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DLN: 93493245009446

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 foundations)

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

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

OMB No 1545-0047

Open to Public Inspection

	4 1	201 F		- 01 01 201E	-			
			lendar year, or tax year beginnin C Name of organization	g 01-01-2015 , and ending 12-31-201	.5	D Emplo	ver iden	tification number
_	еск іт ар Iress cha	oplicable anne	NATIONAL ACADEMY OF ENGINEERIN	NG FUND			•	
	ne char	-				23-72	84092	
_	ıal retur		Doing business as					
Fina		11	Number and street (or P O box if m	all is not delivered to street address) Room/su	ite	E Telephone number		
retu	ırn/term	nınated	2101 CONSTITUTION AVENUE NW			(202)	334-22	281
┌ Am	ended r	eturn	City or town, state or province, cour	ntry, and ZIP or foreign postal code				
┌ App	lication	pending	WASHINGTON, DC 20418		G Gross re	eceipts \$	28,578,885	
			F Name and address of prin	icipal officer	H(a) Is th	∎ is a group	return 1	for
			C D MOTE JR 2101 CONSTITUTION AVE	INITE NIM		rdinates?		┌Yes ┌ No
			WASHINGTON, DC 20418	INGE NVV	H(b) Are a ınclu		nates	∏Yes ∏No
							a list (see instructions)
I Ta	x-exem	pt status	▼ 501(c)(3)	nsert no) 4947(a)(1) or 527	H(c) Grou			
J W	ebsite	: ► ww	W NAE EDU					
K Form	n of ora	anızatıon	Corporation Trust Association	n Other ▶-	L Year of fo	rmation 19	73 M 9	State of legal domicile DC
	rt I		mary					
			cribe the organization's mission	or most significant activities				
	N.A	ANOITA	L ACADEMY OF ENGINEERING	G FUND (NAEF) SUPPORTS THE ACT	IVITIES OF	(SEE SCH	EDULE	O)THE NATIONAL
မွ	<u> </u>	CADEM'	OF ENGINEERING (NAE)					
) E								
Governance	_							
¥0.	2 C	heck th	is box ┡┌ if the organization dis	continued its operations or disposed o	f more than 2	5% of its	net ass	ets
	3 N	lumber o	of voting members of the governi	ng body (Part VI, line 1a)		. 1	з	17
<u>କ</u>	l		of independent voting members o	1	4	12		
Activities &	l		nber of individuals employed in c	5	0			
2	6 ⊺	otal nur	nber of volunteers (estimate if ne		6	14		
	7a ⊤	otal unr	[7a	0			
	l	at unrela	ted business tavable income fro	m Form 990-T, line 34			7b	7 200
	b N 6	c unitera	ted business taxable income no	mironii 990-1, iiile 54	<u></u>	•	<u> </u>	7,200
	b NE					r Year	75	Current Year
	8	Contri	butions and grants (Part VIII, lii	ne 1h)		7 ,4 0 5 ,5	585	Current Year 4,516,731
enne	8 9	C ontri P rogra	butions and grants (Part VIII, lii m service revenue (Part VIII, li	ne 1h)		7,405,5 165,9	585	Current Year 4,516,731 146,485
Revenue	8 9 10	Contri Progra Invest	butions and grants (Part VIII, lii m service revenue (Part VIII, li ment income (Part VIII, column	ne 1h)		7 ,4 0 5 ,5	585 905 993	Current Year 4,516,731 146,485 1,098,318
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Firm's address ► 9737 WASHINGTONIAN BLVD 400

May the IRS discuss this return with the preparer shown above? (see instructions)

GAITHERSBURG, MD 208787340

Firm's name ► RSM US LLP

Paid

Preparer

Use Only

Firm's EIN 🕨 42-0714325

Phone no (301) 296-3600

. ✓ Yes ┌ No

Form	990	(2015)

	1990 (2013)
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
AND SCI	F SUPPORTS THE ACTIVITIES OF THE NATIONAL ACADEMY OF ENGINEERING (NAE) NAE OPERATES WITHIN THE CHARTER FRAMEWORK OF THE NATIONAL ACADEMY OF SCIENCES (NAS) AND ADVISES THE FEDERAL GOVERNMENT ON MATTERS OF ENCE AND TECHNOLOGY NAE ALSO SPONSORS ENGINEERING PROGRAMS AIMED AT MEETING NATIONAL NEEDS, OURAGES EDUCATION AND RESEARCH, AND RECOGNIZES THE SUPERIOR ACHIEVEMENTS OF ENGINEERS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 3,798,566 including grants of \$ 3,798,566) (Revenue \$)
	NAE PROGRAMS THAT ADDRESS RELEVANT ISSUES IN ENGINEERING FIELD INCLUDING, BUT NOT LIMITED TO, EDUCATION, ENGINEERING PRACTICE, AND THE ENGINEERING WORKFORCE, ENGINEERING AND THE ENVIRONMENT, ENGINEERING, THE ECONOMY, AND SOCIETY, INFORMATION TECHNOLOGY AND SOCIETY, ENGINEERING ETHICS, FRONTIERS OF ENGINEERING, MANUFACTURING, DIVERSITY, AND PUBLIC POLICY AND PROGRAM REVIEWS
4b	(Code) (Expenses \$ 1,959,986 including grants of \$ 1,959,986) (Revenue \$)
	NAE PRESENTS FIVE AWARDS THE CHARLES STARK DRAPER PRIZE FOR ENGINEERING, THE FRITZ L & DOLORES H RUSS PRIZE, THE BERNARD M GORDON PRIZE FOR INNOVATION IN ENGINEERING AND TECH EDUCATION, THE ARTHUR M BUECHE AWARD & THE SIMON RAMO FOUNDERS AWARD ACTIVITIES INCLUDE SOLICITING NOMINATIONS, SELECTION OF THE RECIPIENTS, ANNOUNCEMENT OF THE RECIPIENTS & PRESENTATION OF THE PRIZES
4-	(Code
4 c	(Code) (Expenses \$ 504,443 including grants of \$ 504,443) (Revenue \$ 146,485) NAE MEMBER PROGRAMS ORGANIZATION AND ADMINISTRATION OF THE ANNUAL MEETING AND PUBLICATION OF NAE MEMORIAL TRIBUTES
	See Additional Data
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 262,312 including grants of \$ 262,312) (Revenue \$)
4 e	Total program service expenses by 6 525 307

Part IV	Checklist o	f Required	Schedule

			Yes	No
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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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? If "Yes," complete Schedule D, Part 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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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
	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	Yes	
	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
	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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	Yes	
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 $11e^7$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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	Yes		
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			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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				
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		Νo	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	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	Yes		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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		No	
37					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes		

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		/			. I		
	The second secon				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	8					
b	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 gaming (gambling) winnings to prize winners?	vend • .	ors and reportable	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	2a	0					
b	by this return		•	2b				
_	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file							
3a	Did the organization have unrelated business gross income of $\$1,000$ or more during	the y	ear?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	chedule O	3b	<u> </u>	Νo		
4a	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)?							
b	If "Yes," enter the name of the foreign country ►	and F	inancial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo		
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
				5c 6a		No		
	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?							
	 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
	Did the organization receive a payment in excess of \$75 made partly as a contribution	on and	I partly for goods and	7a		Νo		
	services provided to the payor?			7b		110		
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper							
	file Form 8282?	٠.		7c		Νo		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersona	al benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7f		No		
g	If the organization received a contribution of qualified intellectual property, did the orequired?		ation file Form 8899 as	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	, dıd t		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess bus	siness	holdings at any time					
	during the year?	•		8	<u> </u>			
	Did the sponsoring organization make any taxable distributions under section 49667			9a	<u> </u>			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela	ited pe	erson?	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	10a						
	facilities	100						
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeı	u of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state ${}^{\mathbf{N}}$ additional information the organization must report on Schedule O	ote. S	ee the instructions for	13a				
b	Enter the amount of reserves the organization is required to maintain by the states	I		1.Ja				
-	in which the organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax	-		14a	<u> </u>	Νo		
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tion in	Schedule O	14b				

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Par	,	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No' describe the circumstances, processes, or changes in Schedule O. S	See ir	nstructions.			,
		Check if Schedule O contains a response or note to any line in this Part VI					<u></u> ▽
<u> 5e</u>	ction A	A. Governing Body and Management				Yes	No
1a	Enter tl	he number of voting members of the governing body at the end of the tax	1a	17		163	110
	If there body, o	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee lar committee, explain in Schedule O					
b	Enter ti	12					
2		officer, director, trustee, or key employee have a family relationship or a bus	iness •	relationship with any	2		No
3		organization delegate control over management duties customarily performe ision of officers, directors or trustees, or key employees to a management coi			3		No
4	Did the filed?	organization make any significant changes to its governing documents since	the p	rior Form 990 was	4		No
5	Dıd the	organization become aware during the year of a significant diversion of the oi	rganız	atıon's assets? .	5		No
6	Dıd the	organization have members or stockholders?			6		No
	more m	organization have members, stockholders, or other persons who had the pownembers of the governing body?			7a		No
b		y governance decisions of the organization reserved to (or subject to approva ons other than the governing body?	l by) r • •	members, stockholders,	7b		No
8		organization contemporaneously document the meetings held or written action $ au$ the following	ons ur	ndertaken during the			
а	The go	verning body?			8a	Yes	
b	Each		8b	Yes			
9		e any officer, director, trustee, or key employee listed in Part VII, Section A , ation's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not a	requi	red by the Internal R	evenu	ıe Cod	e.)
						Yes	No
		organization have local chapters, branches, or affiliates?			10a		No
	affiliate	," did the organization have written policies and procedures governing the actes, and branches to ensure their operations are consistent with the organization	on's e	xempt purposes?	10b		
	the forr				11a	Yes	
b	Describ	be in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
		organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
	rıse to	fficers, directors, or trustees, and key employees required to disclose annuall conflicts?			12b	Yes	
	ın Sche	organization regularly and consistently monitor and enforce compliance with dule O how this was done	•		12c	Yes	
13	Did the	organization have a written whistleblower policy?			13		No
14	Did the	organization have a written document retention and destruction policy? .			14	Yes	
15		d approval by beration and decision?					
а	The org	ganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization	•		15b		Νo
	If"Yes	to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxable	organization invest in, contribute assets to, or participate in a joint venture of entity during the year?			16a		No
b	particip	," did the organization follow a written policy or procedure requiring the organi pation in joint venture arrangements under applicable federal tax law, and take ation's exempt status with respect to such arrangements?	step	s to safeguard the	4.5		
Se		C. Disclosure	•		16b		

List the States with which a copy of this Form 990 is required to be filed▶

 ${\tt AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,}$ $\mathsf{KY}\,\,\mathsf{,LA}\,\,\mathsf{,ME}\,\,\mathsf{,MD}\,\,\mathsf{,MA}\,\,\mathsf{,MI}\,\,\mathsf{,MN}\,\,\mathsf{,MS}\,\,\mathsf{,MO}\,\,\mathsf{,NH}\,\,\mathsf{,NJ}\,\,\mathsf{,NM}\,\,\mathsf{,}$ NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA, WV, WI

- 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)
- 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 ▶JOAN ZAORSKI DIRECTOR OF FINANCE 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418 (202) 334-2281

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	Name and Title A verage Position (do no hours per more than one be week (list person is both a any hours and a director/		o not check e box, unless th an officer cor/trustee)			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
			ā			fed				
(1) CHARLES O HOLIDAY JR CHAIRMAN	1 00	х		х				0	0	0
(2) C D MOTE JR PRESIDENT	2 50 	х		х				0	779,368	52,760
(3) THOMAS F BUDINGER HOME SECRETARY	1 00	х		х				0	57,383	0
(4) CORALE L BRIERLEY VICE PRESIDENT	1 00	х		х				0	71,729	0
(5) RUTH A DAVID JUL-DEC FOREIGN SECRETARY	1 00	x		х				0	29,116	0
(6) VENKATESH NARAYANAMURTI JAN-JUN FOREIGN SECRETARY	1 00	х		х				0	28,268	0
(7) MARTIN B SHERWIN TREASURER	1 00	х		х				0	57,383	0
(8) JOHN L ANDERSON JUL-DEC TRUSTEE	1 00	х						0	0	0
(9) UMA CHOWDHRY TRUSTEE	1 00	х						0	0	0
(10) PAUL CITRON TRUSTEE	1 00	х						0	0	0
(11) DAVID E DANIEL TRUSTEE	1 00	х						0	0	0
(12) C PAUL ROBINSON TRUSTEE	1 00	х						0	0	0
(13) ANITA K JONES TRUSTEE	1 00	х						0	0	0
(14) ARNOLD F STANCELL JAN-JUN TRUSTEE	1 00	х						0	0	0
					_					Form 990 (2015)

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

(A) Name and Title		(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h ar	check x, unle n office rustee	ess er	(D) Reports compens from t organiza	able sation the ation	(E) Reportable compensation from related organizations (W- 2/1099-		(F Estim amount comper from	nated of other nsation the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1) MISC		MISC)		organi and re organiz	lated
(15) I	RICHARD A MESERVE	1 00	х							0		0		0
(16) I	RICHARD H TRULY	1 00	х							0		0		0
	WANDA M AUSTIN	1 00	х							0		0		0
(18) I	Frances s ligler	1 00	х							0		0		0
	arunava majumdar	1 00	Х							0		0		0
TRUSTEE (20) H VINCENT POOR		1 00	х							0		0		0
TRUS	TEE													
1b c d	Sub-Total	•		· ·	•	*	1		0		1,023,247			52,760
2	Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more	than				
3	Did the organization list any former offi on line 1a? If "Yes," complete Schedule J			e, key	y em	nplo	yee, o	r hıg	Jhest comp	ensate	d employee		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations of individual	he sum of report	table c								om the	3	Yes	No
5	Did any person listed on line 1a receive services rendered to the organization?									on or ir	ndıvıdual for	5		No
	ection B. Independent Contracto										+100 000			
1	Complete this table for your five highes compensation from the organization Re	port compensa									the organizati			
		(A) pusiness address								Description	(B) on of services		(C Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization • 0

Part V	1 0 0	Statement o						_
		Check if Schedi	ule O contains a respor	ise or note to any lir	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue
						exempt	business	excluded from
						function revenue	revenue	tax under sections
								512-514
மை	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	es 1b	717,980				
	С	Fundraising eve	ents 1c					
S, T	·	_						
별	d	Related organiz	rations 1d					
". ⊟ ⊒;	е	Government grants	s (contributions) 1e					
Contributions, Gifts, and Other Similar A	f	All other contribution	ons, gifts, grants, and 1f	3,798,751				
ig ig	-	sımılar amounts no						
물동	g	Noncash contribute 1a-1f \$	ons included in lines	227,881				
12 pu	h	Total. Add lines	s 1a-1f		4,516,731			
ة ت		Total. Add lines	5 1 d - 1 1	· · · · •	1,310,731			
<u>9</u>				Business Code				
n e	2a	NAE ANNUAL MEET	ING REG	900099	146,485	146,485		
Program Service Revenue	b							
	С							
ž	d							
<u> </u>	e							
že		All other program	am carvico rovorus					
\$	f	An other progra	im service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		146,485			
	3		ome (ıncludıng dıvıdend		281,077			281,077
			aramounts)		281,077			201,077
	4		tment of tax-exempt bond p					
	5	Royalties						
	_	_	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental						
	_	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount	22.620.604					
		from sales of assets other	23,630,604					
		than inventory						
	ь	Less cost or						
		other basis and sales expenses	22,813,363					
	С	Gain or (loss)	817,241					
	d	Net gain or (los	s)		817,241			817,241
a	8a	Gross income f	ı					
		events (not inc						
⊕ >		\$	<u> </u>					
Other Revenue		See Part IV, lin	reported on line 1c)					
ē.			a					
₹	ь	Less directex	penses b					
·	С		(loss) from fundraising	events 🛌				
			rom gaming activities	· F				
		See Part IV, lin						
			а					
	b	Less direct ex	penses b					
	С	Net income or ((loss) from gaming activ	vities				
	10a	Gross sales of						
		returns and allo		2.000				
	_		a	3,988				
			oods sold b	3,988				
	С		(loss) from sales of inve		0			
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	С							
	d	All other reven	ue					
	e	Total. Add lines	ا 1 s 11a-11d	🕨				
	12			_				
	12	iotai revenue.	See Instructions	• • • •	5,761,534	146,485	0	1,098,318

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										
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,400,307	5,400,307							
2	Grants and other assistance to domestic individuals See Part IV, line 22	725,000	725,000							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	400,000	400,000							
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
b	Legal									
C	Accounting									
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees	396,983		396,983						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23 24	Insurance									
2 4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
а	TAXES	3,304		3,304						
b	REIMBURSED EXPENSES	1,943,661		904,276	1,039,385					
c	CREDIT CARD FEES	26,369		26,369						
d	OTHER EXPENSES	-682		-682						
е	All other expenses	-3,988		-3,988						
25	Total functional expenses. Add lines 1 through 24e	8,890,954	6,525,307	1,326,262	1,039,385					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)									

Assets

Liabilities

Net Assets or Fund Balances

Form 990 (2015) Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	7,299,253	2	8,336,206
3	Pledges and grants receivable, net	4,513,447	3	3,621,249
4	Accounts receivable, net	4,058,462	4	577,884
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	t		
			5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9		49,327	9	34,596
10a	Prepaid expenses and deferred charges	43,327	9	34,390
ь	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	14,440,629	11	14,983,163
12	Investments—publicly traded securities	45,440,752	12	44,896,209
13	Investments—program-related See Part IV, line 11	43,440,732	13	44,030,203
14	Intangible assets		14	
15	Other assets See Part IV, line 11	413,045	15	346,517
		,		72,795,824
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,132,446		1,015,422
17 18	Accounts payable and accrued expenses	1,132,440	18	1,015,422
19	Grants payable		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability Complete Part IV of Schedule D			
21	· · · · · · · · · · · · · · · · · · ·		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
		,	25	
26	Total liabilities.Add lines 17 through 25	1,132,446	26	1,015,422
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	28,131,814	27	26,833,405
28	Temporarily restricted net assets	17,183,540	28	15,166,140
29	Permanently restricted net assets	29,767,115	29	29,780,857
	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	75,082,469	33	71,780,402
34	Total liabilities and net assets/fund balances	76 214 915		72 795 824

	330 (2013)				aye 12
Par	Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·	•	• • •	
1	Total revenue (must equal Part VIII, column (A), line 12)				
•	Total revenue (mast equal) art viii, column (A), me 12)	1		5,7	761,534
2	Total expenses (must equal Part IX, column (A), line 25)	2		2.2	390,954
3	Revenue less expenses Subtract line 2 from line 1			0,0	770,004
		3		-3,1	129,420
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		75.0	082,469
5	Net unrealized gains (losses) on investments				
_		5		-1	172,647
6	Donated services and use of facilities	6			
7	Investment expenses				
	Duran named a decator anta	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			0
	column (B))	10		71,7	780,402
Par	t XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				. [
				Yes	No
1	Accounting method used to prepare the Form 990				
_	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
L	Were the erganization's financial statements audited by an independent accountant?		2b	Yes	
U	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate	20	res	
	basis, consolidated basis, or both	aruce			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ht			
_	of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
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?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 23-7284092

Name: NATIONAL ACADEMY OF ENGINEERING FUND

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	262,312	including grants of \$	262,312) (Revenue \$)
SUF	PPORT FOR NRC AND N	IAS				

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Employer identification number

23-7284092

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL ACADEMY OF ENGINEERING FUND

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

The o	organı	zation is not a private	foundation becau	seitis (Forlines 1 th	rough 11, che	ck only one b	ox)					
1	Γ	•		•		•	•					
2	Γ	· ·	•			=						
3					•							
4	Ė							. Enter the				
	•			j	,							
5	A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-E2)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(3)(A)(iv) (Complete Part II) A community trust described in section 170(b)(3)(A)(iv) (Complete Part II) A community trust described in section 170(b)(3)(A)(iv) (Complete Part II II) A norganization and for local government and unrelated business taxable income (less section 511 star) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) A norganization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization organization organization operated, supporting organization organization operated supporting organization organization organization organization operated supporting organization organization supported organization operated in connection with its supported organization(s)											
6	Γ				escribed in sec	ction 170(b)(1)(A)(v).					
7	Γ				its support fro	m a governm	ental unit or from the ge	eneral public				
8	Γ	A community trust d	lescribed in sectio	on 170(b)(1)(A)(vi)(Complete Part	II)						
9	Г -	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10	<u> </u>											
11	_	one or more publicly the box in lines 11a	supported organi through 11d that	zations described in s describes the type of	ection 509(a)(supporting org	(1) or section anization and	509(a)(2) See section complete lines 11e, 1	1 509(a)(3). Check 1f, and 11g				
а	 •	supported organizati	on(s) the power to	regularly appoint or	elect a majority							
b	Γ	Type II. A supporting management of the s	g organization sup supporting organiz	pervised or controlled ration vested in the sa	ın connection							
_	_	•	•		anaratad in ca	nnoction with	and functionally into a	rated with its				
С	,							rated with, its				
d	Γ	• •		•	•	•	•	inization(s) that is				
		· ·	=	- · · · · · · · · · · · · · · · · · · ·	•	•	ement and an attentive	ness requirement				
	_											
е	ļ						is a Type I, Type II, Ty	pe III functionally				
f	Ente											
g	LIICC						<u></u>					
9			,		,							
			(ii)EIN	Type of organization (described on lines 1- 9 above (see	Is the orga listed in your	inization governing	A mount of monetary support	A mount of other support (see				
					Yes	No						
(A) NATIO	ONAL A	CADEMY OF SCIENCES	530196932		Yes		8,890,954	0				
F_4 -	1-1						0.000.054					
Tota	IT.						8,890,954					
For P	aperv	ork Reduction Act No	otice. see the Inst	ructions for Form 990	or 990EZ.	Cat No 112	85F					

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, ,		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
	33 1/3% support test—2015.If the	-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box	anızatıon on lıne 13 or 16a			► □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	— 2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)	a chec	Keu III	JUIFAI
Se	ection A. All Supporting Organizations			
	, and the second se		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		Νo
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		No
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections $501(c)(3)$ and $509(a)(1)$ or $(2)^{2}$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
h	A family member of a person described in (a) above?	11b		No

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Νo

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c						
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 A mounts paid to perform activity that directly furth excess of income from activity								
3 Administrative expenses paid to accomplish exemp								
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval re	quired)							
6 Other distributions (describe in Part VI) See instru	uctions							
7 Total annual distributions. Add lines 1 through 6								
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
d From 2013								
e From 2014								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
 Carryover from 2010 not applied (see instructions) 								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7								
\$								
a Applied to underdistributions of prior years								
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
c Excess from 2013								
d From 2014								
e From 2015								

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493245009446

OMB No 1545-0047

SCHEDULE D (Form 990)

Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Supplemental Financial Statements

► Attach to Form 990.

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** NATIONAL ACADEMY OF ENGINEERING FUND 23-7284092 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)($_{\rm I}$) and section 170(h)(4)(B)($_{\rm II}$)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	3111	Organizations Maintaining (continued)	g Collections of Art	t, Historical	l Treas	ures, c	or Ot	her Similar	Asse	ets	
3		, the organization's acquisition, acc tion items (check all that apply)	cession, and other recor			_		_	use of	its	
а	ГР	ublic exhibition		d Lo	an or ex	change p	rogra	ms			
b	┌ s	scholarly research		e O	ther						
c	ΓP	reservation for future generations									
4	Provide Part >	de a description of the organization KIII	n's collections and expla	in how they fu	rther the	organıza	ation's	s exempt purpos	se in		
5	asset	g the year, did the organization sol s to be sold to raise funds rather t	han to be maintained as						es	No	
Par	t IV	Escrow and Custodial Arr Complete if the organization Part X, line 21.		Form 990, Pa	rt IV, lıı	ne 9, or	rep	orted an amo	unt o	n Forr	n 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other interme	ediary for cont	rıbutıons	or other	asse	ts not	es	_ No	
b	If"	'Yes," explain the arrangement in F	Part XIII and complete t	the following ta	able			A	moun	t	
c	Вес	ginning balance	·	_		- 1	1c				
d		ditions during the year				Ī	1d				
e		stributions during the year				Ī	1e				
f		ding balance				ŀ	1f				
2a		ne organization include an amount	on Form 990 Part V Jun	o 21 for occre	w or cue	L Lodual ac		L t liability2 – V	ne l		
Za	טום נו	ie organization include an amount	on Form 990, Part A, IIII	e 21, ioi escic	ow or cus	toulal ac	.couii	chability (10	: 5	NO	
b	If"Ye	es," explain the arrangement in Par	t XIII Check here if the	evnlanation h	nas heen	nrovideo	l in Pi	art XIII			Г
	rt V	Endowment Funds. Compl								• • •	
				(b)Prior year		years ba	<u> </u>	d)Three years back	_	Four ye	ars back
1a	Begin	ining of year balance	33,127,342	32,324,092	+	29,842,6		27,842,76			9,536,097
b		ributions	13,742	18,895	5	38,9	903	500,00	0		
С	Net ır losse	nvestment earnings, gains, and s	284,196	1,995,576		3,625,5	535	2,597,06	1		-38,731
d	Grant •	s or scholarships	1,283,796	1,211,221		1,183,0)25	1,097,14	7		1,000,000
e	and p	r expenditures for facilities rograms 									654,601
f	A dmı	nistrative expenses									
g		fyear balance · · · ·	32,141,484	33,127,342	2	32,324,0)92	29,842,67	9	2	7,842,765
2	Provi	de the estimated percentage of the	current year end balan	ce (line 1g, co	lumn (a))	held as					
а	Board	l designated or quasi-endowment l	•								
ь	Perma	anent endowment ► 89 130 %									
c		orarily restricted endowment Ferror or large son lines 2a, 2b, and 2c	10 870 % should equal 100%								
За	A re th	here endowment funds not in the polization by		ation that are	held and	admınıs	tered	for the		Yes	No
	(i) un	related organizations							3a(i)		No
		elated organizations						[:	Ba(ii)		No
		es" on 3a(II), are the related organi							3b		
4		ribe in Part XIII the intended uses		idowment fund:	s						
Par	t VI	Land, Buildings, and Equip		rm 000 Dari	t TV lung	. 112 C	00 E	arm 000 Dart	V l	20 10	
		Complete if the organization Description of property	answered tes to ro		ther basis	: 11a.5 (b		Accumula			ok value
		2 datapalon of property		I		وي Cost or otl oth)	her ba			,20	
1~	Land					(oth	ei)	+			
				·				+			
		ngs		·				+			
		nold improvements						+			
		nent									
-	O CITE			• 1				1		1	

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the organ	ization answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or categor (including name of security)	У	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			Cost of end-of-year market value
(2)Closely-held equity interests (3)O ther			
(A) ALTERNATIVE INVESTMENT		44,896,209	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	b	44,896,209	
Part VIII Investments—Program Related.			
Complete if the organization answere	ed 'Yes' on Form 990		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizat	on answered 'Yes' on F	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
(a) Desc			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	: 15.)		
Part X Other Liabilities. Complete if the ord See Form 990, Part X, line 25.	ganızatıon answered	l 'Yes' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal Income taxes			
	+	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	leturn
1	Total revenue, gains, and other support per audited financial statements	1	5,765,522
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	o
3	Subtract line 2e from line 1	3	5,765,522
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-3,988
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,761,534
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	Return.
1	Total expenses and losses per audited financial statements	1	8,894,942
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,988
3	Subtract line 2e from line 1	3	8,890,954
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,890,954

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENTS EXIST TO FUND THE ACTIVITIES OF THE NATIONAL ACADEMY OF ENGINEERING THE ENDOWMENT FUNDS FACILITATE PROGRAMS THAT ADDRESS RELEVANT ISSUES IN THE ENGINEERING FIELD AND ALSO FUND THE DRAPER AND GORDON PRIZES
PART X, LINE 2	THE FUND IS INCORPORATED UNDER THE DISTRICT OF COLUMBIA NON-PROFIT CORPORATION ACT AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, THE FUND HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION THE FUND IS REQUIRED TO REMIT INCOME TAXES TO THE FEDERAL GOVERNMENT AND THE DISTRICT OF COLUMBIA FOR UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, THERE WAS UNRELATED BUSINESS INCOME OF \$995 AND \$72,210, RESPECTIVELY THE FUND COMPLIES WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE FUND MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION, ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS THE FUND HAD NO SUCH POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2015 AND 2014 GENERALLY, THE FUND IS NO LONGER SUBJECT TO US FEDERAL INCOME TAX POSITIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON PART VIII LINE 10B -3,988
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON PART VIII LINE 10B 3,988

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493245009446

SCHEDULE F States (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization NATIONAL ACADEMY OF ENGINEE	RING FUND			Employer ident	ification number				
VALIONAL ACADEMI OF ENGINEE	KINGTOND			23-7284092					
Part I General Information Complete if the organic			he United States. orm 990, Part IV, line	14b.					
and other assistance, the gr	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2 For grantmakers. Describe assistance outside the Unite		ganızatıon's p	rocedures for monitori	ng the use of its grant	s and other				
3 Activites per Region (The follo	wing Part I, line :	3 table can be d	uplicated if additional spa	ace is needed)					
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region				
(1) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		200,000				
(2) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		200,000				
(3) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		22,825,145				
(4)									
(5)									
3a Sub-total	0	0			23,225,145				
b Total from continuation sheets to Part I	0	0			0				
c Totals (add lines 3a and 3b)	0	0			23,225,145				

Schedule F (Form 990) 2015

_		(b) IRS code		(d) Purpose of	t IV, line 15, for an	(f) Manner of	(g) A mount	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	(e) region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, othe
(1)								
(2)								
(3)								
(4)								
2					recognized as charit ovided a section 501				
3	Enter total nu	mber of other or	ganizations or ent	ities					

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of (c) Number of (a) Type of grant or (b) Region cash grant disbursement of non-cash assistance recipients non-cash valuation (book, FMV, assistance assistance appraisal, other) (1) 2015 CHARLES STARK EAST ASIA AND THE 100,000 CHECK 1 DRAPER PRIZE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA, (2) 2015 FRITZ J AND EAST ASIA AND THE 1 100,000 CHECK DOLORES H RUSS PACIFIC PRIZE (3) 2015 FRITZ J AND EUROPE 200,000 CHECK 2 KINCLUDING DOLORES H RUSS PRIZE ICELAND & GREENLAND) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> </u>	Yes	Γ	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	্	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	দ	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	✓	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	ন	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE FOR AWARDS GIVEN FOR VARIOUS ENGINEERING ACHIEVEMENTS EACH AWARD HAS ITS OWN C RITERIA, NOMINATING FORM (WHICH IS ON THE WEBSITE), AND SELECTION COMMITTEE. THE COMMITTEE MEETS SEVERAL TIMES AND REVIEWS THE NOMINATIONS AND MAKES THE FINAL DECISION

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DLN: 93493245009446OMB No 1545-0047

Schedule I (Form 990)

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

2015

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Servi

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

Internal Revenue Service							
Name of the organization NATIONAL ACADEMY OF ENG	INFERING FUND					Employer identifi	cation number
						23-7284092	
Part I General Inform	ation on Grants	and Assistance					
 Does the organization main the selection criteria used Describe in Part IV the org 	to award the grants	orassistance?				ssistance, and	✓ Yes
Part II Grants and Other A			omestic Governments. O dditional space is neede		ızatıon answered "Yes"	on Form 990, Part IV, lın	e 21, for any recipient
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	5,025,307				PROGRAM EXPENSE REIMBURSEMENTS
NORTHEASTERN (2) UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	02-0222111	501(C)(3)	375,000				2015 BERNARD M GORDON PRIZE
							_
							+
2 Enter total number of sector3 Enter total number of other	. , . ,	J					2

PART I, LINE 2

(a)Type of grant or assistance

(e) Method of valuation (book! (f) Description of non-cash assistance

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

(c) A mount of

(b)Number of

DECISION

	٤	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1)Description of non-cash assistance	
(1) 2015 BERNARD M GORDON PF	RIZE	1	125,000				
(2) 2015 CHARLES STARK DRAPER PR	'RIZE	4	400,000				
(3) 2015 FRITZ J AND DOLORES H R PRIZE	RUSS	2	200,000				
Part IV Supplemental Inf	formati	ion. Provide the infor	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.	
Return Reference Explanation							

(d)A mount of

THE GRANT TO THE NAS IS TO SUPPORT THE PROGRAMS AND ACTIVITIES OF THE NAE, AS WELL AS SUPPORT FOR CERTAIN PROGRAMS OF THE NAS AND NATIONAL RESEARCH COUNCIL EXPENSES ARE MONITORED AND REVIEWED ON A MONTHLY BASIS AS WELL AS BEING RECONCILED BY BOTH CORPORATIONS AT THE END OF THE YEAR ADDITIONALLY BOTH CORPORATIONS HAVE EXTERNAL AUDITORS AND THE NAS HAS INTERNAL AND DCAA AUDITORS ON THE PREMISE DURING THE YEAR ALL OTHER GRANTS ARE FOR AWARDS GIVEN FOR VARIOUS ENGINEERING ACHIEVEMENTS EACH AWARD HAS ITS OWN CRITERIA, NOMINATING FORM (WHICH IS ON THE WEBSITE), AND SELECTION COMMITTEE THE COMMITTEE MEETS SEVERAL TIMES AND REVIEWS THE NOMINATIONS AND MAKES THE FINAL

Schedule I (Form 990) 2015

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NATIONAL ACADEMY OF ENGINEERING FUND

DLN: 93493245009446

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" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

2015

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

_	23-7204	092		
Pa	art 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 on F 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these it			
	First-class or charter travel Housing allowance or residence for personal	use		
	Travel for companions Payments for business use of personal residents.	ence		
	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	r 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	a [?] 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 Pa	art III		
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation comp	nittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing or a related organization	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		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	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 on 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
b	Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on 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," des in Part III	cribe 8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regu			140

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

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

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

(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	(F) Compensation in column(B) reported as deferred on prior Form 990	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
1 C D MOTE JRPRESIDENT	(i)	0	0	0	0	0	0	0	
	(ii)	679,225	0	100,143	49,050	3,710	832,128	0	

Schedule J (Form 990) 2015

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 II,	THE NATIONAL ACADEMY OF ENGINEERING FUND DOES NOT COMPENSATE ANY OFFICERS OR DIRECTORS ALL OFFICERS SERVE ON THE
SUPPLEMENTAL INFORMATION	FUND'S BOARD WITHOUT COMPENSATION ALL COMPENSATION SHOWN IN PART VII OF THE FORM 990, AND SCHEDULE J, PAGE 2, PART II,
	IS PAID BY A RELATED ORGANIZATION OF THE FUND, THE NATIONAL ACADEMY OF SCIENCES (NAS) THE COMPENSATION POLICY OF NAS
	IS AS FOLLOWS THE COMPENSATION POLICY OF NAS AS IT RELATED TO NAEF PROVIDES THAT COMPENSATION DECISIONS FOR THE NAE
	PRESIDENT, A DISQUALIFIED PERSON AS DEFINED IN IRC SECTION 4958, IS MADE ANNUALLY BY THE NAS EXECUTIVE COMPENSATION
	COMMITTEE COMPOSED OF INDEPENDENT DIRECTORS ON THE BASIS COMPATIBILITY DATA, AND THERE IS A RECORD OF ITS
	DELIBERATIONS AND DECISIONS

Schedule J (Form 990) 2015

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OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

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	e of the organization NAL ACADEMY OF ENGINEERING FUND				Employ	er identificat	tion nu	mber	
					23-72	84092			
Pai	rt I Types of Property								
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d Method of d ncash contrib	letermi	_	ts
	Art—Works of art				—				
	Art—Historical treasures .				ــــــ				
	Art—Fractional interests				—				
	Books and publications				—				
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	X	16	227,881	. FMV				
10	Securities—Closely held stock .								
	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
	Scientific specimens								
24	Archeological artifacts				<u> </u>				
25 (O ther ► ()				ــــــ				
26 (O ther ► ()				—				
	O ther ► ()				—				
	O ther ▶ ()				Ļ				
	Number of Forms 8283 received for which the organization comple				29				
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 thro	ugh 28, that		Yes	No
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	tion, and which is not requ	ired to i	be used			
	for exempt purposes for the enti	re holding p	period?				30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II						
31	Does the organization have a gi	ft acceptand	ce policy that requires the i	eview of any non-standard	contrib	outions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	_	to solicit, process, or sell	noncas	.h	32a		No
b	If "Yes," describe in Part II								
33	If the organization did not repor describe in Part II	t an amount	in column (c) for a type of	property for which column	(a) is ch	necked,			

Page 2

3 C	III	iuie	141 (<u>, </u>	UI		7	<u> </u>	<u>''</u>	<u>(</u>	<u>.</u>	1.0	<u> </u>
	Ρa	7	Ш			0	7	ın	n	le	n	<u> </u>	c

nental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2015)

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SCHEDULE O Supplementa

As Filed Data -

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2015

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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 NATIONAL ACADEMY OF ENGINEERING FUND

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

23-7284092

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 3B	NATIONAL ACADEMY OF ENGINEERING FUND IS AWAITING ADDITIONAL INFORMATION IN ORDER TO TIMELY FILE A COMPLETE AND ACCURATE FORM 990-T BY THE EXTENDED DEADLINE OF NOVEMBER 15, 2016 THE AMOUNT SHOWN AS NET UNRELATED BUSINESS TAXABLE INCOME ON LINE 7B OF PAGE 1 OF THE FORM 990 IS AN ESTIMATE BASED ON AVAILABLE INFORMATION
FORM 990, PART VI, SECTION B, LINE 11	THE DIRECTOR OF FINANCE, PRESIDENT AND NAS OFFICE OF GENERAL COUNSEL REVIEW A DRAFT FORM 9 90 AND DISCUSS QUESTIONS WITH THEIR EXTERNAL ACCOUNTANTS PRIOR TO FINALIZING THE RETURN T HE FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES BEFORE FILING
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR OFFICERS AND TRUSTEES ARE REQUESTED TO COMPLETE A CONFLICT OF INTEREST FORM AND PARTICIPATE IN A BOARD DISCUSSION OF THE NAEF CONFLICT OF INTEREST POLICY AND ANY POTENTIA L CONFLICTS OF AN INDIVIDUAL OFFICERS AND TRUSTEES IF THERE WAS EVER A CONFLICT, THE BOAR D MEMBER WOULD RECUSE HIMSELF
FORM 990, PART VI, SECTION C, LINE 19	AN ANNUAL REPORT CONTAINING THE FINANCIAL STATEMENTS IS POSTED TO THE NAE WEBSITE AND IS M AILED TO THE NAE MEMBERSHIP THE DEVELOPMENT OFFICE USES IT WHEN FUNDRAISING THE FINANCIA L STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PAGE 6, PART VI	THE REPORTING ORGANIZATION IS A SUPPORTING ORGANIZATION OF THE NATIONAL ACADEMY OF SCIENCE S AND DOES NOT HAVE ANY EMPLOYEES WITH RESPECT TO ITS OFFICERS AND TRUSTEES, NAEF CURRENT LY UTILIZES THE NAS POLICY ON COMMITTEE COMPOSITION AND BALANCE AND CONFLICTS OF INTEREST INSTITUTIONAL OVERSIGHT AND NON-ADVISORY PROGRAM ACTIVITIES NAEF ALSO CURRENTLY FOLLOWS THE NAS POLICY ON RETENTION OF FINANCIAL RECORDS NAS EMPLOYEES ARE SUBJECT TO THE NAS POLICY ON REPORTING ILLEGAL AND OTHER IMPROPER CONDUCT
FORM 990, PAGE 7, PART VII, BOARD OF DIRECTORS	THE TERM OF THE BOARD DIRECTORS ENDS ON 06/30 AND BEGINS ON 07/01 AS SUCH THREE BOARD MEM BERS OF THE BOARD DIRECTORS WERE NOT SERVING AS OF 12/31/2015

SCHEDULE R (Form 990)

Name of the organization

NATIONAL ACADEMY OF ENGINEERING FUND

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.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

				23-	7284092			
Part I Identification of Disregarded Entities Complete	e ıf the organızatıon a	nswered "Yes" on	Form 990, Pa	rt IV, lıne	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year a	assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the		e organization ans	swered "Yes" o	n Form 99	90, Part IV,	line 34 because it h	ad on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec		(e) charity status tion 501(c)(3))	(f) Direct controlling entity	Section (13) co	
(1)NATIONAL ACADEMY OF SCIENCES	SCIENCE ADVISORY SERVICE	DC	501(C)(3)	LINE 7			Yes	No No
2101 CONSTITUTION AVENUE NW	SCIENCE ADVISORT SERVICE		301(C)(3)			N/A		140
WASHIGTON, DC 20418 53-0196932								
(2)THE NATIONAL ACADEMIES CORPORATION 100 ACADEMY DRIVE	CONFERENCE CENTER	CA	501(C)(3)	LINE 1	1A, I	NATIONAL ACADEMY OF SCIENCES		No
IRVINE, CA 92617 94-2994279								
			<u> </u>			01.11.275	000) 0	045

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate					ation answ	ered "Ye	s" on l	Form	990, Part I'	V, lın	ie 34	ŀ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man		(k) Percentag ownershij
				314)			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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
									<u> </u>

Part V Tr	ansactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.				
Note. Cor	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
1 During the t	ax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?					
a Receipt o	f (i) ınterest, (ii)annuıtıes, (iii)royaltıes, or(iv)rent from a controlled entity				1a		No	
b Gıft, gran	t, or capital contribution to related organization(s)				1b	Yes		
c Gıft, gran	t, or capital contribution from related organization(s)				1 c		No	
d Loans or	loan guarantees to or for related organization(s)				1d		No	
e Loans or	loan guarantees by related organization(s)				1e		No	
f Dividends	s from related organization(s)				1f		No	
g Sale of as	ssets to related organization(s)				1g		No	
h Purchase	of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)								
j Lease of f	acilities, equipment, or other assets to related organization(s)				1j		No	
k Lease of	facilities, equipment, or other assets from related organization(s)				1k		No	
I Performar	ice of services or membership or fundraising solicitations for related organization(s)				11	Yes		
	ice of services or membership or fundraising solicitations by related organization(s)				1m	Yes		
n Sharing of	facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes		
o Sharing o	f paid employees with related organization(s)				10		No	
p Reimburs	ement paid to related organization(s) for expenses				1 p	Yes		
q Reimburs	ement paid by related organization(s) for expenses				1q		No	
r Other tra	nsfer of cash or property to related organization(s)				1r		No	
s Other tra	nsfer of cash or property from related organization(s)				1s		No	
2 If the ans	wer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	overed relationships	and transaction thresholds				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	nvolved		

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	İ

Schedule R (Form 990) 2015

Page **5**

Part VII Supplemental Information

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

Return Reference	Explanation
, ,	THE NATIONAL ACADEMY OF SCIENCES IS A FEDERALLY CHARTERED TAX-EXEMPT CORPORATION ESTABLISHED BY AN ACT OF CONGRESS IN 1863

Schedule R (Form 990) 2015