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_{50m} 990

Return of Organization Exempt From Income Tax

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

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016 Check if applicable C Name of organization D Employer identification number Address change NWEA X Name change 93-0686108 Doing business as]Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final 121 NW EVERETT STREET 503-624-1951 termin-ated 119,893,531. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende PORTLAND, OR 97209 H(a) Is this a group return Applica-tion F Name and address of principal officer JEFFREY STRICKLER Yes 🗓 No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) Website: WWW. NWEA. ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1977 M State of legal domicile; OR | Part I | Summary Briefly describe the organization's mission or most significant activities PARTNERING TO HELP ALL KIDS Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 711 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 7 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 0. Contributions and grants (Part VIII, line 1h) Revenue 114,197,530 119,404,560. Program service revenue (Part VIII, line 2g) 8.814.046 300,078. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 91,807 188 893 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 123,103,383 119,893,531. 12 116,645 151,080. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ٥. Benefits paid to or for members (Part IX, column (A), line 4) 69,379,233 73,161,020. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 39,723,183. 37,627,522. Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e) 109,219,061 110,939,622, Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,953,909. 13,884,322. Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 53,540,417 86,276,657, Total assets (Part X, line 16) 49,998,296 76,379,220. 21 Total liabilities (Part X, line 26) 3.542.121. 9.897.437. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepar er (bt/er than/officer) is based on all information of which preparer has any knowledge. Sign STRICKLER PRESIDENT & COO Here Kype or print name and title Date PTIN Print/Type preparer's name Preparer's signature JANE SEARING 01/27/17 P00000565 Paid JANE SEARINGEN 91-1194016 Preparer CLARK NUBER Firm's name Firm's EIN Firm's address 10900 NE 4TH STREET, SUITE 1700 Use Only Phone no.425-454-4919 BELLEVUE WA 98004

9.36

Form **990** (2015)

X Yes

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

orm	990 (2015) NWEA	93-0686108	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	PARTNERING TO HELP ALL KIDS LEARN.		
	Did the agreement of the first		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		LIFES LATE
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?	Yes X No
•	If "Yes," describe these changes on Schedule O	•	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of		
	revenue, if any, for each program service reported.		
4a		renue \$	119,593,453.)
	DEVELOP AND PROVIDE RESEARCH-BASED EDUCATIONAL GROWTH MEASURES,		
	PROFESSIONAL TRAINING, CONSULTING SERVICES AND STANDARDIZED TEST		
	SCORING TO IMPROVE TEACHING AND LEARNING FOR PUBLIC AND PRIVATE SCHOOL		
	AGENCIES AND STAFF.		
4h	/0.		
4b	(Code) (Expenses \$) (Rev	enue \$	
		-	
			
4c	(Code) (Expenses \$ Including grants of \$) (Rev	enue \$)
			. <u> </u>
4.5			
4d	Other program services (Describe in Schedule O)		Y
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 83,872,552.		/
70	Total program service expenses		Form 990 (2015)

Part IV	Checklist of	Required Sc	hedules

NWEA

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		х
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		x
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	х	ĺ
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		x
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		Х
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_		X_
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		Ì	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			1
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	_11b_		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		 ^- -
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	х	 -
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
20	Schedule D, Parts XI and XII	12a	х	
ь	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		х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	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	х	
5	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		Х
6	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		х
7	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	17		Х
8	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		х_
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		[1
	complete Schedule G, Part III	19		Х
		Form	990	(2015)

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Pai	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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	l!	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cui	rent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as	of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ļ
	Schedule K If "No", go to line 25a	24a	x	1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		х
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat	ase		
-	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	х
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes	es."	ļ	
	complete Schedule L, Part II	26	1	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>	-	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family memb	er		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
20	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa			х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an		-	
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1 50	1	
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52	+ -	
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		 	
34		34	1	x
05-	Part V, line 1		 	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled er			
••	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			x
	If "Yes," complete Schedule R, Part V, line 2	36	+	 ^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	₩	├ ^

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

Note. All Form 990 filers are required to complete Schedule O

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	х	1
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 713	Į.	l	j
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		х
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)	ļ]
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		Х
c	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	L	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ľ		i
	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	.7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ļ	ŀ	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 7	┨		۱.,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		^
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		╁
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	١,	1	
^	sponsoring organization have excess business holdings at any time during the year?	8	 -	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a_	 -	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	┪		
b		┨	ľ	i
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ĺ	ĺ	
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122	ŀ	
		12a		-
		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	\vdash	\vdash
đ	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	138	<u> </u>	
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	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			
_	Enter the amount of reserves on hand	1	1	l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	ΤĒ
	in 105, has it into all titli 120 to report these payments - in 10, provide an explanation in deficació		000	(2015)

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Par				"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0	See	instructions			
	Check if Schedule O contains a response or note to any line in this Part VI					Х
<u>Sect</u>	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		_	<u> </u>		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	up with	any other			
	officer, director, trustee, or key employee?			2_		х
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision	١.		l .
	of officers, directors, or trustees, or key employees to a management company or other person?			3	Х	Х
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4	Α	х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets		5		X
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	abboin	t one or	,		x
	more members of the governing body?		1	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Stockr	loiders, or	7.		x
_	persons other than the governing body?	oor by t	a fallouma:	7b		 ^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	cai uy u	ie ioliowing.	8a	х	
	The governing body?			8b	х	_
ь	Each committee with authority to act on behalf of the governing body?	aabad	at the	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrieu	at tite	9		x
500	tion B. Policies (This Section B requests information about policies not required by the Internal i	Povoni	io Codo I	1 -		
Sec	tion B. Policies (This Section B requests information about policies not required by the internal i	ieveni	e 00de)		Yes	No
100	Did the example too have lead chapters, branches, or affiliates?			10a	103	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such	chanto	re affiliatos	104		<u> </u>
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	ыарю	ro, armatos,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dv hef	ore filing the form?	11a	х	\vdash
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	u, 50.	ore many and term	1		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	х	\vdash
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					\vdash
Ŭ	In Schedule O how this was done	,		12c	x	1
13	Did the organization have a written whistleblower policy?			13	х	\vdash
14	Did the organization have a written document retention and destruction policy?			14	х	\vdash
15	Did the process for determining compensation of the following persons include a review and appro	val by	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
_	taxable entity during the year?			16a	ĺ	х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		1
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed OR, CA, NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only)	avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply	•				
	Own website Another's website X Upon request Other (expla.	ın ın So	chedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or			d finar	cial	
	statements available to the public during the tax year		, ••			
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records			
_	GERI COHEN - 503-624-1951					

121 NW EVERETT STREET, PORTLAND, OR 97209

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B)	(B)			C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	H	Π				<u> </u>	from	from related	other
	(list any hours for	Irect				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	ige ge			sated		(W-2/1099-MISC)	(***2/1099****150)	organization
	organizations	Tuste	nstitutional trustee		ge	mper	l	(11 27 1000 111100)		and related
	below	lan	rtton	_	읕	stco	 =			organizations
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) DR. JIM ANGERMEYR	1.00									
DIRECTOR	ļ	х		<u> </u>	L_		_	0.	0.	0.
(2) DR. JOSEPH WISE	1.00									
DIRECTOR		X_			_			0.	0.	0.
(3) DR. KENNETH WONG	1.00	1								
BOARD CHAIR		х	<u> </u>	Х				0.	0.	0.
(4) RONALD BLOCKER	1.00	1								
DIRECTOR		X				_		0.	0.	0.
(5) STEVE FLEISCHMAN	1.00		ŀ							
BOARD VICE CHAIR		х		Х			<u> </u>	0.	0.	0.
(6) DEBORAH DELISLE	1.00	1								_
DIRECTOR		Х		_	_		_	0.	0.	0.
(7) PATRICIA SMITH	1.00	ł				1				
DIRECTOR	1	Х		ļ	-		<u> </u>	0.	0.	0.
(8) DR. PHILIP STREIFER	1.00	١								
DIRECTOR	10.00	x	_		-	H	_	o.	0.	0.
(9) MATTHEW CHAPMAN	40.00	-						450.050	0.	90 620
CEO	40 00	⊢	-	Х	-		┝	452,856.	0.	80,620.
(10) JEFFREY STRICKLER PRESIDENT & COO	40.00	ł		x	l	1		345,086,	0.	63,062.
(11) GERI COHEN	40.00	┢		^	 	-	\vdash	343,000.	0.1	03,002.
SR. VP & CFO	40.00	ł		x				221 118.	0.	44,344.
(12) BRENT LIEBERMAN	40,00		-	<u> </u>	-		-	221,110.		12,511.
SR. VP, PARTNER ACCOUNTS	40.00	┨			x			199,584.	0.	40,130.
(13) FRED MCDANIEL	40,00	⊢	┢─	\vdash	 -	-	┢			10,250.
SR. VP, PRODUCT MGMT & PUBLISHING	10.00	ł			x			210,328.	0.	40,794.
(14) MARK CAMPILLO	40.00	╁		┢	-					
SR. VP & CTO		ł			x			205,537.	0.	40,086.
(15) ANTOINETTE JAFFE	40.00	\vdash		t	Ė	\vdash	_	, , , , , , , , , , , , , , , , , , , ,		
SR. VP, HR & ORG. DEVELOPMENT		1			х			211,749.	0.	39,478.
(16) RAYMOND YEAGLEY	40.00	Г		_	1	\Box		,		
SR. VP, RESEARCH & CHIEF ACADEM.OFF.		1			x	1		202,541.	0.	42,085.
(17) JANICE LAROCCA	40.00									
SR. VP, PARTNER SERVICES				<u> </u>	х			193,807.	0.	36,520.

Form 990 (2015) NWEA									93-0686108		Pε	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
- (A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Est	tımate	d
•	hours per	box, unless person is both a officer and a director/trustee				is bot	h an	compensation	compensation		ount o	of
	week (list any	⊢	T	1000	I	1	1	from	from related		other	4
	hours for	or director				_		the organization	organizations (W-2/1099-MISC)	,	pensat om the	
	related	90.0	Ste Ste			lsafe.		(W-2/1099-MISC)	(** 27 1033 141100)		anizatı	
	organizations	Individual trustee	Institutional trustee		ge ,	ш		(** = *********************************		_	relate	
	below	ldual	notto	₁₅	Key employee	est co	Je l			orga	nızatıc	วทร
	line)	를	Insti	Officer	Keye	Highest compensated employee	F ormer					
(18) JILL HENDRICK	40.00											
VP, PARTNER ACCOUNTS						х		266,060.	0.		41,	820
(19) DUSTIN MILBERG	40.00											
VP, PROD. OPS. & PLATFORM STRATEGY		<u></u>				Х		189,947.	0.		36,	250
(20) MICHAEL MOORE	40.00	1			ŀ							
VP, PROD. MGMT. & BUSINESS DEVELOP.					L.	х		178,925.	0.		33,	838
(21) STEPHANIE GLADFELTER	40.00	1		ŀ								
VP, PARTNER ACCOUNTS		<u> </u>	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	L	Х		181,217.	0.		39,	687
(22) JOSEPH SCHERER	40.00					ĺ						
EXEC. DIR., SUPERINT. NAT. DIALOGUE		<u> </u>		<u></u>	L	Х		177,191.	0.		37,	236
				1				•				
		<u> </u>		<u> </u>	_	<u> </u>				ļ		
		_	ļ	<u> </u>	┞	 	├ —					
		ł										
	ļ.	┡	┡	<u> </u>	┡	┝	_		-			
		┨										
	1	<u>L.</u>	L	L	L	L	Ļ	2 225 046			61E	050
1b Sub-total								3,235,946.	0.		615,	950
c Total from continuation sheets to Part V	II, Section A								0.	<u> </u>	615,	
d Total (add lines 1b and 1c)			1				•	3,235,946.	<u></u> :	<u> </u>	015,	930
2 Total number of individuals (including but r	not limited to tr	nose	liste	ed a	bov	e) w	no re	eceived more than \$100	J,000 of reportable			17
compensation from the organization											Yes	No
3 Did the organization list any former officer.	director or tra	ıete	- k		mnle		امدا	highest compensated o	mplayee en			
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, Ke	ey eı	пріс	уее	, or i	nighest compensated e	inployee on	3		x
· · · · · · · · · · · · · · · · · · ·			ame	.000	atic.	a a r	d 0+4	hor companyation from	the organization			 -
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•							-	uie organization	4	х	
									idual for convece	"	 +	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		eiali	ed organization or indivi	iduai itti Services	5		x
Section B. Independent Contractors	ipiete Scriedul	<i>G U I</i>	UI S	uUII	pers	JUII			-	, ,		

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

(A) Name and business address	(B) Description of services	(C) Compensation
VANDERHOUWEN & ASSOCIATES, INC.		
6342 SW MACADAM AVENUE, PORTLAND, OR 97239	CONTRACT STAFFING	799,586
PRO UNLIMITED, INC., 7777 GLADES ROAD,		
SUITE 208, BOCA RATON, FL 33434	CONTRACT STAFFING	624,515.
HITACHI CONSULTING, 14643 DALLAS PARKWAY,		
SUITE 800, DALLAS, TX 75254	CONTENT DEVELOPMENT	610,839.
TEKSYSTEMS		
7437 RACE ROAD, HANOVER, MD 21076	CONTRACT STAFFING	598,196,
NEUDESIC, 100 SPECTRUM CENTER DRIVE, SUITE		
1200, IRVINE, CA 92618	IT CONSULTING	449,609.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	31	

Га			Check if Schedule O confi		e or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a	Federated campaigns	1a					
Gra		þ	Membership dues	1b					
ts,		С	Fundraising events	1c					
ia i		d	Related organizations	1d					
ıs,		е	Government grants (contribut	tions) 1e					
e iio		f	All other contributions, gifts, gran	its, and					
ξ¥			similar amounts not included abo	ve 1f					
ם סום		g	Noncash contributions included in lines	s 1a-1f \$					
<u>ā Č</u>		h	Total. Add lines 1a-1f		<u> </u>				
					Business Code				1
ice	2	а	LICENSING		611710	107,197,615.			
er.		b	WORKSHOPS & CONSULTING	;	611710	8,955,892.			
en S		С	SERVICE REVENUE		611710	3,251,053.	3,251,053.		
Program Service Revenue		d							
Š.		e			-				
_		T	All other program service reve	enue		119,404,560.			
	3	g	Total. Add lines 2a-2f	duadondo inte	proof and	115,404,500.			
	3		Investment income (including other similar amounts)	aiviaerias, irit	erest, and	92,603.			92,603
	4		Income from investment of ta	v-evemnt hone	Inroceeds	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5		Royalties	x-exempt bone	proceeds				
	3		noyanies	(ı) Real	(II) Personal				
	6	a	Gross rents	(i) i teai	(ii) i cisoriai				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				· -
	ľ	_	assets other than inventory	() 2332	207,475.				
		b	Less: cost or other basis						
		_	and sales expenses	1	0.				
		С	Gain or (loss)		207,475.				
			Net gain or (loss)	•	•	207,475.			207,475
a d			Gross income from fundraisin	g events (not					
venue			including \$	of					
an I			contributions reported on line	1c) See					
μ. Ε			Part IV, line 18		a				
Other Re		b	Less. direct expenses		b				
٥		С	Net income or (loss) from fund	draising events					
			Gross income from gaming a						
			Part IV, line 19		a				
		b	Less direct expenses		b				
		С	Net income or (loss) from gan	ning activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances		a				
		b	Less. cost of goods sold		b				
		c	Net income or (loss) from sale	es of inventory	•				_
			Miscellaneous Revenu	ıe	Business Code				
	11	а	REIMBURSEMENT COSTS		611710	188,893.	188,893.		
		b			.		ļ <u> </u>		
		С			. [ļ. <u>.</u>
į			All other revenue				_		
		е	Total. Add lines 11a-11d		>	188,893.			335 355
	12		Total revenue. See instructions.		>	119,893,531.	119,593,453.	0	. 300,078,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses generăl expenses expenses Grants and other assistance to domestic organizations 151,080 151,080 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,655,912 1,965,374 690,538 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 48,809,418 36,118,969 12,690,449 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6.994.876 5,176,209 1,818,667 10,221,979 7,612,399 2,609,580 Other employee benefits 3,314,338 4.478.835 1,164,497 10 Payroll taxes Fees for services (non-employees) 11 a Management 463,608 254,984 208,624 Legal 203,049 369,180 166,131 c Accounting 486,169 228,274 714,443 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12,638,742 8,188,522 4,450,220 3,200,703 3,200,703 Advertising and promotion 12 1,459,387 965,023 494,364 Office expenses 13 438,882 1,755,529 1,316,647 Information technology 14 1,996,219 1,996,219 Royalties 15 2,545,675 1,794,457 751,218 16 Occupancy 4,907,366 5,299,015 391,649 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 255 244 191,433 63,811 20 Interest 21 Payments to affiliates 6,980,346 5,985,338 995,008 22 Depreciation, depletion, and amortization 443,597. 88,719 354,878 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 955,412, 130,566 TRAINING & DEVELOPMENT 1,085,978 DUES & SUBSCRIPTIONS 675,759 506,819 168,940 ACCRUED RENT REVERSAL -2,939,796 -1,999,061 -940,735 С d 683 893 492,384 191,509 All other expenses 110,939,622, 83,872,552. 27,067,070 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Рап		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,605,084.	1	4,532,371
	2	Savings and temporary cash investments	26,262,245.	2	15,945,032
	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net	3,188,945.	4	3,349,128
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
Ī	6	Loans and other receivables from other disqualified persons (as defined under	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ig		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	4,000,000.	7	0
`	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges	2,746,526.	9	2,663,118
1	10a	Land, buildings, and equipment, cost or other		ŀ	
		basis Complete Part VI of Schedule D 10a 72,322,87			
	b	Less: accumulated depreciation 10b 21,733,40		_	50,589,470
1	11	Investments - publicly traded securities	289,889.	11	270,231
- 1	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
- 1	14	Intangible assets	10,355,819.	14	8,881,065
	15	Other assets See Part IV, line 11	381,046.	15	46,242
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,540,417.	16	86,276,657
- 1	17	Accounts payable and accrued expenses	11,335,283.	17	12,558,567
	18	Grants payable	0,	18	500,000
- 1	19	Deferred revenue	21,077,309.	19	20,360,374
	20	Tax-exempt bond liabilities	0.	20	36,836,430
Ι.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Sej 2	22	Loans and other payables to current and former officers, directors, trustees,			
<u></u>		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties	8,070,061.	23	3,632,832
	24	Unsecured notes and loans payable to unrelated third parties	171,746.	24	0
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	0 040 005		
۔ ا		Schedule D	9,343,897.	25	2,491,017
- 2	26	Total liabilities. Add lines 17 through 25	49,998,296.	26	76,379,220
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
8		complete lines 27 through 29, and lines 33 and 34.	2 540 404		
<u> </u>	27	Unrestricted net assets	3,542,121.	27	9,897,437
8 2	28	Temporarily restricted net assets		28	
[2	29	Permanently restricted net assets		29	
[Organizations that do not follow SFAS 117 (ASC 958), check here			
٠ ا ۵		and complete lines 30 through 34.			
. 3		Capital stock or trust principal, or current funds		30	
8 3		Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ 3		Retained earnings, endowment, accumulated income, or other funds	2 542 624	32	
l ³		Total net assets or fund balances	3,542,121.	33	9,897,437.
3	4	Total liabilities and net assets/fund balances	53,540,417.	34	86,276,657.

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Pa	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	119	,893,	531.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110	,939,	622.
3	Revenue less expenses Subtract line 2 from line 1	3	В	,953,	909.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,542,	121.
5	Net unrealized gains (losses) on investments	5		-500,	000.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-2	,098,	593.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9	,897	437.
Pa	rt XII Financial Statements and Reporting	_			_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		li		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				ļ
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			\
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	لـــــا	<u> </u>
			Form	990	(2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Nam	e of t	he organization						Employer	identification number
	_	NWEA							3-0686108
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part) Se	ee instruction	s	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 11, o	check only	one box.)			
1	\sqsubseteq	A church, convention of ch	urches, or associate	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).		
2	닏	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3	\sqsubseteq	A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4	\Box	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state							
5	Ш	An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental	unit describ	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	\Box	A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
	_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	닏	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	<u>x</u>	An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from
		activities related to its exer		· ·					
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ured by the o	rganızatıon	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III)						
10	닏	An organization organized			•				
11	لـــا	An organization organized	•	-	•			-	• •
		more publicly supported or						· ·· ·	Check the box in
		lines 11a through 11d that				-		_	
а	Ь	Type I. A supporting orga							
		the supported organization			a majority	of the dire	ctors or trust	es of the s	supporting
		organization You must o						()	
b		Type II. A supporting org					-		
		control or management of			ame perso	ons that co	ontroi or mana	ige the sup	ропеа
_		organization(s) You mus	=					وفحد سحفس وال	مادرر الم
С		☐ Type III functionally inte						illy integrate	ea with,
d	[Its supported organizatio		•	•	-		rtod organi	zation(e)
u	-	J Type III non-functionally that is not functionally int		· -				_	• •
		requirement (see instruct			-		•	o an attent	IVEI 1635
е		Check this box if the orga	· ·	· ·				II Type III	
·	•	functionally integrated, or					турст, турс	ii, type iii	
f	Ente	er the number of supported	.,	many integrated dapport	ing organi	20110111			
a		ride the following information	•	ed organization(s).					
) Name of supported	(II) EIN	(iii) Type of organization		rganızatıon	(v) Amount of	monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	listed i	in your document?	support		other support (see
				above (see instructions))	Yes	No	ınstruct	ions)	instructions)
					Ì				1
			ļ <u> </u>						
			<u></u>]			
									lı
Tota	1		1		ı	1	I		

Schedule A (Form 990 or 990-EZ) 2015 NWEA 93-0686108

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

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

<u>Sei</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		T.			Į.	
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-		_				
	ization's benefit and either paid to				1		
	or expended on its behalf			,			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			ļ]		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				ļ	ļ	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			i			
	amount shown on line 11,			ŀ			
	column (f)			ļ	1		
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			1 -			
	dividends, payments received on						
	securities loans, rents, royalties					ł	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital					İ ,	
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for	,	•	rd, fourth, or fifth t	ax vear as a secti		
	organization, check this box and stop	ŭ	, ,	,	,	(), ,	ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (i	ine 6, column (f) d	vided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	zation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	this box and stop h	nere. Explaın ın Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supporte	d organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2014. If the org	anızatıon dıd not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, o	heck this box and	stop here. Explai	n in Part VI how the	•
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization		_				s >

Schedule A (Form 990 or 990-EZ) 2015 NWEA Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Gomplete 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.)

Sec	ction A. Public Support						
_	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		' <u>[</u>				
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		ľ				
	organization's tax-exempt purpose	83,697,130.	100,672,300.	108,513,020.	114,197,530.	119,593,453.	526,673,433.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		' <u> </u>				1
	iness under section 513				!		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						п
	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	83,697,130.	100,672,300.	108,513,020.	114,197,530.	119,593,453.	526,673,433.
	Amounts included on lines 1, 2, and	, ,=:		, = , , = , •		, , , , , , , ,	
	3 received from disqualified persons						0.
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	286,309.	3,029,240.	2,644,838.	1,285,700.	1,668,445.	8,914,532.
,	Add lines 7a and 7b	286,309.	3,029,240.	2,644,838.	1,285,700.	1,668,445.	8,914,532.
			-, -25, 240.		_,,,,,,,,	_,000,440.	517,758,901.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support		<u> </u>		L	<u> </u>	22.,,00,,01.
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	83,697,130.	100,672,300.	108,513,020.	114,197,530.	119,593,453.	526,673,433.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	122,070.	131,987.	150,232.	298,885.	92,603.	795,777.
<u></u>	and income from similar sources Unrelated business taxable income		131,507.	130,232.	250,005.	72,003.	133,111.
10	(less section 511 taxes) from businesses		ĺ				
	acquired after June 30, 1975	}					
	· '	100 070	131 000	150 030	209 205	92.622	705 777
	Add lines 10a and 10b	122,070.	131,987.	150,232.	298,885.	92,603.	795,777.
• •	Net income from unrelated business activities not included in line 10b,			İ			
	whether or not the business is			ļ			
40	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital	100 15-	50.00	, , , <u> </u>	6. 6		44.0 - 0.0
	assets (Explain in Part VI)	182,456.	70,221.	65,655.	91,807.	440 - 55 - 5 - 5	410,139.
	Total support. (Add lines 9, 10c, 11, and 12)	84,001,656.	100,874,508.	108,728,907.	114,588,222.	119,686,056.	527,879,349.
14	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here	 _					<u> </u>
	ction C. Computation of Publi						
	Public support percentage for 2015 (li			olumn (f))		15	98.08 %
_	Public support percentage from 2014					16	97.89 %
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	15 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	.15 %
18	Investment income percentage from 2	2014 Schedule A, F	Part III, line 17			18	.16 %
19a	33 1/3% support tests - 2015. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	~
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	ightharpoons
b	33 1/3% support tests - 2014. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	ightharpoons
20	Private foundation. If the organization		-	•		=	
_	22 00 02 16					dulo A /Form 000	000 EZ) 001E

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

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

Section A.	All	Supporting	Organizations
------------	-----	------------	----------------------

<u> </u>	tion A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	i		
	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 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	'	-	
	(b) and (c) below.	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	ٔ ۔		-
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	١ .		
_	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	<u>4a</u>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1	i	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			-
	despite being controlled or supervised by or in connection with its supported organizations	4b_		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	i		
	purposes	4c	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 the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also		}	ı
	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			ı
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	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 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		ĺ	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b 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)	10b		

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Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	.,,,
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			i
	tax year? If *No,* describe in Part VI how the supported organization(s) effectively operated, supervised, or		,	
	controlled the organization's activities of 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	<u> 1</u>		
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	L	
Sec	tion C. Type II Supporting Organizations		Tv	
4	Mana a management of the a company action of the advantage of the advantag		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			l
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	, то то то то то то то то то то то то то			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	i		
	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	ŀ		
	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	i	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instru	uctions):		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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	1	}	
	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	1		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	}	l
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
a	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	,	
L	· · · · · · · · · · · · · · · · · · ·	Ja	\vdash	
Ь	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		
	TO THE EMPLOYING UNDERSTOOD IN THE SECOND REPORT OF THE PORT OF CHARGE OF THE OF CHARGE AND THE OTHER PROPERTY.			

Sche	dule A (Form 990 or 990-EZ) 2015 NWEA			93-0686108	Page 6
Pa		ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ructions. All	
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E		
Sect	ion`A - Adjusted Net Income		(A) Prior Year	(B) Curren (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Currer (optior	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a _			
<u>b</u>	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting o	rganization (see	

instructions)

Pai	TV 1 Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	,
Secti	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1_	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpor	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI) See instructions.			
9_	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion 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 required-see instructions)			
3	Excess distributions carryover, if any, to 2015.			
a				
b				
С				
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)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7\$			
а	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			1
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	1		1
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.	<u> </u>		<u> </u>
8	Breakdown of line 7			
a				
b				
С	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions.)	s 1 and 2; Part IV, Secti t V, Section B, line 1e; P	on C,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
REIMBURSEMENT REVENUE		
2011 AMOUNT: \$ 182,456.		
2012 AMOUNT: \$ 70,221.		
2013 AMOUNT: \$ 65,655.		
2014 AMOUNT: \$ 91,807.		
		·-

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

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.
- Section 527 organizations. Complete Part I-A only.

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

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

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

	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nar	ne of organization			Empl	oyer identification number
	NWEA				93-0686108
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
1 2 3	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities		
Pá	art I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax			▶\$	
	Enter the amount of any excise tax			<u>. </u>	
	If the organization incurred a section				Yes No
48	a Was a correction made?		·		Yes No
	o If "Yes," describe in Part IV				
Pa	art I-C Complete if the or	ganization is exempt und	er section 501(c)	, except section 501	c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt fund	ction activities >\$	
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for s	ection 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here a	nd on Form 1120-POL	-,	
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			└─ Yes └─ No
5	Enter the names, addresses and er	• •	·	-	- •
	made payments. For each organiza	· ·			· ·
	contributions received that were pr	• •		•	ite segregated fund or a
_	political action committee (PAC) If	additional space is needed, prov	ide information in Part	: IV - 	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			ł	filing organization's funds If none, enter -0-	contributions received and promptly and directly
			}	lands in none, once o	delivered to a separate
			1		political organization If none, enter -0-
_		 	 		it note, enter-o-
				İ	
	_ 	 			
		ļ		Ţ	ļ.
_		 		 	
		•	}		
		 	 	 	
			1		
_			 	 	
			 		
		Ī	I	Ī	I

Schedule C (Form 990 or 990-EZ) 2015 N	wea anization is exer	npt under section	n 501(c)(3) and file	93-068 ed Form 5768 (e	
section 501(h)).		•	· / /	•	
A Check ► if the filing organizati	on belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
, expenses, and share	e of excess lobbying	expenditures)			
B Check 🕨 📖 if the filing organizati	on checked box A ar	nd "limited control" pro	visions apply.		
	s on Lobbying Experitures" means amou	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (arass roots lobburnal			
b Total lobbying expenditures to influ		-	ļ	714,443,	
c Total lobbying expenditures (add lin	•	ay (direct lobbying)	ŀ	714,443.	
d Other exempt purpose expenditure	·		ł	110,225,179.	
e Total exempt purpose expenditures		1)	•	110,939,622.	
f Lobbying nontaxable amount Ente	•	•	a columns	1,000,000.	
If the amount on line 1e, column (a) or				2,000,000.	
		bying nontaxable amo	bunt is:		
Not over \$500,000		the amount on line 1e	**** ****		
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exc			·
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000			II
	050/ (1 40			250 000	
g Grassroots nontaxable amount (ent	•		}	250,000.	
h Subtract line 1g from line 1a If zero	•			0.	
i Subtract line 1f from line 1c If zero	ŕ		L	0.	
j If there is an amount other than zer		line 1i, did the organiza	ation file Form 4720	Г	
reporting section 4911 tax for this y					Yes No
(Some organizations th	at made a section 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all o	of the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	r 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.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	181,476.	335,640.	338,575.	714,443.	1,570,134.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount	,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures		8,464.			8,464.

Schedule C (Form 990 or 990 EZ) 2015 NWEA 93-0686108 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	lobbying activity	Yes	No	Am	ount	
	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 Volunteers?			-		
		 	 			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		 			
-	Mailings to members, legislators, or the public?		 			
	Publications, or published or broadcast statements?		 -			
	Grants to other organizations for lobbying purposes?		 			
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i					
2a	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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ion 501(c)(5), or se	ection		
				Yes	No	
1	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		<u> </u>	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
	III-B Complete if the organization is exempt under section 501(c)(4), section	ion 501(c)(5), or se	ection		
-	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	d "No," O	R (b) Par	t III-A, iii	ne 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1_1_			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	Į			
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a	<u> </u>		
b	Carryover from last year		2b			
С	Total		2c	L		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		l		
	expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5	L		
Part				101		
	· · · · · · · · · · · · · · · · · · ·	p list), Part	II·A, lines 1	and 2 (see		
nstru	ctions), and Part II-B, line 1. Also, complete this part for any additional information					
Provid	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground part II-B, line 1 Also, complete this part for any additional information	p list), Part	II-A, lines 1	and 2 (see		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2015
Open to Public Inspection

Employer identification number Name of the organization 93~0686108 NWEA Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 b Assets included in Form 990, Part X

	dule D (Form 990) 2015 NWEA							3-06861			Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Simila	r Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following tha	t are a sigr	nificant u	se of its	collectio	n iten	ns
	(check all that apply)		_								
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	e	, [Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	· · · · · · · · · · · · · · · · · · ·		-	•	-		se in Par	t XIII		
5	During the year, did the organization solicit of				-	er sımılar a	ssets	_	٦	_	_
_	to be sold to raise funds rather than to be m								Yes_		_ No_
Pai	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on Fo	orm 990,	Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa						 -				
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not in	cluded	_	٦		٦
	on Form 990, Part X?								」 Yes	I	∟ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing 1	table.							
									Amoun	<u> </u>	
C	Beginning balance						1c				
a	Additions during the year						1d				
e	Distributions during the year						1e				
7	Ending balance	000 Dard V Iv-	. 04 . 4				1f	- 1	1 v	$\overline{}$	1 81 -
2a	Did the organization include an amount on F						· •	<u> </u>	」Yes	F	⊣ No
Pa	rt V Endowment Funds. Complete										
- 4	Endownient Farias. Complete				(c) Two year) Three ye	are hack	(e) Fou	r veare	e hack
10	Pegipping of year balance	(a) Current year	(6) F	rior year	(C) TWO year	S Dack (u	i illiee ye	al 5 Dack	(e) rou	ycais	b Dack
1a	Beginning of year balance				 						
Þ	Contributions				 						
C	Net investment earnings, gains, and losses				 						
d	Grants or scholarships				 						
е	Other expenditures for facilities										
	and programs				 						
1 -	Administrative expenses		_		 						
g	End of year balance		// 1						Ĺ		
2	Provide the estimated percentage of the cur	rent year end balant	-	g, column (a	a)) nelo as						
a	Board designated or quasi-endowment	%	_%								
b	Permanent endowment										
C	Temporarily restricted endowment	%									
2-	The percentages on lines 2a, 2b, and 2c sho		ation the		and administr	wa di fan iba	0.000.00	ation.			
Sa	Are there endowment funds not in the posse	ssion of the organiz	auon ma	at are neio a	ing administe	red for the	organiza	ation		Van	TNa
	(i) unrelated organizations								3a(i)	Yes	No
	(ii) related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	tione lietod se rodiu	red on S	chodulo P2)				3b		┼─
4	Describe in Part XIII the intended uses of the								30		Ь
	rt VI Land, Buildings, and Equipm		willent	iulius							
	Complete if the organization answere) Part I\	/ line 11a 9	Saa Form 990) Dart Y lin	ıα 10				
	Description of property	(a) Cost or o			or other		umulated	, T	(d) Boo	k valı	
	bescription of property	basis (investr			(other)		eciation	1	(u) 500	n vait	16
12	Land	2230 (11110011			,425,000.	- 40010			20	425	,000.
					,907,710.		1,009,0	139			671.
0	Buildings				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,000,0			,	
ن	Leasehold improvements Equipment			21	,556,104.	15	3,223,9	73.	3	332	,131.
u	Other				,434,063.		2,500,3				,668.
_	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X colur				-,,-		50		470.
· ULO			,, colui	10), iii ie				chedule			

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				· · · · · · · · · · · · · · · · · · ·
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of va	aluation Cost or en	d-of-year market value
	al derivatives				
	held equity interests				
(3) Other					
<u>(A)</u>					
(B) (C)					
(D)			 		
(E)		<u> </u>			· · · -
(<u>F)</u>			-		
(G)		<u> </u>	- 		
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.	<u> </u>			
	Complete if the organization answered "Yes"	on Form 990, Part IV			
	(a) Description of investment	(b) Book value	(c) Method of va	aluation Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)			- 		
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d See Form 990,	Part X, line 15	
		Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)	<u></u>				
(6)					
(7)					
(8)					
(9) • (0-1)	(h) mark and Farm 000 Park V and (D) has	- 45)			
Part X	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities.	9 15)			<u></u>
raitx	Complete if the organization answered "Yes"	on Form 000 Part IV	line 11e or 11f See Form	n 000 Part V line 26	.
4	(a) Description of liability	on Form 990, Fact IV	(b) Book value	1 330, Fait A, line 20	· <u> </u>
1. (1) Fed	leral income taxes		2,220,786.		
	TERRED COMPENSATION		270,231.		
(3)					
(4)):	
(5)			_ 		
(6)			· · · · · · · · · · · · · · · · · · ·	"	
(7)					
(8)				ľ	
(9)					
	mn (b) must equal Form 990, Part X, col (B) line	25)	2,491,017.		
	for uncertain tax positions. In Part XIII, provide		ote to the organization's f	ınancıal statements	that reports the
organiza	ation's liability for uncertain tax positions under	FIN 48 (ASC 740) C	heck here if the text of the	e footnote has been	provided in Part XIII
				Sch	edule D (Form 990) 2015

	edule D (Form 990) 2015 NWEA			93-000	ugu
Pai	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per R	eturn.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a			110 202 521
1	Total revenue, gains, and other support per audited financial statements			1	119,393,531.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10-1	-500,000.		
_	Net unrealized gains (losses) on investments	2a			
b		2b			
c		2c			
d	, , , , , , , , , , , , , , , , , , , ,	2d			-500,000.
_	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	119,893,531.
3				-3-	
4	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	4a			
a b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	<u> 40 </u>		40	0.
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1		4c	119,893,531.
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	_	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				····
1	Total expenses and losses per audited financial statements			1	113,038,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
		2c			
c		2d	2,098,593.		
d	Add lines 2a through 2d	20	2,000,000	2e	2,098,593.
3	Subtract line 2e from line 1			3	110,939,622.
_				3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	احدا		1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b		الما	Λ
	Add lines 4a and 4b	2.1		4c	110,939,622.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	<u> </u>	<u> </u>	5	110,939,022.
		L Dod IV Imag 1h a	and Ob. Don't V. (may	(Dort)	/ line O. Dort VI
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4			+, Part /	K, line 2, Part XI,
mes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar	iy additional imorma	tuori		
					
			 		
PART	XII LINE 2D - OTHER ADJUSTMENTS:				
LOSS	ON CONTRACTS	2,098,593.			
_		, , , , ,			
PART	TX, LINE 1:				
_	_ 				
FEDE	ERAL INCOME TAX LIABILITY OF \$2,220,786 WAS PAID DURING THE	YEAR ENDED			
JUNE	30, 2016 FOR INTERNATIONAL LEARNING CORPORATION, A C-CORP	ORTION FOR			
_					
FEDE	ERAL INCOME TAX PURPOSES, OF WHICH NWEA OWNED 100% OF THE C	UTSTANDING			
STOC	CK ON THE DATE OF DISSOLUTION.				
					

Schedule D (Form 990) 2015

532054 09-21-15

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization				Employer identi	rication number
NWEA				93-0686108	
Part I General Info	mation on A	ctivities Ou	tside the United States. Compl	ete if the organization answered "	Yes" on
Form 990, Part I\					
•	•		ds to substantiate the amount of its gr	· -	Yes No
the grantees eligibility to	or the grants or a	issistance, and	the selection criteria used to award the	e grants or assistance?	resNo
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	tside the
United States		g	F	g	
3 Activities per Region. (Ti	ne following Part	I, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total expenditures
	offices in the region	agents, and independent	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	for and
	ar the region	contractors	recipients located in the region)	of service(s) in region	investments in region
		in region			integion
				TRAVEL FOR PROFESSIONAL	
CENTRAL AMERICA AND				DEVELOPMENT AND TESTING	
THE CARIBBEAN	0	0	PROGRAM SERVICES	SERVICES	4,315.
T		ı		TRAVEL FOR PROFESSIONAL	1
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DEVELOPMENT AND TESTING	10 000
FACIFIC			PROGRAM SERVICES	SERVICES	10,082.
EUROPE (INCLUDING		,		TRAVEL FOR PROFESSIONAL	
ICELAND AND			}	DEVELOPMENT AND TESTING	
GREENLAND)	0	0	PROGRAM SERVICES	SERVICES	22,657.
- -					
				TRAVEL FOR PROFESSIONAL	
MIDDLE EAST AND				DEVELOPMENT AND TESTING	00.110
NORTH AFRICA	0	0	PROGRAM SERVICES	SERVICES	20,140.
				TRAVEL FOR PROFESSIONAL	
				DEVELOPMENT AND TESTING	
NORTH AMERICA	o	0	PROGRAM SERVICES	SERVICES	2,551.
				TRAVEL FOR PROFESSIONAL	
Communication Co.				DEVELOPMENT AND TESTING	2 760
SOUTH AMERICA	0	0	PROGRAM SERVICES	SERVICES	3,762.
		·		TRAVEL FOR PROFESSIONAL	
				DEVELOPMENT AND TESTING	
SUB-SAHARAN AFRICA	o	0	PROGRAM SERVICES	SERVICES	858.
					1
			1		
	0	. 0			64 365
3 a Sub-total	-	- 0			64,365.
b Total from continuation sheets to Part I	o	0			0.
c Totals (add lines 3a					
and 3b)	0	0			64,365.

Page 2

93-0686108

NWEA

Schedule F (Form 990) 2015

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							;	
							·	
	recipient organization the grantee or counsel	Enter total number of recipient organizations listed above that are rethe IRS, or for which the grantee or counsel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e)	kempt by		
3 Enter total number of other organizations or entities	other organizations or	r entities				•		,

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713, do not file with Form 990)

Par	TV	Foreign Forms		
		•		
1	Was	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	orga	inization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Con	poration (see Instructions for Form 926)	Yes	X No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
		be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trus	ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trus	t With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cert	ain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was	the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	Ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see	Instructions for Form 8621)	Yes Yes	X No
5	Dıd	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2015

Yes X No

Yes X No

6

Part V	(Form 990) 2015 With
rait	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information
FORM 990	SCHEDULE F, PART I, LINE 3F:
THE FORE	GN EXPENDITURES ARE REPORTED ON THE ACCRUAL METHOD OF
ACCOUNTIN	īG.
	
	
	
	
	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

Employer identification number

93-0686108

2 |

X Yes

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance criteria used to award the grants or assistance? NWEA

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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Bart II can be dunlicated if additional sna Part II

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) or government (as a prant of (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	other)		
WEST ORANGE SCHOLARSHIP FUND	_						
C/O JAMES QUINN, 290 ARANEO DRIVE							
WEST ORANGE, NJ 07052	22-6033022	501(C)(3)	50,000.	0			GENERAL SUPPORT
ST. JOSEPH THE WORKER CORPORATE							
INTERNSHIP PROGRAM - 7528 N							
FENWICK AVENUE - PORTLAND, OR							
97217	93-1322114	501(C)(3)	34,580.	0			GENERAL SUPPORT
KTOMITYON NEGERATE OTA NEGERIMOAA OTA					•		
NORTHWEST - 1827 NR 44TH AVENUE				_			
SUITE 100 - PORTLAND, OR 97213	93-1303640	501(C)(3)	27,250.	0			GENERAL SUPPORT
ALL HANDS RAISED							
2069 NE HOYT STREET							
PORTLAND, OR 97232	93-1149798	501(C)(3)	10,000.	0			GENERAL SUPPORT
ATLANTIC RESEARCH PARTNERS							
13720 OLD ST. AUGUSTINE ROAD,							
SUITE 8-256 - JACKSONVILLE, FL	_						
32258	26-1392943	501(C)(3)	10,000.	0.		İ	GENERAL SUPPORT
	- -	-					4
Z Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	rganizations listed in th	e line 1 table				•

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

Schedule I (Form 990) (2015)

Page 2

93-0686108

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 93-0686108

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	٠,		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	,		İ
	First-class or charter travel Housing allowance or residence for personal use	Ŷr.	, ,	ĺ
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees	·	4	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			ĺ
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		l	1
	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	1		1
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			•
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	}	}	İ
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	<u> </u>
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
	The organization?	_5a		X
b	Any related organization?	_5b		х
	If "Yes" to 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	1		
	contingent on the net earnings of	ì		
а	The organization?	_6a		X
b	Any related organization?	6b		x
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	}		
	Regulations section 53 4958-6(c)?	9	L	<u></u>

Schedule J (Form 990) 2015 NWEA
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

50. 14,370. 533,476. 0. 0. 0. 0. 0. 0. 88. 12,774. 408,148. 0. 0. 0. 0. 0. 28. 12,002. 255,462. 0. 0. 0. 0. 0. 25. 10,461. 245,623. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 85. 8,835. 307,880. 0. 0. 0. 0. 0. 10,240. 226,197. 0. 0. 0. 0. 0. 0. 0. 0. 13,224. 220,904. 0. 0. 0. 0. 13,555. 214,427. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0			(B) Breakdown of W	W-2 and/or 1099-MISC compensation	o componedation	other deferred	Popolito	(E) TOTAL OF COMMINS	in column (B)
Continue Circle May	(A) Name and Title	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Series	(a)-(i)(a)	reported as deferred on prior Form 990
The particle of the color of	1	€	369,674.						52,741.
University Uni		Ξ	0	0	0	0	0	0	0
STATESTICATION Color Col	1	Ξ	325,882.	3,11				408	0
Colored Corrections		Ξ	0	0	0	0	0	0	0
VP RET LIEBERAM	1	ε	202,782.				12,656.		0
PRENT LIEBERMAN	VP & CFO	Ξ	0	0	0.	0	0	0	0
PARTHER ACCOUNTS (i) 199,691. 6,660. 4,977. 30,562. 10,232. 251,132	BRENT LIEBERMAN	ε	176,053.				12,002.		0
PERD MCDANIEL VP. PRODUCT MSRT & PUBLISHING (ii) 199,691, 6,660, 4,977, 30,562, 10,421, 245,52 VP. PRODUCT MSRT & PUBLISHING (ii) 195,097, 10,736, 5,215, 29,625, 10,441, 245,52 ANTOINETTE JAPPE (i) 195,097, 10,736, 5,916, 29,635, 10,461, 245,52 VP. HR & ORG., DEVALOPMENT (ii) 186,000, 7,051, 6,756, 27,000, 9,520, 230,32 VP. RESEARCH & CHIEP ACADEM, OPP. (ii) 186,351, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	VP, PARTNER ACCOUNTS	€	0	0	0	0	0	0	0
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UP, PARTNER SERVICES (ii) 0.<	JANICE LAROCCA	(1)	180,000.	7,051.		27,000.	9,520.		0.
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PROD. OPS. & PLATFORM STRATEGY (ii) 162,111. 9,355. 7,459. 24,395. 9,443. 212,76 PROD. MCHAEL MOORE PROD. MCMT. & BUSINESS DEVELOP. (ii) 165,756. 10,269. 5,192. 26,463. 13,224. 220,90 STEPHANIE GLADFELTER (i) 165,756. 10,269. 5,192. 26,463. 13,224. 220,90 PARTNER ACCOUNTS (i) 143,390. 11,900. 21,901. 23,681. 13,555. 214,42 C. DIR., SUPERINT. NAT. DIALOGUE (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		ε		۱ ۱	٠.	0,			0
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H SCHERER (i) 143,390. 11,900. 21,901. 23,681. 13,555. 214, SUPERINT. NAT. DIALOGUE (ii) 0. 0. 0. 0. 0. (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	PARTNER ACCOUNTS	⊞	0	0	0	0	0	0	0
, SUPERINT. NAT. DIALOGUE (ii) 0. 0. 0. 0. 0. 0. 0. (ii) 0. (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(14) JOSEPH SCHERER	Ξ	143,390.		١.		3,55		0
(ii) (iii)	, SUPERINT, NAT, DIALOGUE	(iii)	0	0	0	0	0	0	0
(ii)		Ξ							
(ii)		(ii)							
(i)		ε							
		(ii)							

Schedule J (Form 990) 2015 NWEA	93-0686108	Page 3
Fart III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	art for any additional information	
PART I, LINE 1A:		
THE ASSOCIATION REIMBURSED CEO MATTHEW CHAPMAN FOR ARLINGTON CLUB DUES. THE		
BOARD OF DIRECTORS DEEMED THIS BENEFICIAL TO THE ASSOCIATION AND COST		
EFFECTIVE DUE TO THE MEMBERSHIP AND NETWORK AFFILIATION OUTCOMES.		
PART I, LINE 4B:		
MATTHEW CHAPMAN, CEO, PARTICIPATED IN A 457(F) PLAN THAT WAS TERMINATED IN		
AUGUST 2015. THE BALANCE OF \$52,741 WAS DISTRIBUTED AT THAT TIME.		
		}
532113 10-14-15	Schedule J (Form 990) 2015	39 0) 2015

SCHEDULEK (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2015 Open to Public Inspection

Employer identification number

93-0686108

(i) Pooled Yes No financing × ŝ ŝ (g) Defeased (h) On behalf Yes No ۵ of Issuer × Yes Yes ŝ × Yes ŝ ŝ (f) Description of purpose O Yes Yes FINANCE BUILDING ŝ ŝ ø œ 37,905,000. Yes Yes (e) Issue price 37,905,000. 906,565 37,905,000 × ŝ ŝ 2015 (d) Date issued ⋖ Yes 09/28/15 Yes × × (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? NONE Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? 93-6001787 which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds A STATE OF OREGON **Bond Issues** Proceeds Part II Part 4 Ŋ 9 9 8 ပ ო œ 6 9 5 1 7 햔

552121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. bond-financed property?

Are there any lease arrangements that may result in private business use of

×

Schedule K (Form 990) 2015

ō			93-0686108	86108				Page 2
Part III Private Business Use (Continued)						•	٠	
	4		8	_	5			
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	S ×	Yes	S N	Yes	Š	Yes	No
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research arreements relating to the financed property.		,						
4 Enter the percentage of financed property used in a private histories use hy								
		% 00.		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		% 00.		%		%		%
6 Total of lines 4 and 5		% 00.		%		%	į	%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
Regulations sections 1 141-12 and 1 145-27		×						
Part IV Arbitrage								
	•		6		٥		0	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	2	Yes	Š	Yes	2	Yes	Š
		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	×							
b Exception to rebate?		×						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×						5
4a Has the organization or the governmental issuer entered into a qualified								<u>i</u>
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
532.122 10-22-15						Sche	Schedule K (Form 990) 2015	n 990) 2015

Page 3 Schedule K (Form 990) 2015 Š ŝ ۵ Yes Yes ŝ ŝ Yes Yes ŝ ŝ 93-0686108 Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) ŝ ŝ × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? Part V Procedures To Undertake Corrective Action NWEA Schedule K (Form 990) 2015

Part IV Arbitrage (Continued) **b** Name of provider section 1487 regulations? c Term of GIC 532123 10-22-15

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open To Public Inspection

Name of the organization	WEA	<u></u>						1 '	oloyer 0686:	identi	ficati	on nu	mber	
		ctions (section 5	01(c)(3	3), sect	on 501(c)(4), and 50	1(c)	(29) organization					_		
					art IV, line 25a or 25b					b.				
1 (b) Relationship between disqua				lified	(c) Description of transaction			(d)	Corre	cted?				
(a) Name of disqualified person		person and o	(0	saction					es	No				
											1			
		- / -												
											Ш.			
											Ш			
2 Enter the amount of tax	incurred by the	e organization mar	nagers	or disc	qualified persons du	ring	the year under							
section 4958	.f l.m.	0 abassa waswabsswa		*					> \$					
3 Enter the amount of tax,	if any, on line	2, above, reimburs	sea by	tne or	ganization				> \$					
Part II Loans to and	d/or From I	nterested Per	sons								-			
Complete if the	organization ai	nswered "Yes" on	Form 9	990-EŽ	, Part V, line 38a or I	orm	990, Part IV, lır	ne 26,	or if th	ne orga	ınızatı	on		
·	-	90, Part X, line 5,			,		, ,	·		J				
(a) Name of	(b) Relationsh	T I I I			(e) Original	e) Original (f) Balance due		(g) In (h) Appi			oroved	-4 [[]] ***		
interested person	with organizati	on of loan		n trie zation?	principal amount		''		default?		by board or agreemer			
	ļ		То	From				Yes	No	Yes	No	Yes	No	
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^{[otal} Part III │ Grants or As	cictoneo B	enefiting Inte	rosto	d Do	reone \$			L						
		_												
(a) Name of interested		nswered "Yes" on			(c) Amount of		(d) Type	of		10	Durn	000	f	
(a) Name of interested	person	(b) Relationship between interested person and		assistance		assistance			(e) Purpose of assistance					
		the organization						}						
									-					
			·			\dashv			-+					
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HA For Panerwork Reduc	tion Ant Matic	a acatha lastuu		for Co	000 000 E7		Cob	adula	L /Eo	rm 990) or 0(O E 2	1 20	

	ed "Yes" on Form 990, Part IV, line 28a, 2		T	I (a) Sh	aring
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
OOLEY & NAITO, LLC	ENTITY MORE THAN 35	79 409	THE ASSOCIA	Yes	No X
OODET & NATIO, BEC	ENTITI MORB TRAN 33	78,400.	INE ABSOCIA		 ^-
				 	
				1	†
				<u> </u>	ļ
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Part V Supplemental Information			L		
	sponses to questions on Schedule L (see	instructions)			
Trovido additional mormation for re-	specified to quadrieria on concurso E (occ	indiadanne)			
CH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
A) NAME OF PERSON: HOOLEY & NAITO, I	TC				
n) na 1 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2					
B) RELATIONSHIP BETWEEN INTERESTED F	ERSON AND ORGANIZATION:				
NTITY MORE THAN 35% OWNED BY DARLENE	HOOLEY PORMER DIRECTOR				
MILIT MORE THAN 555 OWNED DI DANDENE	HOUSEI, FORMER BIRECTOR.				_
D) DESCRIPTION OF TRANSACTION: THE A	SSOCIATION ENGAGES HOOLEY AND				
AITO, LLC TO PROVIDE ADVOCACY AND LO	BBYING SERVICES.				
					_
					
					
					
					
				-	
				_	
					

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

NWEA

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.

93-0686108

OMB No 1545-0047

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number**

Open to Public inspection ...

FORM 990, PART I, LINE 6, DESCRIPTION OF VOLUNTEERS: VOLUNTEERS ARE COMPOSED OF UNCOMPENSATED BOARD MEMBERS. FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE AMENDED TO SEPARATE SOME OFFICER POSITIONS WHICH WERE PREVIOUSLY COMBINED AND TO ALLOW THE BOARD TO APPOINT DIRECTORS EMERITUS AND ADVISORY COMMITTEES AT THEIR DISCRETION. ADDITIONALLY, THE ORGANIZATION'S NAME CHANGED TO NWEA EFFECTIVE SEPTEMBER 29, 2016. FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING. A FULL COPY OF THE TAX RETURN IS DISTRIBUTED TO THE BOARD PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: SIGNED STATEMENTS ARE COLLECTED ANNUALLY FROM EACH DIRECTOR, OFFICER COMMITTEE MEMBER OF THE BOARD OF DIRECTORS, AND KEY EMPLOYEES THAT AFFIRM THAT EACH INDIVIDUAL HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, COMPLIES WITH THE POLICY, AND UNDERSTANDS THAT NWEA IS A CHARITABLE ORGANIZATION THAT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE FAILURE OF ANY DIRECTOR, OFFICER, OR COMMITTEE MEMBER OF THE BOARD OF DIRECTORS TO SIGN SUCH A STATEMENT AT LEAST ONCE EVERY TWELVE (12) MONTHS WILL DISQUALIFY THAT INDIVIDUAL FROM FURTHER SERVICE AS A DIRECTOR OFFICER OR COMMITTEE MEMBER OF THE BOARD OF DIRECTORS UNTIL THE REQUIRED STATEMENT IS SIGNED. FAILURE TO SIGN BY A KEY EMPLOYEE WILL RESULT IN

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization NWEA	Employer identification number 93-0686108
IMMEDIATE REVIEW UNDER THE DIRECTION OF THE DIRECTOR OF HUMAN RESOURCES IN	
CONJUNCTION WITH THE CHIEF OPERATING OFFICER.	
ALL DIRECTORS AND OFFICERS DOWN TO THE COMPANY DIRECTOR LEVEL ARE REQUIRED	
TO ANNUALLY COMPLETE CONFLICT OF INTEREST DISCLOSURES. THESE ARE REVIEWED	
BY THE CORPORATE SECRETARY TO DETERMINE WHETHER THERE ARE ANY POTENTIAL	
CONFLICTS OF INTEREST. IF THERE IS A POTENTIAL CONFLICT OF INTEREST AT THE	
CONTRICTO OF INTERNET, IT THERE IS A TOTALITAE CONTRICT OF INTERNET AT THE	
COMPANY DIRECTOR TO VICE PRESIDENT LEVEL, A REVIEW IS CONDUCTED BY THE	
CORPORATE SECRETARY IN CONJUNCTION WITH THE VICE PRESIDENT OF HR TO	
DETERMINE WHETHER THERE IS AN ACTUAL CONFLICT OF INTEREST. IF THERE IS A	
POTENTIAL CONFLICT OF INTEREST AT THE EXECUTIVE OFFICER OR BOARD LEVEL, THE	
POTENTIAL CONFLICT IS BROUGHT TO THE BOARD FOR REVIEW AND DETERMINATION	
REGARDING THE POTENTIAL CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE SETTING OF THE CEO AND OTHER EXECUTIVE COMPENSATION WAS DONE IN	
CONNECTION WITH AN INDEPENDENT COMPENSATION CONSULTANT WHO REVIEWED MARKET	
INFORMATION AND MADE RECOMMENDATIONS TO THE BOARD OF DIRECTORS. THE BOARD	
	· · · · · · · · · · · · · · · · · · ·
REVIEWED THE INDEPENDENT ANALYSIS AND RECOMMENDATIONS AND APPROVED	
COMPENSATION AND PAY RANGES FOR THE CEO AND OTHER MEMBERS OF THE EXECUTIVE	
TEAM. THIS SAME APPROACH WAS PERFORMED BY A SEPARATE COMPENSATION	
CONSULTANT FOR THE REST OF THE ORGANIZATION, INCLUDING THE BOARD OF	
DIRECTORS, IN ORDER TO MAINTAIN INDEPENDENCE WITH HUMAN RESOURCES	
FUNCTIONS. THE DATE OF THE LAST COMPENSATION REVIEW WAS 6/14/2016.	
THE PART OF THE BANK COMMENSATION AND THE HAD U/12/4010,	
EADN 990 DARW UT SECUTION C. LINE 19.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)		Page 2
Name of the organization . NWEA		Employer identification number 93-0686108
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONTRACTED STAFF:		
PROGRAM SERVICE EXPENSES	3,199,322.	
MANAGEMENT AND GENERAL EXPENSES	1,124,086.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	4,323,408.	
OTHER PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	4,989,200.	
MANAGEMENT AND GENERAL EXPENSES	3,326,134.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	8,315,334.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	12,638,742.	