

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493320015526

OMB No 1545-0047 2015

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 <u>www IRS gov/form990</u>

Open to Public Inspection

| A F | or the | e 2015 ca | | ing 01-01-2015 , and ending 12-31-20 | 015 | | | | |
|--------------------------------|--|--|--|--|---------|----------|---------------------|-----------|------------------------------|
| | | applicable | C Name of organization NEW AMERICA FOUNDATION | | | | D Empl | oyer id | lentification number |
| | | change | | | | | 52-2 | 0968 | 45 |
| <u> </u> | ame ch itial re | | Doing business as | | | | | | |
| F | | cum | | E Teleph | none nu | ımber | | | |
| | termır | | Number and street (or P.O. box if 740 15TH STREET NW NO 900 | mail is not delivered to street address) Room/ | suite | | (202 |) 986 | -2700 |
| <u> </u> | | d return on pending | City or town, state or province, co | ountry, and ZIP or foreign postal code | | | | , , , , , | 2700 |
| 1 14 | piicucic | on penang | WASHINGTON, DC 20005 | | | | G Gross | receipt | s \$ 33,580,275 |
| | | | F Name and address of princ | apal officer | | H(a) Is | this a grou | n retu | rn for |
| | | | DENISE DEVENNY 740 15TH STREET NW NO 9 | 200 | | | ıbordınates i | • | ⊤ Yes 🗸 |
| | | | WASHINGTON, DC 20005 | 900 | | | No re all suborc | linato | - |
| I Ta | x-exer | mpt status | ✓ 501(c)(3) | (insert no) 4947(a)(1) or 527 | | | cluded? | illiate | Yes No |
| 1 W | ebsit | e: NW | /W NEWAMERICA ORG | | | | • | | t (see instructions) |
| | | | | | | | roup exemp | | |
| K For | n of o | rganızatıon | ✓ Corporation Trust Associ | ciation Other > | | L Year o | of formation 1 | 998 | M State of legal domicile DO |
| Pa | rt I | Sum | mary | | | | | | |
| | | | | on or most significant activities | | | | | |
| | | | | NG NEW VOICES AND NEW IDEAS T S AND ISSUE-SPECIFIC PROGRAMS | | | | | |
| വ | | | | AND EVENTS ON THE MOST IMPOR | | | | | |
| Ě | - | | | | | | | | |
| E | - | | | | | | | | |
| Governance | ,- | Chack th | us hox • □ If the organization | discontinued its operations or disposed | d of | more tha | an 25% of it | c net | accets |
| | _ | CHECK III | is box P If the organization | discontinued its operations of disposed | u oi | more the | 311 2 3 70 UT IL | .s net | assets |
| Activities & | 3 | Number | of voting members of the gover | ning body (Part VI, line 1a) | | | | з | 21 |
| Щe | 4 | Number | of independent voting members | of the governing body (Part VI, line 1b | b) . | | | 4 | 21 |
| Ę | 5 | Total nur | mber of individuals employed in | n calendar year 2015 (Part V, line 2a) | | | | 5 | 222 |
| ď | 6 | Total nur | mber of volunteers (estimate if | necessary) | | | | 6 | 21 |
| | | | | Part VIII, column (C), line 12 | | | | 7a | 0 |
| | ЬΝ | let unrela | ated business taxable income f | rom Form 990-T, line 34 | | | | 7b | (|
| | | | | | | F | Prior Year | <u> </u> | Current Year |
| | 8 | 8 Contributions and grants (Part VIII, line 1h) | | | | | 20,219 | ,546 | 33,232,227 |
| 랼 | 9 | Progra | am service revenue (Part VIII, | line 2g) | | | 16 | ,002 | 14,456 |
| Ravenue | 10 | Invest | tment income (Part VIII, colur | nn (A), lines 3, 4, and 7d) | | | 80 | ,372 | 17,371 |
| œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | 0 | 245,540 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part V | | | 1 (must equal Part VIII, column (A), li | ıne | | 20,315 | .920 | 33,509,594 |
| | | 12) | | | | | | | |
| | 13 | | , , | rt IX, column (A), lines 1-3) | | | | 0 | 94,705 |
| | 14 | | | t IX, column (A), line 4) | | | | 0 | 0 |
| 82 | 15 | Salarie 5-10) | · · · · · · · · · · · · · · · · · · · | yee benefits (Part IX, column (A), lines | 5 | | 13,581 | ,398 | 15,942,035 |
| Expenses | 16a | , | Professional fundraising fees (Part IX, column (A), line 11e) | | | | | 0 | 0 |
| x b e | ь | | indraising expenses (Part IX, column (| | | | | | |
| ш | 17 | | |), lines 11a-11d, 11f-24e) | | | 7,957 | ,842 | 9,613,046 |
| | 18 | | | nust equal Part IX, column (A), line 25) | | | 21,539 | - | 25,649,786 |
| | 19 | | | e 18 from line 12 | | | -1,223 | _ | 7,859,808 |
| გ. | | | · | | | Bearnnin | ng of Current | | End of Year |
| Net Assets or Fund Balances | | | | | | | | | |
| Ass | 20 | | | | • | | 16,714 | _ | 26,286,378 |
| E E | 21 | | | | • | | 1,731 | | 3,443,282 |
| | 22 | | | ct line 21 from line 20 | | | 14,983 | ,288 | 22,843,096 |
| | t III | | ature Block | xamined this return, including accompa | anvii | na scher | dules and st | ateme | anter and to the heet of |
| | | | | emplete Declaration of preparer (other | | | | | |
| prepa | rer h | as any kr | nowledge | | | | | | |
| | | **** | ** | | | | 2016-11-14 | | |
| Sigr | 1 | I I I I I | ature of officer | | | | Date | | |
| Her | | DENT | ISE DEVENNY CHIEF FINANCIAL & ADI | MN OFFICER | | | | | |
| | | | or print name and title | GITAGEN | | | | | |
| | | | rint/Type preparer's name | Preparer's signature | Date | e | Check I if | PTIN | |
| Paid | t | | DAVID JONES | DAVID JONES | | | self-employed | P013 | 361002 |
| Pre | | er ⊢ | irm's name > JONES MARESCA & N | <u> </u> | | | Fırm's EIN 🕨 | | |
| Use | - | 1 + | irm's address ► 1730 RHODE ISLAND | AVE NW SUITE 800 | | | Phone no (20 | 2) 296 | -3306 |
| | - • • | | WASHINGTON, DC 2 | 20036 | | | | | |
| May | tha TE |) C dicciio | s this return with the preparer | shown above? (see instructions) | | | | | Vos No |

| Form | 990 (2 | 1015) | | | | | | | | | P | age 2 |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|---|
| Par | t III | Statement of I | Program Service | Accomp | lishments | | | | | | | |
| | | Check if Schedule | O contains a respons | se or note t | o any line in th | us Part III | | | | | | . 🗸 |
| 1 | Briefl | y describe the orga | nızatıon's mıssıon | | | | | | | | | |
| THE CAP IDE | DIGITA ITAL FI AS, IMP | AL AGE NAFCARI JND, THINK TANK ARTIAL ANALYSI | N (NAF) IS DEDICAT RIES OUT THEIR MI T, TECHNOLOGY LAE S, PRAGMATIC POL IT WITH BROAD AUI | SSION AS BORATORY ICY SOLU | A NONPROFI , PUBLIC FOF | T CIVIC EN RUM, AND M | TERPRISE EDIA PLAT | AS AN IN FORM T | TELLE HEIR H | CTUAL V | ENTURI KS ARE | E BIG |
| 2 | Dıd th | e organization unde | ertake any significant | program se | rvices during | the year whi | ch were not | listed on | | | | |
| | the pr | or Form 990 or 99 | 0-EZ? | | | | | | | ✓Yes | No | |
| | If"Ye | s." describe these i | new services on Sche | dule O | | | | | | | | |
| 3 | | | se conducting, or mak | | nt changes in h | ow it conduc | ts, anv prod | ıram | | | | |
| | servic | _ | | | | | | | | ✓Yes | □No | |
| | If"Ye | s." describe these | changes on Schedule | 0 | | | | | | | • | |
| 4 | expen | ses Section 501(c | n's program service a ()(3) and 501(c)(4) o evenue, if any, for eac | rganızatıons | are required | to report the | J 1 J | | | | , | |
| 4a | (Code | |) (Expenses \$ | 7,820,106 | including grants | of \$ |) | (Revenue | \$ | |) | |
| | THE N EDUC RESEA EFFEC TAX P NEW ! BY WC AND (INSTI AMER EDUC DISCF ENVIR THEIR EMER TAKE DECA MATC BUSIN MARK ENTEI PROCC CONV | ATION'S CRITICAL EDU ATORS, AND THE PUBLI RICH ON AND ANALYSIS IT. IN ANAL | IS EDUCATION POLICY PROCATION PROBLEMS, SERVICATION PROBLEMS, SERVICATION PROBLEMS, SERVICE THE FEDERAL SOF ALL FACETS OF FEDERAL INITIATIVES-INITIATIATIVES-INITIATIVES-INITIATIVES-INITIATIVES-INITIATIVES-INITIATIATIVES-INITIATIATIVES-INITIATIATIVES-INITIATIATIATIATIATIATIATIATIATIATIATIATIA | ING AS A TRU: L EDUCATION RAL EDUCATION RAL EDUCATIO CLUDING EACH N STUDENT LO OYSFUNCTION PROCESS, WI ETY THE POST ESSIONAL DEV DUCH THE LAB TO CHILD CAI S FOR FEMALE UGH POWERF ARTNERSHIP I VE EFFECTS (T, WHILE LITTI K AIMS TO RE NAYS INTO HIG ICA IS OVERHIP | STED SOURCE OF BUDGET PROJECT ON FINANCE NEW 1 YEAR'S FEDERAL ANS POLITICAL FOR GOVERNMEN' FOR CAPACITY TO BE CAPACITY TO CAPACITY AND SETWEEN NEW AND SOCIETY AND SECURE THE DEMANMINE AND SCALE WIRE THE DEMANMINE AND SCALE WHILE WORK TO CONNECT | OBJECTIVE AN T PRODUCES A Y AMERICA'S EX L EDUCATION B LEFORM PROGRE I, RESTORE TR PORTUNITIES F IONAL POLICY I CONGRESSIONA VISE AND IMPL E LAB PROGRAD INFORMED DEI INFORMED DEI IERICA, ARIZON PUBLIC POLICY TODAY, WILL D UD SIDE OF THI THE ADOPTION ITHE GROGH ITHONAL THINK MS ON THE GRC I CITIZENS TO | ALYSIS AND IN CONTINUOUS PERTY STAFF A SUDGET, APPROLEM STORE FOR FULL PARTY WAS TO BE A STAFF WORE AS A STATE UNIVERS ABOUT THE BOTH THE BOTH TO BE A STATE UNIVERS ABOUT THE ABO | INOVATIVE: STREAM OI NALYZES TH DPRIATIONS ITICAL REF UILD THE P ITICIPATION, HE POSTSEC KING ON HI AGE E PROGRAM AREERS AN THE PARTN RESHAPE T RKET AND, INING AND BY DEVELO BY BUILDIN BY BUILDIN BY BUILDIN | IDEAS FOF RIGORO F RIGORO LEGISLAT CHE FINANC LEGISLAT CHE FINANC LEGISLAT LIN ORDE LONDARY GHER EDL LIN ORDE LONDARY GHER EDL LIN ORDE LONDARY GHER EDL LONDARY LONDA | NOLICYMA US, INDEPE LING, QUAL LION, EDUC GRAM SEEK FAMERICA R TO REST NATIONAL UCATION IS AND AFFOR MBALANCE, D CREATE S, THEIR S S A SERIES Y DEBATES Y DEBATES UBLIC POL MODEL MODEL CONVERSA CONVERSA CONVERSA | INERS, INDENT ITY, AND ATTON-RE STO DEV AND DEMOC ORE DYNA POLICY SUES NE DABLE HIG A PUBLIC STRENGTH O EXPLOR OF EVENT OF THE C FINOS FO ICLES, ANI CLUSIVE 30 OF CIVIC ITIVE POLIC ITIVE POLIC ITIVE POLIC ITIVE POLIC ITIONS, | COST- ELATED /ELOP :RACY WAMISM WGHER THAT IS AND RE IS THAT OMING OR D OB |
| 4b | (Code | |) (Expenses \$ | 6,441,680 | ıncludıng grants | of ¢ | 94 705 3 | (Revenue | 4 | |) | |
| שד | TECHI RESEA TECHI PROM AND A | NOLOGY POLICY PROGR ARCH, TECHNOLOGICAL NOLOGIES AND COMMU OTES AFFORDABLE, UN | AMS OPEN TECHNOLOGY INNOVATION, AND POLIC' NICATIONS NETWORKS P IVERSAL, AND UBIQUITOU OPOSALS TO PROMOTE UN | INSTITUTE - 1 Y REFORM NE PARTNERING V S COMMUNIC | THE OPEN TECHNO EW AMERICA CRE VITH COMMUNITI ATIONS NETWORK | OLOGY INSTITU ATES REFORM ES, RESEARCHE (S WIRELESS FI | TE STRENGTHI TO SUPPORT (ERS, INDUSTR' UTURE PROJEC | ENS COMMI DPEN SOUR Y AND PUBL CT - THE W | JNITIES T CE INNOV IC INTERI IRELESS F | ATIONS AN EST GROUP UTURE PR | ROUNDED D FOSTER 'S, NEW A OJECT DE' | . OPEN MERIC <i>A</i> VELOPS |
| 40 | (Code | |) (Expenses \$ | 2,600,898 | including grants | of \$ | ١ | (Revenue | <u> </u> | |) | |
| 4 c | | | | | | | | • | | E ENTRENC | , | |
| | ANALY | SIS OF SOME OF THE T | GRAMS INTERNATIONAL S HORNIEST QUESTIONS FA AFDA AND ALLIED GROUPS | CING AMERIC | AN POLICYMAKER | S AND THE PU | BLIC NEW AM | ERICA IS LA | RGELY FO | CUSED ON | SOUTH A | SIA |

| Par | t IV Checklist of Required Schedules | | | |
|-----|---|-------------|-----|----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 | 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 | Yes | |
| 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 | Yes | |
| 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 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| | 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 | 11 c | | 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 2 | 11 d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11 f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12 a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| | 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 | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | 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? | 20h | | |

| Form | 990 (2015) | | | Page 4 |
|------|---|-------------|-----|---------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 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? | 24 c | | |
| 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, Pait 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? | 26 | | No |

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV **

Did the organization receive more than \$25.000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

instructions for applicable filing thresholds, conditions, and exceptions)

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

29

30

31

36

37

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

38 Yes Form **990** (2015)

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

Yes

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Nο

Nο

Nο

Nο

Νo

| Par | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----|--|----------------|-----|----------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | | |
| 10 | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a | 216 | Yes | No |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | 0 | | |
| | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | . 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and | | | |
| | Tax Statements, filed for the calendar year ending with or within the year covered by this return | 222 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | . 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial | / | | |
| | account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR) | - | | NI - |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a | | No No |
| | | 5b | | NO |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | No |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or | ouft c | | |
| | were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods at services provided to the payor? | nd 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | . 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282? | ed to 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | . 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | . 7f | | No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 889 | 9 as | | |
| | required? | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? | a 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tirduring the year? | ne 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions additional information the organization must report on Schedule O | for 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

| orm | 990 (2015) | | | Page |
|-----|---|------------|---------|------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions. | | Ob belo | w, |
| Se | Check if Schedule O contains a response or note to any line in this Part VI | • | | ! |
| | octon Al Governing Body and Hanagemone | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 21 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 21 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Sc | action B. Policies (This Section B requests information about policies not required by the Internal B | avan | ue Cod | ۵) |

Yes No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? 13 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Nο f b Other officers or key employees of the organization \ldots \ldots \ldots 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

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

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon 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 State the name, address, and telephone number of the person who possesses the organization's books and records

▶THE ORGANIZATION 740 15TH STREET NW NO 900 WASHINGTON, DC 20005 (202) 986-2700

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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

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

| (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | į | (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 |
|-------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2,1033 MISC) | | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | ets to Part VII, S | ection A | | | | . • | | | | |
| d Total (add lines 1b and 1c) | | | | | | • | | 2,339,253 | 0 | 244,437 |

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

Section B. Independent Contractors

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

| compensation from the organization Report compensation for the calendar year ending | with or within the organization | n's tax year |
|--|---------------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| WASHINGTON GROUP SOLUTIONS | CONSULTING | 477,241 |
| 101 W BROAD ST SUITE 200 FALLS CHURCH, VA 22046 | | |
| HOPPMANN AUDIO VISUAL | AUDIO VISUAL SERVICES | 246,248 |
| 4170 LAFAYETTE CENTER DR SUITE 10 CHANTILLY, VA 20151 | | |
| SUSTAINALYTICS US INC | CONSULTING | 149,750 |
| 24 SCHOOL STREET STE 803 BOSTON, MA 02108 | | |
| JOAN GANZ COONEY CENTER FOR EDUCATIONAL | MEDIA AND RESEARCH | 128,000 |
| ONE LINCOLN PLAZA NEW YORK, NY 10023 | | |
| GREYLOCKE & COMPANY | PROJECT SUPPORT | 120,663 |
| PO BOX 40307 WASHINGTON, DC 20016 | | |
| 2 Total number of independent contractors (including but not limited to those listed above |) who received more than | |

Yes

No

| Form 99 | | | | | | | | Page 9 |
|---|--------------|---|--|---------------------------------------|--|--|---|--|
| Part V | /## | Statement o | | | | | | _ |
| | | Check If Schedi | ule O contains a respor | nse or note to any lir | ne in this Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| s s | 1a | Federated cam | paigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ь | Membership du | ies 1b | | | | | |
| | c | Fundraising eve | ents 1c | | | | | |
| fts. ir A | d | Related organiz | zations 1d | | | | | |
| nila | e | Government grants | | 1,471,133 | | | | |
| Sin | | _ | | | | | | |
| utic ier | f | similar amounts no | ons, gifts, grants, and 1f ot included above | 31,761,094 | | | | |
| 를 출 증 | g | Noncash contribution 1a-1f \$ | ons included in lines | | | | | |
| n d | h | Total. Add lines | s 1a-1f | | 33,232,227 | | | |
| | | | | Business Code | | | | |
| Re | 2a | PUBLICATION SALE | ES | 900099 | 14,456 | 14,456 | | |
| e Ve | ь | | | 300033 | 14,430 | 14,430 | | |
| ıή. CE | c | | | | | | | |
| Ϋ́ | d | | | | | | | |
| Program Service Revenue | e | | | | | | | |
| ıran | f | All other progra | am service revenue | | | | | |
| d o | | T-1-1 Add 1::::- | - 2- 26 | | 14.450 | | | |
| | 3 | | s 2a-2f | | 14,456 | | | |
| | | and other simil | ar amounts) | > | 72,642 | | | 72,642 |
| | 4 | Income from inves | stment of tax-exempt bond | · · · · · · · · · · · · · · · · · · · | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | (ı) Real 246,614 | (II) Personal | | | | |
| | " | Gross rents | · | | | | | |
| | b | Less rental expenses | 0 | | | | | |
| | C | Rental income or (loss) | 246,614 | | | | | |
| | d | | me or (loss) | | 246,614 | | | 246,614 |
| | | _ | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 15,410 | | | | | |
| | ь | Less cost or other basis and | 16,041 | 54,640 | | | | |
| | _c | sales expenses Gain or (loss) | -631 | -54.640 | | | | |
| | d | Net gain or (los | | · · | -55,271 | | | -55,271 |
| | 8a | | | | | | | |
| Other Revenue | | events (not inc \$ | s reported on line 1c) | | | | | |
| He i | b | Less directex | penses b | | | | | |
| ō | c | Net income or (| (loss) from fundraising | events ▶ | | | | |
| | 9a | | rom gaming activities ne 19 a | | | | | |
| | b | Less direct ex | penses b | | | | | |
| | С | Net income or (| (loss) from gaming acti | vities | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | b | Less cost of g | oods sold b | | | | | |
| | С | | (loss) from sales of inve | entory ▶ | | | | |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | | EIGN CURRENCY | 900099 | -1,074 | | | -1,074 |
| | b | EXCHANGE | | | | | | |
| | c | | | | | | | |
| | d | All other reven | ue | | | | | |
| | e | Total. Add lines | s 11a-11d | • | 1 074 | | | |
| | 12 | Total revenue. | See Instructions | 🛓 | -1,074 | | | |
| | | | | | 33,509,594 | 14,456 | 0 | 262,911 |

Part IX Statement of Functional Expenses

| Section $501(c)(3)$ and $501(c)(4)$ org | janizations must complete all columns | All other organizations must comp | lete 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 | 94,705 | 94,705 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,523,060 | 1,031,504 | 384,581 | 106,975 |
| 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 | 11,048,409 | 9,180,353 | 1,661,283 | 206,773 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 692,013 | 552,385 | 123,520 | 16,108 |
| 9 | Other employee benefits | 1,742,867 | 1,386,444 | 309,658 | 46,765 |
| 10 | Payroll taxes | | | · | <u> </u> |
| | · · · · · · · · · · · · · · · · · · · | 935,686 | 745,779 | 165,308 | 24,599 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 91,602 | 18,368 | 73,234 | |
| c | Accounting | 14,303 | 2,868 | 11,435 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 4,262,891 | 3,636,353 | 550,412 | 76,126 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 989,768 | 325,136 | 616,276 | 48,356 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 2,191,303 | 1,330,645 | 804,844 | 55,814 |
| 17 | Travel | 996,095 | 927,021 | 42,420 | 26,654 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 473,262 | 429,204 | 34,554 | 9,504 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 64,281 | | 64,281 | |
| 23 | Insurance | 56,601 | 10,467 | 46,134 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | PUBLICATIONS AND SUBSCR | 258,829 | 180,915 | 74,622 | 3,292 |
| b | STAFF RECRUITMENT | 83,784 | 22,947 | 53,749 | 7,088 |
| c | MISCELLANEOUS | 78,927 | 78,301 | 175 | 451 |
| d | BAD DEBT EXPENSE | 51,400 | 50,000 | 1,400 | |
| e | All other expenses | | 1,793,824 | -1,793,824 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 25,649,786 | 21,797,219 | 3,224,062 | 628,505 |
| 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) | | | | |

| Par | tΧ | Balance Sheet | | | | rage LL |
|-----------------------------|-----|---|-------------------------------|--------------------------|-------------|---------------------------|
| | | Check if Schedule O contains a response or note to any line | n this Part X | | <u> </u> | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | 1,507 | 1 | |
| | 2 | Savings and temporary cash investments | | 10,723,960 | 2 | 11,556,878 |
| | 3 | Pledges and grants receivable, net | | 5,232,482 | 3 | 13,549,630 |
| | 4 | Accounts receivable, net | | 277,469 | 4 | 115,993 |
| | 5 | Loans and other receivables from current and former officer key employees, and highest compensated employees Com Schedule L | plete Part II of | | 5 | |
| ts | 6 | Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c); contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations (see instruction of Schedule L | (3)(B), and tion 501(c)(9) | | | |
| Assets | | | | | 6 | |
| Ä | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 159,653 | 9 | 430,099 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | . 0a 1,044,807 | | | |
| | b | Less accumulated depreciation | Ob 549,746 | 304,367 | 10 c | 495,061 |
| | 11 | Investments—publicly traded securities | 15,410 | 11 | | |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 0 | 15 | 138,717 |
| | 16 | Total assets.Add lines 1 through 15 (must equal line 34) | | 16,714,848 | 16 | 26,286,378 |
| | 17 | Accounts payable and accrued expenses | | 921,991 | 17 | 1,982,384 |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 18,033 | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| ζΔ. | 21 | Escrow or custodial account liability Complete Part IV of S | Schedule D | 17,056 | 21 | 178,942 |
| bilities | 22 | Loans and other payables to current and former officers, dir key employees, highest compensated employees, and disqi | | | | |
| Ξ | | persons Complete Part II of Schedule L | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third pa | rties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third partic | es | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to r and other liabilities not included on lines 17-24) Complete Part X of Schedule D | related third parties, | | | |
| | | | | 774,480 | 25 | 1,281,956 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 1,731,560 | 26 | 3,443,282 |
| ses | | Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. | ▶ | | | |
| ılan | 27 | Unrestricted net assets | | 3,390,200 | 27 | 7,546,255 |
| Ä | 28 | Temporarily restricted net assets | | 11,593,088 | 28 | 15,296,841 |
| Ē | 29 | Permanently restricted net assets | | | 29 | _ |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34. | ck here ▶ and | | | |
| ţŞ | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building or equipment fur | nd | | 31 | |
| Ă | 32 | Retained earnings, endowment, accumulated income, or oth | | | 32 | |
| Net | 33 | Total net assets or fund balances | | 14,983,288 | 33 | 22,843,096 |
| _ | 34 | Total liabilities and net assets/fund balances | | 16,714,848 | 34 | 26,286,378 |
| | 1 | | | , , | - | Form 990 (2015) |

4

5

6

7

8

9

10

Page 12

14,983,288

22,843,096

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

 $\overline{\mathbf{v}}$

No

Νo

| XI Reconcilliation of Net Assets | | |
|---|---|------------|
| Check if Schedule O contains a response or note to any line in this Part XI | | |
| Total revenue (must equal Part VIII, column (A), line 12) | | |
| Total revenue (must equal Part VIII, Column (A.), mie 12) | 1 | 33,509,594 |
| Total expenses (must equal Part IX, column (A), line 25) | | |

Cash Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | |
|---|---|---|------------|
| | | 1 | 33,509,594 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 25,649,786 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 7,859,808 |

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Other changes in net assets or fund balances (explain in Schedule O) .

Net unrealized gains (losses) on investments

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments

Additional Data

(Code

Software ID: Software Version:

EIN: 52-2096845

Name: NEW AMERICA FOUNDATION

) (Revenue \$

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

) (Expenses \$

| (0000 | / (Expenses 4 | 2,000,001 | meraaming grantes or \$ |) (Nevenue p | , |
|------------------|-------------------------|-------------|-------------------------|--|----------------|
| ACADEMICS AND O | | | | ROGRAM SUPPORTS TALENTED JO O OFTEN UNPREDICTABLE PERSP | , |
| (Code |) (Expenses \$ | 1,958,054 | ıncludıng grants of \$ |) (Revenue \$ |) |
| ECONOMIC/FISCAL | POLICY PROGRAMS ASSE | ET BUILDING | PROGRAM - THE MI | SSION OF THE ASSET BUILDING | PROGRAM IS TO |
| · ' | | | | CREASED SAVINGS AND ASSET O | |
| THEREBY PROVIDIN | NG FAMILIES WITH ENHAN | CED ECONO | MIC SECURITY, A DI | RECT STAKE IN THE COMMONWE | EALTH, AND THE |
| MEANS TO PURSUE | THEIR ASPIRATIONS ECO | NOMIC GRO | WTH - THE ECONOM | IC GROWTH PROGRAM AIMS TO | CHART A |
| GROWTH PATH THR | OUGH THE POST-BUBBLE | WORLD ECO | NOMY BY ADVANCIN | IG PRO-GROWTH POLICY REFORM | 1S AND |
| BRINGING INNOVA | TIVE SOLUTIONS TO THE | FOREFRONT | OF PUBLIC DEBATE | THE PROGRAM STRIVES TO PRO | MOTE A MORE |
| BALANCED PATTER | N OF DOMESTIC AND INT | ERNATIONA | L GROWTH THAT CRE | ATES A STRONGER PRODUCTIVE | ECONOMY |
| CAPABLE OF SUPPO | ORTING RISING LIVING ST | ANDARDS F | OR ALL AMERICANS | OPEN MARKETS - THE OPEN MAR | RKETS PROGRAM |
| PROMOTES POLITI | CAL, INDUSTRIAL, ECONO | MIC, AND EI | NVIRONMENTAL RES | ILIENCE NEW AMERICA DOES SO |) BY |
| DOCUMENTING AN | D CLARIFYING THE DANGE | ERSOFEXTR | EME CONSOLIDATIO | N, AND BY FOSTERING DISCUSS | IONS OF WAYS |
| TO REESTABLISH A | MERICA'S POLITICAL ECO | ONOMYONA | MORE STABLE AND | FAIR FOUNDATION BRETTON WO | ODS II - THE |
| BRETTON WOODS I | I PROGRAM AIMS TO EXAI | MINE AND EI | NHANCE THE WAYS V | VE HARNESS PRIVATE ENERGIES | AND |
| RESOURCES FOR PU | JBLIC PURPOSE THROUGI | H RESEARCH | I, POLICY RECOMMEN | NDATION AND PUBLIC PROGRAM | MING AND |
| ENGAGEMENT, BRE | TTON WOODS II SEEKS TO | IMPROVET | THE WAYS WE DESIGN | N AND FINANCE SOLUTIONS TO F | POVERTY, |
| INEQUALITY AND C | PPORTUNITY, FOCUSING | ON SOCIAL | ENTREPRENEURSHI | P, INNOVATION AND PUBLIC-PRI | [VATE |
| PARTNERSHIPS TO | STRENGTHEN INVESTMEN | AMUH NI TI | N AND PHYSICAL CAP | PITAL IN THE US AND AROUND | THE WORLD |

2.038.591 including grants of \$

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code 937,890 including grants of \$) (Revenue \$)(Expenses \$ 14,456) EVENTS, EDITORIAL AND COMMUNICATIONS PROGRAM THE MISSION OF THE EVENTS, EDITORIAL AND COMMUNICATIONS PROGRAM IS TO BRING THE WORK DONE BY STAFF AT NEW AMERICA TO AN AUDIENCE OF THOUGHT LEADERS, CHANGE MAKERS, AND INTELLECTUALS OF BOTH TODAY AND TOMORROW ACROSS THE COUNTRY THIS IS ACCOMPLISHED IN FOUR WAYS SHOWCASING THE WORK OF POLICY STAFF BY PRODUCING POLICY PAPERS AND DATA VISUALIZATIONS. TRANSLATING THAT POLICY INTO OP-EDS AND ARTICLES SO AS TO ENGAGE READERS WITH THE MOST PRESSING POLICIES. IDEAS, AND ISSUES OF THE DAY (BOTH IN OUR OWN CENTRAL EDITORIAL PRODUCTS AND IN OTHER OUTLETS). CONVENING THOSE WHO WANT TO BE IN THE ROOM WHERE IT HAPPENS FOR EVENTS THAT CREATE A SPACE FOR GENUINE DIALOGUE. AMPLIFYING ALL OF THE ABOVE THROUGH SOCIAL MEDIA, STRONG MEDIA RELATIONS, LIVE STREAMING, VIDEO

PRODUCTION, AND MORE, ALL SO THAT EVEN THOSE AMERICANS WHO AREN'T IN WASHINGTON, D.C. OR NEW YORK OR SAN FRANCISCO OR CHICAGO, OR WHO DON'T YET KNOW ABOUT OUR THINK TANK AND CIVIC ENTERPRISE, CAN LEARN WHO WE ARE AND WHAT WE ARE DOING TO ENSURE THAT THE NEW AMERICA IS MORE EQUITABLE AND INFORMED THAN THE OLD

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

| compensated Employees, and Inde | 1 | | | _ | | | 1 | İ | | İ |
|---------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | | and related organizations |
| ERIC SCHMIDT CHAIRMAN | 1 00 | x | | × | | | | 0 | 0 | 0 |
| WILLIAM W GERRITY VICE CHAIRMAN | 1 00 | × | | × | | | | 0 | 0 | 0 |
| STEVEN RATTNER TREASURER | 1 00 | × | | × | | | | 0 | 0 | 0 |
| JAMES FALLOWS DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 |
| DAVID G BRADLEY DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 |
| R BOYKIN CURRY DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| WALTER RUSSELL MEAD | 1 00 | ., | | | | | | | | |

1 00

1 00

1 00

Х

Χ

DIRECTOR

DIRECTOR

DIRECTOR

TED HALSTEAD DIRECTOR

MICHAEL M CROW

ATUL A GAWANDE MD MPH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| compensated Employees, and inde | pendent co | illiac | LOIS | 3 | | | | i i | Ī | ı |
|---------------------------------|---|-----------------------------------|-----------------------|--------------------|---------------------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | m unles | ore t ss pe | han erso cer | not one n is and | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | | MISC) | organization and related organizations |
| MOHAMED EL-ERIAN | 1 00 | × | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | | | |
| HELENE GAYLE DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 |
| ZACHARY KARABELL DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 |
| JEFFREY LEONARD DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 |
| REIHAN SALAM DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 |
| LENNY MENDONCA DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| JONATHAN SOROS | 1 00 | | | | | | | _ | _ | |

1 00

1 00

1 00

Х

Χ

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KATI MARTON

DANIEL YERGIN

FAREED ZAKARIA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

35,686

19,139

30,698

6,021

0

0

ol

| Compensated Employees, and Inde | pendent Co | ntrac | :tor | 5 | | - | | 1 | 1 |
|---|---|-----------------------------------|-----------------|-------------------------|----------------------------|------------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | unles | ore tl ss pe | than ersor icer a | not one on is and | , | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | | | Key er | Former | MISC) | MISC) | organization and related organizations |
| ASHLEY SWEARINGEN DIRECTOR | 1 00 | x | | | | | 0 | 0 | c |
| ANNE-MARIE SLAUGHTER PRESIDENT AND CEO | 40 00 | | | х | | | 510,818 | 0 | 24,056 |
| CAROLINE KNOX VP, FINANCE & OPS UNTIL 5/2015 | 40 00 | | | х | | | 71,535 | 0 | 10,622 |
| DENISE DEVENNY CHIEF FIN & ADMN AS OF 10/2015 | 40 00 | | | х | | | 54,995 | 0 | 665 |
| KEVIN BANKSTON DIRECTOR, OPEN TECH INSTITUTE | 40 00 | | | | х | | 195,465 | 0 | 24,197 |
| KEVIN D CAREY | 40 00 | | | \Box | x | | 193,392 | 0 | 24,964 |

40 00

40 00

40 00

40 00

Х

Χ

Χ

171,281

186,245

193,798

220,185

EDUCATION POLICY PROGRAM DIRECTOR

VP, INTN'L SECURITY, FUTURE OF WAR, FELLOWS

......

VP, TECHNOLOGY, POLICY & S

..... PROGRAM DIRECTOR

CYBERSECURITY/INTN'L SECURITY

SHERLE SCHWENNINGER

PETER BERGEN

ALAN DAVIDSON

PETER SINGER

PROGRA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A)
Name and Title

(B)
A verage

(C)
Position (do not check
Reportable
Reportable

| | hours per week (list any hours for related organizations below dotted line) | unles | ss pe | cer tor/f | n is and trust | tee) | compensation from the organization (W- 2/1099- MISC) | compensation from related organizations (W- 2/1099- MISC) | amount of other compensation from the organization and related organizations |
|---|---|-------|-------|--------------|----------------------|------|--|---|--|
| SUZANNE DIMAGGIO DIRECTOR AND SENIOR FELLOW | 40 00 | | | | | х | 207,063 | 0 | 25,659 |
| CHRISTIAN E HOGAN VP OF EDITORIAL, EVENTS, & COMM | 40 00 | | | | | х | 167,268 | 0 | 25,048 |
| SHARON E BURKE | 40 00 | | | | | | | _ | |

17,682

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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

OMB No 1545-0047 Open to Public **Inspection**

DLN: 93493320015526

Employer identification number

52-2096845

Treasury Internal Revenue Service Name of the organization NEW AMERICA FOUNDATION

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2 3

Department of the

www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

| 8 | | A community trust des | scribed in sec t | tion 170(b)(1)(A)(vi) | (Complete Pa | rt II) | | | | | | |
|--------|---------------------------------------|---|---|---|---|--|--|--|--|--|--|--|
| 9 | | An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | | | |
| 11 | İ- | one or more publicly s | upported orga | ınızatıons described in | section 509(a |)(1) or sectio | unctions of, or to carry o on 509(a)(2) See sectio nd complete lines 11e, 1 | n 509(a)(3). Check | | | | |
| а | | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. | | | | | | | | | | |
| b | Г | management of the su must complete Part IV | pporting orgai | nization vested in the s and C. | same persons t | hat control o | ported organization(s), branage the supported | organization(s) You | | | | |
| c | | Type III functionally i supported organization | | | | | th, and functionally integ | rated with, its | | | | |
| d e | Γ | Type III non-functions not functionally integra (see instructions) You | ally integrate ated The orga u must comple organization re | d. A supporting organi anization generally mu ate Part IV, Sections A eceived a written deter | zation operated st satisfy a dis and D, and Pa mination from t | in connection tribution requ rt V. the IRS that i | on with its supported org irrement and an attentive t is a Type I, Type II, T | eness requirement | | | | |
| f | Enter | r the number of support | | | | | | | | | | |
| g | | Provide the following in | | | | | | | | | | |
| Nam | (i) Name of supported organization | | (ii)EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the orga Issted in your docume | nızatıon governıng | A mount of monetary support (see instructions) | (vi) A mount of other support (see instructions) | | | | |
| | | | | | Yes | No | | | | | | |
| | | | | | | | | | | | | |
| Total | l | | | | | | | | | | | |
| | | ork Reduction Act Noti | ce, see the In | nstructions for Form 99 | 90 or 990EZ. | Cat No 1 | | 990 or 990-EZ) 201! | | | | |

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 16,734,129 20,219,546 21,814,326 19,432,725 33,232,227 111,432,953 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 16,734,129 21,814,326 19,432,725 20,219,546 33,232,227 111,432,953 The portion of total contributions by each person (other than a governmental unit or publicly 20.796.022 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (c)2013 (a)2011 **(b)**2012 (d)2014 (e)2015 (f)Total 16,734,129 21,814,326 19,432,725 20,219,546 33,232,227 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 430,740 347,151 283,550 78,946 319,256 royalties and income from similar sources

90,636,931 (or fiscal year beginning in) ▶ 111,432,953 1,459,643 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 20.941 93.440 151,911 266,292 capital assets (Explain in Part VI) 11 Total support. Add lines 7 113,158,888 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 44.460 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,

Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 80 100 % 15 83 250 %

Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(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.)

| Se | ction A. Public Support | | | | | | |
|-------------|---|-------------------------|--------------------------|-----------------------|----------------------|-----------------|-------------------------|
| | Calendar year | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e)2015 | (f) ⊤otal |
| • | iscal year beginning in) | (4)2011 | (5)2012 | (6)2010 | (4)2011 | (0)2010 | (1)10ta1 |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| - | merchandise sold or services | | | | | | |
| | performed, or facilities furnished | | | | | | |
| | in any activity that is related to | | | | | | |
| | the organization's tax-exempt | | | | | | |
| | purpose | | | | | | |
| 3 | Gross receipts from activities | | | | | | |
| | that are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| • | furnished by a governmental unit | | | | | | |
| | to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, | | | | | | |
| | and 3 received from disqualified | | | | | | |
| | persons | | | | | | |
| b | Amounts included on lines 2 and | | | | | | |
| | 3 received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| _ | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| Se | ction B. Total Support | | | | 1 | | I |
| | Calendar year | | | 1 | I | I | |
| (or f | iscal year beginning in) | (a) 2011 | (b) 2012 | (c)2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable | | | | | | |
| | income (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| _ | June 30, 1975 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 | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| | VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| 14 | 11, and 12) First five years.If the Form 990 is f | or the organization | n's first second | thurd fourth or | fifth tay year ac a | section 501/c | V3) organization |
| 14 | • | or the organization | on s mist, second | , tillia, louitii, oi | ilitii tax yeal as a | 1 5600001 501(0 |)(3) organization, ▶ □ |
| | check this box and stop here | lia Cunnant D | | | | | |
| | ction C. Computation of Pub | | | | | | |
| 15 | Public support percentage for 2015 | (line 8, column | (f) divided by line | : 13, column (f)) | | 15 | |
| 16 | Public support percentage from 201 | l 4 Schedule A, P | art III, line 15 | | | 16 | |
| Se | ction D. Computation of Inv | estment Inco | me Percenta | ae | | | |
| 17 | Investment income percentage for | | | | nn (f)) | 14-1 | |
| | · · · · · · | • | | • | ···· (1 <i>))</i> | 17 | |
| 18 | Investment income percentage from | n 2014 Schedule | A, Part III, line | 1 / | | 18 | |
| 19 a | 33 1/3% support tests—2015. If the | organization did | not check the bo | ox on line 14, and | l line 15 is more t | than 33 1/3%, a | ind line 17 is not |
| | more than 33 1/3%, check this box | and stop here. T | he organization q | ualıfıes as a publ | icly supported or | ganızatıon | ▶┌ |
| b | 33 1/3% support tests—2014. If the | organization did | not check a box | on line 14 or line | 19a, and line 16 | ıs more than 3 | 3 1/3% and line |
| | 18 is not more than 33 1/3%, check | this box and st | op here. The orga | nızatıon qualıfıes | as a publicly sup | ported organiz | ation ► [|
| 20 | Private foundation. If the organizati | on did not check | a box on line 14 | . 19a. or 19b. ch | eck this box and | see instruction | s ▶⊤ˈ |

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, D, and D, and complete Part V.)

| | I, complete Sections A and D, and complete Part V) | | | |
|----|--|-------------|-----|----------|
| Se | ction A. All Supporting Organizations | | | |
| | Averally of the community of community of community of community of the community of community o | | 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 | | |
| 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 | 2 | | |
| | 509(a)(1) or (2) | | | <u> </u> |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below | 3a | | |
| 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? | 3 c | | |
| 4a | If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? | | | l |
| | If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? | 4b | | |
| | If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported | 4c | | |
| | organization was used exclusively for section 170(c)(2)(B) purposes | | | l |
| 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 | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in | 5b | | |
| c | the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | J. | | |
| | 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 . | 9 c | | |
| 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 | | |
| 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) | 10 b | | |
| 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? | 11 a | | |
| | A family member of a person described in (a) above? | 11b | | |
| 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 | 11 c | | |

| Part IV | Supporting | Organizations | (continued |
|---------|------------|---------------|------------|

| I GIC IV | | аррог | 9 | Oi guilleu | LIOIIS | (continue | ч, |
|----------|-----|-------|------|------------|--------|-----------|----|
| Section | n R | Tyne | T Si | innorting | Orga | nization | _ |

| | | | 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 | | |
| 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 | | |

| Section C. Type II Supporting Organization | Section | C. | Type | II | Supporting | Organization | s |
|--|---------|----|------|----|------------|--------------|---|
|--|---------|----|------|----|------------|--------------|---|

| | | | 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 contiol or management of the supporting organization was vested in the same persons | | | |
| | that controlled or managed the supported organization(s) | 1 | | |

| | | | 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 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satis | fy the Integral Part Test during the year (see instructions) |
|---|--|--|
| | | |

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

| С | | i ne orga instructi | nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons) | эe |
|---|-----------------|------------------------|--|----|
| 2 | <u>A ctivit</u> | ies Test | _Answer (a) and (b) below. | Y |
| а | | | all of the organization's activities during the tax year directly further the exempt purposes of the | |

| 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 | | | |
|---|---|----|--|
| | 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. | | |

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

| | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20,1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E | | | | | | |
|--------|---|----------|-----------------------|--------------------------------|--|--|--|
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | |
| | 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 | | | | | |
| i | 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 | | | | | |
| ; | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | | | | |
| | | | | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| | Aggregate fair market value of all non-exempt-use assets (see | 1 | | | | | |
| _ | instructions for short tax year or assets held for part of year) | — | | | | | |
| a L | A verage monthly value of securities | 1a 1b | | | | | |
| b | A verage monthly cash balances | | | | | | |
| C | Fair market value of other non-exempt-use assets | 1c 1d | | + | | | |
| d | Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors | La | | | | | |
| e | (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 | | | | | |
| | 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 | organization (see | | | |

| Part V Type III Non-Functionally Integra | ated 509(a)(3) Suppo | rting Organizations (co | ontinuea) |
|---|-------------------------------|--|---|
| 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 furthe excess of income from activity | | | |
| 3 Administrative expenses paid to accomplish exemp | ot purposes of supported org | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | | | |
| 6 Other distributions (describe in Part VI) See instru | ictions | | |
| · · · · · · · · · · · · · · · · · · · | 20010115 | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is r | esponsive (provide | |
| 9 Distributable amount for 2015 from Section C, line | | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| | | T | T |
| 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 | | | |
| a | | | |
| b | | | |
| <u>c</u> | | | |
| 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 | | | |
| i 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 \$ | | | |
| 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 | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| | | | (F 000 000 F7) /2.01 F |

DLN: 93493320015526

Employer identification number

52-2096845

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

NEW AMERICA FOUNDATION

Service

2

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

• Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

| • | volunteer nours | | | | | | | |
|------------|--|---|--------------------|--|---|--|--|--|
| Par | t I-B Complete if the or | ganization is exempt under | section 501(| c)(3). | | | | |
| 1 | Enter the amount of any excise | e tax incurred by the organization un | der section 4955 | ▶ | \$ | | | |
| 2 | Enter the amount of any excise | e tax incurred by organization manag | gers under section | n 4955 > | \$ | | | |
| 3 | If the organization incurred a s | section 4955 tax, did it file Form 47 | 20 for this year? | | ☐ Yes ☐ No | | | |
| 4 a | Was a correction made? | | | | ☐ Yes ☐ No | | | |
| b | If "Yes," describe in Part IV | | | | | | | |
| Par | t I-C Complete if the or | ganization is exempt under | section 501(| c), except section 50: | 1(c)(3). | | | |
| 1 | Enter the amount directly expe | ended by the filing organization for se | ection 527 exemp | ot function activities 🕨 | \$ | | | |
| 2 | Enter the amount of the filing of exempt function activities | organization's funds contributed to o | ther organizations | s for section 527 ▶ | \$ | | | |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter here | and on Form 112 | 0-POL, line 17b ► | \$ | | | |
| 4 | Did the filing organization file F | form 1120-POL for this year? | | | Yes No | | | |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV | | | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- | | | |
| | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| For F | Paperwork Reduction Act Notice, se | ee the instructions for Form 990 or 99 | 0-EZ. (| Cat No 50084S Schedule C (F | orm 990 or 990-EZ) 2015 | | | |

Not over \$500,000

Over \$17,000,000

g

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN

| ^ | expenses, and share of excess lobbying expenditures) | u group member s nam | e, address, LIN, |
|----|---|--|--------------------------------|
| В | Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply | | |
| | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 80,297 | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 80,297 | |
| d | Other exempt purpose expenditures | 24,940,984 | _ |

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:

\$1,000,000

The lobbying nontaxable amount is: 20% of the amount on line 1e

\$225,000 plus 5% of the excess over \$1,500,000

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

25,021,281 1.000.000

250,000

80.297

250,000

Schedule C (Form 990 or 990-EZ) 2015

6,000,000

321,345

1,000,000

1,500,000

☐ No

5,029

250,000

reporting section 4911 tax for this year?

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--------|--|-----------------|-----------------|-----------------|-----------------|------------------|
| | Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a | Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |

227,186

250,000

8,833

250,000

Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Return Reference

| | filed Form 5768 (election under section 501(h)). | , | a) | | / b\ |
|--|---|---------------|---------|--------|-------------|
| or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | | | | | (b) |
| ctiv | ity | No | | | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | 163 | | | |
| а | Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| j | Total Add lines 1c through 1i | | | | |
| а | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | _ | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| ar | t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6). | 01 (c |)(5), c | or sec | tion |
| | | | _ | | es N |
| L | Were substantially all (90% or more) dues received nondeductible by members? | | _ | 1 | _ |
| | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | |
| | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | |
| 3 | | | | | |
| 3 | Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." | | | | III-A, |
| ar | t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " | | | | III-A, |
| ar 1 | t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." | No" C | | | III-A, |
| ar 1 | Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year | 1 2a | | | III-A, |
| a L 2 | Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | No" C | | | III-A |
| ar L a b | Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year | 1 2a 2b 2c | | | III-A |
| ar L a b c | Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 1 2a 2b | | | III-A, |
| 1 2 | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | 2a 2b 2c 3 | | | |
| 3 Par 1 2 a b c | Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess | 1 2a 2b 2c | | | |

Explanation

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

<u> 2015</u>

DLN: 93493320015526

Open to Public Inspection

| | me of the organization N AMERICA FOUNDATION | | Employer identification number |
|--------|---|---|--|
| INL | W APILITICA I GONDALION | | 52-2096845 |
| Pa | | r Advised Funds or Other Similar F red "Yes" on Form 990, Part IV, line 6. | Funds or Accounts. |
| | | (a) Donor advised funds | (b)Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor funds are the organization's property, subject to | | nor advised Yes No |
| 5 | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit? | | |
| Pa | rt II Conservation Easements. Compl | lete if the organization answered "Yes" | on Form 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by t | he organization (check all that apply) | |
| | Preservation of land for public use (e g , rec | | |
| | education) | · | an historically important land area |
| | Protection of natural habitat | Preservation of a | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization easement on the last day of the tax year | held a qualified conservation contribution in | |
| _ | Total number of conservation easements | | Held at the End of the Year |
| a b | Total acreage restricted by conservation easem | ents | 2a 2b |
| C | Number of conservation easements on a certifie | | 20 |
| d | Number of conservation easements included in (| * * | 20 |
| u | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, tra | ansferred, released, extinguished, or terminat | ed by the organization during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to cons | servation easement is located > | |
| 5 | Does the organization have a written policy rega violations, and enforcement of the conservation | - · · · · · · · · · · · · · · · · · · · | ndling of Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, year | , inspecting, handling of violations, and enforc | cing conservation easements during the |
| | > | | |
| 7 | A mount of expenses incurred in monitoring, insp | pecting, handling of violations, and enforcing o | conservation easements during the year |
| - | ▶ \$ | | |
| В | Does each conservation easement reported on I (B)(i) and section $170(h)(4)(B)(ii)$? | ine 2(d) above satisfy the requirements of se | rction 170(h)(4) Yes No |
| 9 | In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex | | · |

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - 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
- a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

II, line 1 • \$ _____

▶ \$ __

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

| Par | t III | Organizations Maintaining (continued) | Collections of A | rt, Hi | istorical | Trea | sures, or | Other | Similar As | sets |
|-----|---|---|------------------------|----------|---------------------|----------|-----------------------------------|----------|---------------------------------|--------------------|
| 3 | | g the organization's acquisition, accortion items (check all that apply) | ession, and other reco | ords,c | check any | of the 1 | following that | are a s | significant use | of its |
| а | | Public exhibition | | d | ┌ Lo | an or e | exchange pro | grams | | |
| b | | Scholarly research | | e | Г о | ther | | | | |
| C | | Preservation for future generations | | | | | | | | |
| 4 | Provi Part : | de a description of the organization? KIII | s collections and exp | laın ho | ow they fur | ther th | e organizatio | n's exe | empt purpose ii | ı |
| 5 | | g the year, did the organization solic s to be sold to raise funds rather th | | | | | | | lar Ves | □No |
| Pa | rt IV | Escrow and Custodial Arra Complete if the organization a Part X, line 21. | | Form | 1 990, Par | t IV, | line 9, or re | porte | d an amount | on Form 990, |
| 1a | | e organization an agent, trustee, cus ded on Form 990, Part X? | todian or other intern | medıar | ry for contr | ibutior | s or other as | sets no | ot Yes | √ No |
| b | If ' | 'Yes," explain the arrangement in Pa | art XIII and complete | e the fo | ollowing ta | ble | | | A moi | ınt |
| c | | ginning balance | | | | | 10 | . — | | |
| d | | ditions during the year | | | | | 10 | _ | | |
| e | | stributions during the year | | | | | 16 | | | |
| f | | ding balance | | | | | 1f | _ | | |
| 2a | | ne organization include an amount o | n Form 990, Part X, Iı | ıne 21 | , for escro | worcu | | | oility? • Ves | |
| b | | es," explain the arrangement in Part | | | | | | | | · 🗔 |
| | rt V | Endowment Funds. Comple | | | | | | | | <u> </u> |
| | | | (a)Current year | | Pnor year | | Two years back | · - | | (e)Four years back |
| 1a | Begii | nning of year balance | | | | | | | | |
| b | C ont | ributions · · · · · · · | | | | | | | | |
| С | Net i losse | nvestment earnings, gains, and es | | | | | | | | |
| d | Gran | ts or scholarships | | | | | | | | |
| е | | r expenditures for facilities programs | | | | | | | | |
| f | A dm | inistrative expenses | | | | | | | | |
| g | | of year balance | | | | | | | | |
| 2 | | de the estimated percentage of the | current year end bala | nce (lı | ıne 1q, col | umn (a |)) held as | | ' | |
| а | | i designated or quasi-endowment > | , | ` | J. | • | • • | | | |
| ь | | anent endowment ► | | | | | | | | |
| | | orarily restricted endowment | | | | | | | | |
| С | | percentages on lines 2a, 2b, and 2c | should equal 100% | | | | | | | |
| 3a | A re there endowment funds not in the possession of the organization that are held and administered for the | | | | | | | Yes No | | |
| | (i) ur | related organizations | | | | | | | 3a(i | |
| | | elated organizations | | | | | • | | 3a(i | - + |
| b | | es" on 3a(II), are the related organiz | | | | | | | 3b | |
| 4 | _ | ribe in Part XIII the intended uses of | | enaowr | ment runas | | | | | |
| Pa | rt VI | Land, Buildings, and Equip Complete if the organization a | | orm 9 | 990. Part | IV. lu | ne 11a.See | Form | 990. Part X. | line 10. |
| | | Description of property | | | (a) Cost or othe | r basıs | (b) Cost or other b (other) | | Accumulated (c) depreciation | (d)Book value |
| 1a | Land | | | | , | / | (23.007) | \dashv | | |
| | | ıgs | | | | | | | | |
| | | nold improvements | | . | | | 320, | 154 | 78,283 | 241,871 |
| d | Equipr | nent | | | | | 724, | 653 | 471,463 | 253,190 |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

| | | | es' on Form 990, Part IV, line 11b |
|--|--|---------------------------------|---|
| See Form 990, Part X, line 12. (a) Description of security or category (including name of security) | ory | (b) Book value | (c)Method of valuation Cost or end-of-year market valu |
| (1)Financial derivatives | | | Cost of the of year market value |
| (2)Closely-held equity interests | | | |
| (3) O ther | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 , | } | | |
| Part VIII Investments—Program Related. | | | |
| Complete if the organization answer | red 'Yes' on Form 990, | Part IV, line 11c. _S | |
| (a) Description of investment | | (b) Book value | (c) Method of valuation Cost or end-of-year market valu |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | orm 990 Part IV line | 11d See Form 990 Part X line 15 |
| Part IX Other Assets. Complete if the organize | | orm 990, Part IV, line | : 11d See Form 990, Part X, line 15 (b) Book value |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV , line | |
| Part IX Other Assets. Complete if the organize | ation answered 'Yes' on Fo | orm 990, Part IV, line | |
| Other Assets. Complete if the organization (a) De | ation answered 'Yes' on Fo | | (b) Book value |
| Other Assets. Complete if the organization (a) Description (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization (column (b) must equal Form 990, Part X, col (B) line Part X | ation answered 'Yes' on Forescription ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization of the Control of the Cont | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) Im Part X Other Liabilities. Complete if the organization of the Column (b) Part X, line 25. | ation answered 'Yes' on Forescription ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the concept See Form 990, Part X, line 25. | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | ne 15) | | (b) Book value |

Part XI

1

3

2

3

а b

Part XIII

information

PART IV, LINE 2B

Schedule D (Form 990) 2015

Subtract line 2e from line 1 .

33,509,594

33.509.594

33.509.594

25,649,786

25,649,786

25,649,786

Schedule D (Form 990) 2015

3

4c

1

2e 3

4c

Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains (losses) on investments . . . 2a Donated services and use of facilities . . 2b Recoveries of prior year grants **2**c

Total revenue, gains, and other support per audited financial statements

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

TENANT ESCROW SECURITY DEPOSIT

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

Explanation

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII)

Supplemental Information

Other (Describe in Part XIII)

Add lines 4a and 4b

Donated services and use of facilities .

Other (Describe in Part XIII) . . .

Prior year adjustments .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

Subtract line 2e from line 1 .

Other losses . . .

2d d Other (Describe in Part XIII) . Add lines 2a through 2d . 2e

4a

4b

2a

2b

2c

2d

| Schedule D (Form 990) 2015 | Page 5 | | |
|---------------------------------|-----------------|--|--|
| Part XIII Supplemental Informat | ion (continued) | | |
| Return Reference | Explanation | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493320015526 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number NEW AMERICA FOUNDATION 52-2096845 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (e) Amount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) (1) NEW VENTURE FUND 20-5806345 501(C)(3) 94,705 X-LAB PROJECT 1201 CONNECTICUT AVE NW STE 300 WASHINGTON, DC 20036 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule J (Form 990)

Department of the

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.

DLN: 93493320015526 OMB No 1545-0047

2015

Open to Public

| Interr | al Revenue Service | TUSD | ectio | Ш |
|--------|--|--------|--------|----|
| Na | me of the organization Employer identificat | ion nu | mber | |
| NEV | V AMERICA FOUNDATION 52-2096845 | | | |
| Pa | rt I Questions Regarding Compensation | | | |
| | queenono negaraning compensation | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form | | 1.00 | 1 |
| | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments Health or social club dues or initiation fees | ļ | | ļ |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ▼ Compensation committee ▼ Written employment contract | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | ļ | | ļ |
| | Form 990 of other organizations | | ļ Ī | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | 1 | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| 5 | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 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 | | | |

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

The organization?

ın Part III

Any related organization?

section 53 4958-6(c)?

If "Yes," on line 6a or 6b, describe in Part III

6a

6b

7

8

Νo

Νo

Νo

Νo

| Selledales (Form 550) 2015 | | | | | r age 🕳 |
|--|---|-------------------------|---------------------|----------------------|---------------------|
| Part III Officers, Directors, | , Trustees, Key Employees, and Highest Compensate | d Employees. Use | duplicate copies if | additional space is | needed. |
| ınstructions, on row (II) Do not list ar | tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F | ., | - | · | |
| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |

Page 2

Schedule J (Form 990) 2015

| (A) Name and Title | (B) Breakdown o | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
|--------------------|-----------------------|-----------------------|------------------|--------------------|------------------------|----------------------|----------------------|
| | B | (ii) | (ıiı) | other deferred | benefits | (B)(ı)-(D) | column(B) reported |
| | Base (1) compensation | Bonus & incentive | Other reportable | compensation | | | as deferred on prior |
| | (1) compensation | compensation | compensation | | | | Form 990 |

Schedule 1 (Form 990) 2015

See Additional Data Table

| Return Reference | Explanation |
|--|---|
| Provide the information, explanation, or | descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information |
| Part IIII Supplemental Inform | nation |
| Schedule J (Form 990) 2015 | Page 3 |

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 52-2096845

Name: NEW AMERICA FOUNDATION

| Form 990, Schedule J, F | Part II | - Officers, Direct | ors, Trustees, Ke | y Employees, and | Highest Compens | ated Employees | | |
|--|---------|--|---|---------------------------------------|--|--------------------------------|------------------------------------|--|
| (A) Name and Title | | (B) Breakdown of (i) Base Compensation | f W-2 and/or 1099-MIS (ii) Bonus & Incentive | C compensation (iii) Other reportable | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | | compensation | compensation | | | | |
| 1ANNE-MARIE SLAUGHTER PRESIDENT AND CEO | (1) | 510,818 | 0 | 0 | 24,056 | 0 | 534,874 | 0 |
| | (11) | 0 | 0 | 0 | О | 0 | 0 | 0 |
| 1KEVIN BANKSTON DIRECTOR, OPEN TECH | (1) | 195,465 | 0 | 0 | 18,000 | 6,197 | 219,662 | 0 |
| INSTITUTE | (11) | 0 | 0 | О | О | - 0 | | 0 |
| 2KEVIN D CAREY EDUCATION POLICY | (1) | 193,392 | 0 | 0 | 23,087 | 1,877 | 218,356 | 0 |
| PROGRAM DIRECTOR | (11) | 0 | 0 | 0 | 0 | - | - 0 | 0 |
| 3 PETER BERGEN VP, INTN'L SECURITY, | (1) | 171,281 | 0 | 0 | 21,608 | 14,078 | 206,967 | 0 |
| FUTURE OF WAR, | (11) | 0 | 0 | 0 | 0 | - | - | 0 |
| 4ALAN DAVIDSON VP, TECHNOLOGY, POLICY & | (1) | 126,245 | 60,000 | 0 | 11,025 | 8,114 | 205,384 | 0 |
| S | (11) | 0 | 0 | 0 | 0 | - 0 | | 0 |
| 5 SHERLE SCHWENNINGER PROGRAM DIRECTOR | (1) | 193,798 | 0 | 0 | 23,481 | 7,217 | 224,496 | 0 |
| | (11) | 0 | 0 | 0 | 0 | - | | 0 |
| 6PETER SINGER CYBERSECURITY/INTN'L | (1) | 220,185 | 0 | 0 | 4,569 | 1,452 | 226,206 | 0 |
| SECURITY | (11) | 0 | 0 | 0 | 0 | - | - 0 | 0 |
| 7SUZANNE DIMAGGIO DIRECTOR AND SENIOR | (1) | 207,063 | 0 | 0 | 11,285 | 14,374 | 232,722 | 0 |
| FELLOW | (11) | 0 | 0 | 0 | 0 | - | - 0 | 0 |
| 8CHRISTIAN E HOGAN VP OF EDITORIAL, EVENTS, & | (1) | 167,268 | 0 | 0 | 15,052 | 9,996 | 192,316 | 0 |
| СОММ | (11) | 0 | 0 | 0 | 0 | - | - | 0 |
| 9SHARON E BURKE INTN'L SECURITY & | (1) | 167,208 | 0 | 0 | 3,500 | 14,182 | 184,890 | 0 |
| RESOURCE SECURITY | (11) | 0 | 0 | 0 | 0 | | | 0 |

DLN: 93493320015526

OMB No 1545-0047

Transactions with Interested Persons ▶ Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at 2015 Open to Public Inspection

| reasury |
|-------------------------|
| nternal Revenue Service |
| Name of the organ |

Schedule L (Form 990 or 990-EZ)

Department of the

| ernal R | evenue Service | | | | |
|---------|--|--|--------------------------|----------------|------|
| | of the organization MERICA FOUNDATION | | Employer identification | on numbe | r |
| | | | 52-2096845 | | |
| art 1 | Excess Benefit Transactions | (section 501(c)(3), section 501(c)(4), and 501(c)(| 29) organizations only) | | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 25a or 25b, or Fe | orm 990-EZ, Part V, line | 40b | |
| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and | (c) Description of | (d) Cor | rect |
| | | organization | transaction | Yes | 1 |
| | | | | | |
| | | | | | |

www.irs.gov/form990.

| | | | 165 | NO |
|--|--|--------------------|-----|----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Enter the amount of tax incurred by organiza 4958 | tion managers or disqualified persons during the | year under section | | |

| | 4930 . | • | • | • | • | • | | • | • | | • | | | • | • | • | • | • | • | • | • | | • | • | • | • | • | | Þ | _ |
|---|-----------|----|-----|------|------|--------|------|----|------|------|------|-------|------|------|-----|----|-----|-----|------|------|----|---|---|---|---|---|---|---|----|------|
| 3 | Enter the | am | oun | t of | tax, | , ıf a | any, | on | lıne | 2, a | abov | /e, ı | reım | nbur | sed | by | the | org | anız | atio | n. | • | • | | | | | • | \$ | |

Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the

organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | Purpose of | (d) Loan t or from the organizatio | e | (e)O riginal principal amount | (f) Balance due | (g) defa | | (h) A ppro by boar commit | ved rd or | (i)Writ agreem | |
|-------------------------------|--|-------------|--|------|-------------------------------------|---------------------------|-------------|----|------------------------------------|--------------|-------------------|----|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | • | ▶ \$ | | • | | | | • | • | • | | • |

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) A mount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|---------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| DARD MEMBER OF EW AMERICA DUNDATION | THE FOUNDATION SUB | Yes | No |
|---|---|--|---|
| | LEASES OFFICE SPACE FOR ITS NEW YORK CITY OFFICE FROM MR GERRITY WHO IS PRIMARY ON THE LEASE UNDER THE AGREEMENT THE FOUNDATION PAYS FOR RENT, IMPROVEMENTS, UTILITIES AND ADMINISTRATIVE | | No |
| | | esponses to questions on Schedule L (see instructions) | RENT, IMPROVEMENTS, UTILITIES AND ADMINISTRATIVE ASSISTANCE |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE 0** (Form 990 or

990-EZ)

Treasury

Department of the

Internal Revenue Service

Name of the organization NEW AMERICA FOUNDATION

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.

OMB No 1545-0047 2015 Open to Public

Inspection

DLN: 93493320015526

Employer identification number

| | 52-2096845 |
|----------------------------------|--|
| | |
| Return Reference | Explanation |
| FORM 990, PART III, LINE 2 | THE ORGANIZATION ADDED TWO NEW PROGRAMS TO THEIR DOMESTIC POLICY PROGRAMS OPPORTUNITY @WORK - OPPORTUNITY @WORK AIMS TO REWIRE THE DEMAND SIDE OF THE U S JOB MARKET AND IMPLEMENT NEW METHODS FOR MATCHING TALENT TO JOBS THE PROGRAM IS WORKING TO STREAMLINE AND SCALE THE ADDPTION OF EXISTING TOOLS, METHODS, PUBLIC POLICIES, AND BUSINESS PRACTICES IN ORDER TO ESTABLISH PATHWAYS INTO HIGH-VALUE WORK THROUGH HIGH-QUALITY TRAINING AND CREATE A MORE INCLUSIVE JOB MARKET REINVENTING THE THINK TANK - NEW AMERICA IS OVERHAULING THE TRADITIONAL THINK TANK MODEL BY DEVELOPING A NEW MODEL OF CIVIC ENTERPRISE, WHICH EXPERIMENTS WITH IDEAS AND SOLUTIONS TO PUBLIC PROBLEMS ON THE GROUND THROUGH DIRECT ACTION, COLLABORATIVE POLICY PROCESSES, OR ARTISTIC EXPRESSION CIVIC ENTERPRISE ALSO SEEKS TO CONNECT CITIZENS TO GOVERNMENT BY BUILDING BROAD CONVERSATIONS, CONVENING A WIDE VARIETY OF PERSPECTIVES, AND PUBLISHING IDEAS AND STORIES THAT SPARK DEBATE AND ENCOURAGE READERS TO KEEP READING, CLICKING, AND ULTIMATELY RESPONDING THE ORGANIZATION ALSO ADDED THE FOLLOWING PROGRAM SETVICE EVENTS, EDITORIAL AND COMMUNICATIONS PROGRAM IS TO BRING THE WORK DONE BY STAFF AT NEW AMERICA TO AN AUDIENCE OF THOUGHT LEADERS, CHANGE MAKERS, AND INTELLECTUALS OF BOTH TODAY AND TOMORROW ACROSS THE COUNTRY THIS IS ACCOMPLISHED IN FOUR WAYS SHOWCASING THE WORK OF POLICY STAFF BY PRODUCING POLICY PAPERS AND DATA VISUALIZATIONS, TRANSLATING THAT POLICY INTO OP-EDS AND ARTICLES SO AS TO ENGAGE READERS WITH THE MOST PRESSING POLICIES, IDEAS, AND ISSUES OF THE DAY (BOTH IN OUR OWN CENTRAL EDITORIAL PRODUCTS AND IN OTHER OUTLETS), CONVENING THOSE WHO WANT TO BE IN THE ROOM WHERE IT HAPPENS FOR EVENTS THAT CREATE A SPACE FOR GENUINE DIALOGUE, AMPLIFYING ALL OF THE ABOVE THROUGH SOCIAL MEDIA, STRONG MEDIA RELATIONS, LIVE STREAMING, VIDEO PRODUCTION, AND MORE, ALL SO THAT EVEN THOSE AMERICA IS MORE FOIL ITABLE AND INFORMED THAN THE OLD. |

| Return Reference | Explanation |
|---------------------|---|
| FORM 990, | THE ORGANIZATION CEASED THE X-LAB PROGRAM, WHICH ANTICIPATED THE DISRUPTIONS AND POTENTIALLY |
| PART III, LINE 3 | DYSTOPIAN OUTCOMES OF DIFFERENT POLICY OPTIONS AND AIMED TO HELP HUMANITY CHANGE COURSE THROUGH |
| | BOLD POLICY INTERVENTIONS, POLICY-CONSCIOUS TECHNOLOGY DEVELOPMENT, AND NOVEL BUSINESS MODELS |

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 1 | THE BOARD OF DIRECTORS MAY ELECT OR APPOINT ONE OR MORE COMMITTEES (INCLUDING BUT NOT LIMITED TO AN EXECUTIVE COMMITTEE) AND MAY DELEGATE TO ANY SUCH COMMITTEE OR COMMITTEES ANY OR ALL OF THEIR POWERS, PROVIDED THAT ANY COMMITTEE TO WHICH THE POWERS OF THE DIRECTORS ARE DELEGATED SHALL CONSIST SOLELY OF DIRECTORS UNLESS THE DIRECTORS OTHERWISE DETERMINE, AN EXECUTIVE COMMITTEE ELECTED BY THE DIRECTORS SHALL HAVE THE POWER TO ACT FOR THE FULL BOARD OF DIRECTORS ON ALL MATTERS BETWEEN MEETINGS OF THE DIRECTORS EXCEPT FOR SUCH MATTERS AS MAY BE PROVIDED BY LAW OR THE ARTICLES OF INCORPORATION |

| Return Reference | Explanation |
|--------------------|--|
| FORM 990, PART VI, | THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT/FINANCE COMMITTEE BEFORE IT IS SIGNED |
| SECTION B, LINE 11 | BY A MEMBER OF THE EXECUTIVE TEAM AND FILED WITH THE IRS |

| Return Reference | Explanation |
|---------------------|--|
| FORM 990, PART VI, | BOARD OF DIRECTORS AND EMPLOYEES ARE REQUIRED TO FILL OUT AND SIGN A CONFLICT OF INTEREST FORM |
| SECTION B, LINE 12C | ANNUALLY TO DISCLOSE ANY ACTIVITES OR INTERESTS THAT COULD GIVE RISE TO CONFLICT A MEMBER OF THE |
| | OPERATIONS TEAM MONITORS COMPLIANCE WITH THIS POLICY |

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE | THE PRESIDENT'S COMPENSATION IS REVIEWED AND DETERMINED BY THE BOARD OF DIRECTORS ANNUALLY ALL STAFF SALARIES ARE DETERMINED BY TALENT DEVELOPMENT & MANAGEMENT (TDM), IN CONSULTATION WITH THE |
| 15 | RESPECTIVE PROGRAM DIRECTORS, AND REVIEWED AND APPROVED BY THE SENIOR LEADERSHIP TEAM AND/OR THE PRESIDENT |

| Return Reference | Explanation |
|--------------------|--|
| FORM 990, PART VI, | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE |
| SECTION C, LINE 19 | PUBLIC UPON REQUEST AND ON THE WEBSITE GUIDESTAR ORG THE CONFLICT OF INTEREST POLICY IS |
| | AVAILABLE ON NEW AMERICA'S WEBSITE. |

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART IX, LINE 11G | FELLOWS PROGRAM SERVICE EXPENSES 964,022 MANAGEMENT AND GENERAL EXPENSES 130,344 FUNDRAISING EXPENSES 20,267 TOTAL EXPENSES 1,114,633 CONSULTANTS PROGRAM SERVICE EXPENSES 2,261,498 MANAGEMENT AND GENERAL EXPENSES 305,774 FUNDRAISING EXPENSES 47,543 TOTAL EXPENSES 2,614,815 OTHER PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 395,581 MANAGEMENT AND GENERAL EXPENSES 53,486 FUNDRAISING EXPENSES 8,316 TOTAL EXPENSES 457,383 PAYROLL PROCESSING FEES PROGRAM SERVICE EXPENSES 11,730 MANAGEMENT AND GENERAL EXPENSES 46,767 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 58,497 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 3,522 MANAGEMENT AND GENERAL EXPENSES 14,041 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,563 |

| Return Reference | Explanation |
|--------------------------------|---|
| FORM 990, PART XII, LINE 2C | THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR PROCESS OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR |