBUTION PLAN WITH CONTRIBUTIONS
	VESTING IN 2014 INCLUDE EILEEN M FAMIGLIETTI - \$43,490 RICHARD G KETCHUM - \$300,020

Schedule J (Form 990) 2014

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## 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.

Name of the organization FINRA INVESTOR EDUCATION FOUNDATION	Employer identification number
	20-0863779

Return Reference	Explanation
FORM 990, PART I, LINE 6	FIVE MEMBERS OF THE BOARD OF DIRECTORS SERVE ON A VOLUNTEER BASIS THE BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING GRANTS AND PROJECTS

Return	Explanation	
Reference		
	FORM 990, PART III, LINE 4	IAJ INVESTOR PROTECTION CAMPAIGN THE POLINDATION LAUNCHED THE INVESTOR PROTECTION CAMPAIGN IN 2008 WITH A VISION TO REDUCE THE INDEPENCE OF INVESTIMENT FRAUD VICTIMIZATION. THE POLINDATION AND SEMBLY AS COMMING BODY OF RESEARCH AROUND INVESTMENT FRAUD VICTIMIZATION. THE POLINDATION HAS EMPLOYED A VARIETY OF TACTICS TO MAXIMIZE QUITERCH AND IMPACT INCLUDING EDUCATIONAL EVERST. PUBLIC TELEVISION AND DUY DISTRIBUTION OF TWO AWARD WINNING DOCUMENTARIES, NATIONAL, STATE AND LOCAL PARTIMETSHES THAT ARE FACILITATING A GROWN'S INSTITUCEN OF OTHER-GROUND THROUGH FROOT CAMPAIGN ACTIVITES AND RESOURCES ARWIN VESTIORS WITH THE TOOLS AND KNOWLEDGE THEY NEED TO REALEZ THEY ARE VILLEBRABLE TO PHANACIAL, FRAUD. DETITIEY PERSULASION TACTOS USED BY FRAUD TO REALEZ THEY ARE VULLEBRABLE TO PHANACIAL, FRAUD. DETITIEY PERSULASION TACTOS USED BY FRAUD TO REALEZ THEY ARE VILLEBRABLE TO PHANACIAL, FRAUD. DETITIEY PERSULASION TACTOS USED BY FRAUD TO VERY ANSWERS AND REDUCE RISKY BEHAVIORS BY ASKING THE RICHT QUESTIONS AND KNOWNS HOW TO VERY ANSWERS AND GROWN AND COMPANY. THE RICHT QUESTIONS AND KNOWNS HOW TO VERY TRANSCRIPT AND REDUCE THEY ARE VILLEBRABLY.  INVAILED BUCK THE OWN COMMINITY. AND THE INVESTOR ADVOCATO CLILLEBRABLY.  THAT PROVIDE UND ESSENY DU AREDICANS WITH THE KNOWLEDGE SKILLS AND TOOLS. RECRANITS TO THAT TRAVOLED UND ESSENY FOR DATE OF A WARD TOOLS. RECREASING THE PROVIDED ARE CAN SWITH THE KNOWLEDGE SKILLS AND TOOLS. RECREASING TOOLS THAT THE VILLEBRABLY CONTROLLED AND THAT THE VILLEBRABLY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4	ANCE

PART VI, OF THE BOARD OF DIRECTORS (THE "FUNDING REQUEST COMMITTEE") WHICH SHALL AT ALL TIMES CONSIST OF ONE NON-	Return Reference	Explanation
	FORM 990, PART VI, LINE 1A	OF THE BOARD OF DIRECTORS (THE "FUNDING REQUEST COMMITTEE") WHICH SHALL AT ALL TIMES CONSIST OF ONE NON-PUBLIC DIRECTOR AND ONE PUBLIC DIRECTOR, AND SHALL HAVE THE POWER AND AUTHORITY OF THE BOARD OF DIRECTORS TO REVIEW, EVALUATE, AND APPROVE REQUESTS FOR FUNDING IN AN AMOUNT GREATER THAN TEN THOUSAND DOLLARS (\$10,000) BUT LESS THAN ONE HUNDRED THOUSAND DOLLARS (\$100,000) APPROVAL OF GRANT PROPOSALS AND REQUESTS FOR FUNDING IN AN AMOUNT EQUAL TO OR GREATER THAN ONE HUNDRED THOUSAND DOLLARS (\$100,000) BUT LESS THAN TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000) MAY BE APPROVED BY A SUB-SET OF MEMBERS OF THE BOARD OF DIRECTORS CONSISTING OF A MAJORITY OF THE NON-PUBLIC DIRECTORS AND A MAJORITY OF THE PUBLIC DIRECTORS, PROVIDED THAT THE FULL BOARD OF DIRECTORS MAY, AT ITS ELECTION, REVIEW ANY FUNDING REQUESTS ALL REQUESTS EQUAL TO OR GREATER THAN TWO HUNDRED FIFTY THOUSAND DOLLARS

Return Reference	Explanation
FORM 990, PART VI, LINES 6, 7A AND 7B	LINE 6 - THE FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC (FINRA) IS THE SOLE MEMBER OF THE FOUNDATION LINE 7A - FINRA, AS SOLE MEMBER, ELECTS ALL MEMBERS OF THE GOVERNING BODY LINE 7B - THE BY LAWS OF THE CORPORATION MAY BE ADOPTED, AMENDED OR REPEALED BY A MAJORITY VOTE OF THE DIRECTORS IN OFFICE, PROVIDED, THAT ANY AMENDMENT TO THE SECTIONS OF THE BY LAWS GOVERNING THE NUMBER OF DIRECTORS, THE ELECTION OF DIRECTORS, VACANCIES OR REMOVAL OF DIRECTORS REQUIRES THE APPROVAL OF THE MEMBER, FINRA THE CERTIFICATE OF INCORPORATION OF THE CORPORATION MAY BE AMENDED OR REPEALED IN WHOLE OR IN PART ONLY WITH THE AFFIRMATIVE APPROVAL OF THE MEMBER, FINRA

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE FORM 990 WAS REVIEWED BY SENIOR MANAGEMENT AT VARIOUS STEPS THROUGHOUT THE PREPARATION CYCLE. THE FOUNDATION BOARD REVIEWED THE FINAL VERSION ON SEPTEMBER 29, 2015

Return Reference	Explanation
FORM 990, PART VI	EMPLOY MENT RULES AND POLICIES THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES ALL SERVICES ARE PROVIDED BY EMPLOYEES OF FINRA OR ITS SUBSIDIARIES. THE FOUNDATION DOES NOT PAY FOR THEIR SERVICES AS SUCH, THOSE INDIVIDUALS ARE SWECT TO THE EMPLOY MENT RULES AND POLICIES OF FINRA FORM 990, PART VI, LINE 12C THE FINRA INVESTOR EDUCATION FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT GOVERNS THE PROFESSIONAL AND ETHICAL CONDUCT OF BOARD MEMBERS, OFFICERS AND STAFF AMONG OTHER THINGS, MEMBERS, OFFICERS, AND STAFF ARE PROHIBITED FROM DERIVING ANY PERSONAL PROFIT OR GAIN, DIRECTLY OR INDIRECTLY, BY REASON OF THEIR SERVICE TO THE FOUNDATION MOREOVER, THE POLICY EXPRESSLY PROHIBITS SELF-DEALING THE WRITTEN CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS AND OFFICERS TO MAKE INITIAL DISCLOSURE OF INTERESTS THAT COULD GIVE RISE TO CONFLICTS AS WELL AS ANNUAL DISCLOSURE BY THE SAME BOARD MEMBERS AND OFFICERS AND STAFF TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE. THE ORGANIZATION'S OFFICERS AND STAFF ARE EMPLOYEES OF FINRA OR ITS SUBSIDIARIES, AND, AS SUCH, ARE ALSO REQUIRED TO CERTIFY ANNUALLY AS TO THEIR COMPLIANCE WITH FINRA'S WRITTEN CONFLICT OF INTEREST POLICY. FOR FURTHER INFORMATION REGARDING FINRA'S WRITTEN CONFLICT OF INTEREST POLICY. FOR FURTHER INFORMATION REGARDING FINRA'S WRITTEN CONFLICT OF INTEREST POLICY. FOR FURTHER INFORMATION EXEMPT FROM INCOME TAX - FORM 990 FOR THE FOUNDATION'S PARENT ORGANIZATION, THE FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC

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Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES ALL SERVICES ARE PROVIDED BY EMPLOYEES OF FINRA OR ITS SUBSIDIARIES. THE FOUNDATION DOES NOT COMPENSATE THESE EMPLOYEES OF FINRA FOR THEIR SERVICE. THE PRESIDENT OF THE FOUNDATION SERVES AS THE LEAD OFFICER DIRECTING THE ACTIVITIES OF THE ORGANIZATION. THE FOUNDATION PRESIDENT ALSO SERVES AS AN OFFICER OF FINRA, THE FOUNDATIONS PARENT. IN DETERMINING SPECIFIC SALARY AND INCENTIVE COMPENSATION LEVELS FOR OFFICERS AND KEY EMPLOYEES OF FINRA, FINRA MANAGEMENT AND THE MANAGEMENT COMPENSATION COMMITTEE (THE "COMMITTEE") OF THE FINRA BOARD OF GOVERNORS CONSIDER 1) OPERATONAL RESULTS 2) STRATEGIC INITIATIVES 3) FINANCIAL HEALTH/RESULTS 4) INDIVIDUAL PERFORMANCE 5) COMPETITIVE COMPENSATION LEVELS AS PREPARED BY MERCER, INC, A THIRD-PARTY COMPENSATION CONSULTANT. THE COMMITTEE'S MINUTES OF THE JANUARY 30, 2014 AND FEBRUARY 12, 2014 MEETINGS WERE REVIEWED AND APPROVED AS ACCURATE AND COMPLETE FOLLOWING THE COMMITTEE'S APPROVAL OF THE SENIOR EXECUTIVE COMPENSATION PACKAGES. THE FULL BOARD FURTHER APPROVED THE 2013 INCENTIVE COMPENSATION OF THE CEO AT ITS MEETING ON FEBRUARY 12, 2014 ALL COMPENSATION COMMITTEE MEMBERS VOTED FOR THE PROPOSED LEVEL OF EXECUTIVE COMPENSATION FOR FURTHER INFORMATION REGARDING THE COMPENSATION OF OFFICERS, PLEASE REFER TO THE 2014 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX - FORM 990 FOR THE FOUNDATIONS PARENT ORGANIZATION, THE FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART VII, SECTION B	GMMB, INC - PROVIDES STRATEGIC COUNSEL, PUBLIC RELATIONS CONSULTING, EARNED MEDIA ASSISTANCE, AND CRITICAL STAFFING SUPPORT FOR PROJECT OUTREACH, IN ADDITION TO PLACING AND MANAGING PAID ADVERTISING CAMPAIGNS HOUGHTON MIFFLIN/CHANNEL ONE LLC - PROVIDES BROADCAST, PRINT, MARKETING AND WEB SERVICES AND MATERIALS IN SUPPORT OF THE TEEN FINANCIAL LITERACY INITIATIVE (KNOWN AS "GENERATION MONEY") ACTIVE IN MIDDLE AND HIGH SCHOOLS NATIONWIDE FAIR ISAAC CORPORATION - OPERATES THE MY FICO CREDIT REPORT AND ANALYSIS TOOL AVAILABLE THROUGH THE MILITARY FINANCIAL READINESS PROJECT ASSOCIATION FOR FINANCIAL COUNSELING & PLANNING EDUCATION - COLLABORATES IN DESIGN, DEVELOPMENT AND IMPLEMENTATION OF A FINANCIAL COUNSELOR TRAINING PROJECT FOR SPOUSES OF MILITARY PERSONNEL AS WELL AS DESIGNING AND DELIVERING CONTINUING EDUCATION PROGRAMS FOR INSTALLATION PERSONAL FINANCIAL MANAGERS BBB INSTITUTE FOR MARKETPLACE TRUST - PROVIDES NATIONAL AND COMMUNITY - LEVEL OUTREACH SUPPORT FOR THE INVESTOR PROTECTION CAMPAIGN AND MILITARY FINANCIAL READINESS PROJECT

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES PRIMARILY RELATE TO CONTRIBUTED SERVICES, INVESTMENT EXPENSES AND THE REVERSAL OF GRANT EXPENSES RELATING TO PRIOR PERIODS

Explanation	
SCHEDULE I, PART I	RANTS AND OTHER ASSISTANCE - PURPOSE OF GRANT OR ASSISTANCE ALCHA UNITED WAY, HONCLULU, H1 (99-0073494) FINANCIAL EDUCATION NYOUR COMMUNITY ALCHA UNITED WAY WILL PARTNER WITH THE HAWAII COUNCL ON JECONOMIC EDUCATION AND HAWAIIAN COMMUNITY ASSETS TO PROVIDE THE TRAIN NO, RESOURCES AND SUPPORT NECESSARY TO INTEGRATE FINANCIAL EDUCATION WITH THE PROGRAMS OF HIS SOCIAL SERVICE A GENCIES SERVING OLDER, AT-RISK YOUTH DURING THE TWO-YEAR PROJECT, THE PARTICIPATING A GENCIES WILL PROVIDE THANKOUL EDUCATION FOR YOUNG ADLUTS BETH PROGRAMS OF HIS SOCIAL SERVICE A GENCIES WILL PROVIDE THANKOUL EDUCATION FOR YOUNG ADLUTS BETH PROGRAMS OF HIS SOCIAL SERVICE A GENCIES WILL PROVIDE THANKOUL EDUCATION FOR YOUNG ADLUTS BETH PROJECT ARE NOT BEEN PROVIDED THE SERVING A SERVING AND TEN PRARENTS MOST OF THESE YOUNG FEODEL ARE NOT BEOLET AND SOCIAL SERVICE LEARNERS AND TEEN PRARENTS MOST OF THESE YOUNG FEODEL ARE NOT WILL SOON BE ENTERING THE WORKFORCE, AND MOST WILL NOT BE ENFOLLED IN POST-SECONDARY TRAINING OR BEDUCATION BUCKATON AND THE SERVING AND THE PRARENTS MOST OF THESE YOUNG FEODEL ARE NOT WILL PLATE THE POPULAR NEW YORK,
3	CHEDULE I,

Return Reference	Explanation	
	SCHEDULE I, PART I	RE FACILITIES TO PROVIDE FINANCIAL EDUCATION WORKSHOPS FOR THE LOW-INCOME PARENTS OF PRE-S CHOOL AGE CHILDREN CHILDCARE FACILITY DIRECTORS AND STAFF WILL ALSO TAKE PART IN A SERIES OF WORKSHOPS THAT ENCOMPASS PERSONAL FINANCIAL EDUCATION, TRAIN-THE TEARINER SKILLS AND IN FORMATION AND TIPS ON HOW TO MAKE REFERRALS TO PARENTS WHO MIGHT BENEFIT FROM ADDITIONAL E CONOMIC SUPPORTS AND SERVICES FAYETTEVILLE PUBLIC LIBRARY, FAYETTEVILLE, AR (71-0627418) SWART INVESTING@YOUR LIBRARY FAYETTEVILLE PUBLIC LIBRARY, FAYETTEVILLE, AR (71-0627418) SWART INVESTING@YOUR LIBRARY FAYETTEVILLE PUBLIC LIBRARY, FAYETTEVILLE, AR (71-0627418) SEMART INVESTING@YOUR LIBRARY FAYETTEVILLE PUBLIC LIBRARY, FAYETTEVILLE, AR (71-0627418) SEMART INVESTING@YOUR LIBRARY FAYETTEVILLE PUBLIC LIBRARY, FAYETTEVILLE, AR (71-0627418) SEMART INVESTING@YOUR LIBRARY FAYETTEVILLE PUBLIC LIBRARY, FAYETTEVILLE, AR (71-0627418) SEMART INVESTING@YOUR DEACHON, TO DEMONSTRATE FINANCIAL PLANNINGS TEXTEDERS FOR HOUSEHOLD. SELING OF ARKANSAS AND THE UNIVERSITY OF ARKANSAS (INCLUDING ITS EXTENSION SERVICE AND ITS CENTER FOR ECONOMICE DUCATION, TO DEMONSTRATE FINANCIAL PLANNING STRATEGIES FOR HOUSEHOLD. STHAT ARE LIVING PAYCHECK TO PAYCHECK, ALLOWING THEM TO SAVE FOR FUTURE EXPENSES AND FOR RETIREMENT THE PARTINERS WILL GIVE PARTICULAR ATTENTION TO MALTICENSTATIONAL HOUSEHOLDS IN NEGHBORHOODOS EXPERIENCING THE GREATESTE CONOMIC HARDSHIP, WITH THE GOAL OF HEINING TO BR EAK THE GENERATION TO GENERATION CYCLE OF FINANCIAL STRUGGLE FIRST NATIONS DEVELOPMENT IN STITUTE, LONGMONT, CO (54-1254491) PARTITIONED WITH THE OFFICE OF THE SPECIAL TRUSTEE FOR A MERICAN POSTITUTE, LONGMONT, CO (54-1254491) PARTITIONED PARTITIONED OF THE SHEDIAL TRUSTEE. PROV DISTRIBUTION CHANNELS FOR INVESTIOR EDUCATION FIRST NATIONS DEVELOPMENT INSTITUTE IS PARTINE RING WITH THE U.S. DEPARTMENT OF THE INTEROORS OFFICE OF THE SHEDIAL TRUSTEE FOR A MERICAN POSTITUTE, LONGMONT WAS RESERVED. PROVIDED OFFICE OF THE SHEDIAL TRUSTEE FOR A MERICAN POSTITUTE OF THE SHEDIAL TRUSTES. PROVIDED OFFICE OF THE

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Open to Public Inspection

**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

Name of the organization FINRA INVESTOR EDUCATION FOUNDATION **Employer identification number** 

20-0863779

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.													
<b>(a)</b> Name, address, and EIN (ıf applıcable) of dısregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity								

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (d) (a)

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section (13) col enti	512(b) ntrolled
						Yes	No
(1) FINANCIAL IND REGULATORY AUTHORITY INC 1735 K STREET NW	REGULATORY	DE	501(C)(6)	N/A	NA		No
WASHINGTON, DC 20006 53-0088710							
(2) FINRA REGULATION INC 1735 K STREET NW	REGULATORY	DE	501(C)(6)	N/A	FINRA		No
WASHINGTON, DC 20006 52-1959501							
(3) FINRA DISPUTE RESOLUTION INC 1735 K STREET NW	ARBITRATION	DE	501(C)(6)	N/A	FINRA		No
WASHINGTON, DC 20006 52-2187577							

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	ation ansv	ered "Ye	s" on Form	990, Part 1	۷, line 3،	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											С

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	)	(i)	Ü	)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

	•	,					<del>-</del>
Pa	art V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form	m 990, Part IV, lın	e 34, 35b, or 36.			
	Note. C	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 [	During the	e tax year, did the orgranization engage in any of the following transactions with one or more related organizations	listed in Parts II-IV?				
а	Receipt	ot of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
b	Gift, gra	rant, or capital contribution to related organization(s)			1b		No
c	Gıft, gra	rant, or capital contribution from related organization(s)			1c	Yes	
d	Loans	or loan guarantees to or for related organization(s)			1d		No
е	Loans	or loan guarantees by related organization(s)			1e		No
f	Dividen	nds from related organization(s)			1f		
g	Sale of	fassets to related organization(s)			1g		No
h	Purcha	ase of assets from related organization(s)			1h		No
i	Exchan	nge of assets with related organization(s)			1i		No
j	Lease o	of facilities, equipment, or other assets to related organization(s)			1j		No
k	Lease	of facilities, equipment, or other assets from related organization(s)			1k		No
ı	Perform	nance of services or membership or fundraising solicitations for related organization(s)			11		No
n	<b>n</b> Perform	nance of services or membership or fundraising solicitations by related organization(s)			1m		No
n	Sharing	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Yes	
o	Sharing	g of paid employees with related organization(s)			10	Yes	
p	Reimbu	ursement paid to related organization(s) for expenses			<b>1</b> p	Yes	
q	Reımbu	ursement paid by related organization(s) for expenses			1q		No
r	O ther t	transfer of cash or property to related organization(s)			1r		No
s	Othert	transfer of cash or property from related organization(s)			<b>1</b> s		No
	If the a	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including o	overed relationships	and transaction thresholds			
		(a) (b)  Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt II	nvolved	1
		type (a 3)					

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	$\neg$	,		<b>⊣</b> '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	<del>                                     </del>				_
/		<b></b> .								

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**