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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2016Open to Public
Inspection

- ▶ 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.

A For the 2016 calendar year, or tax year beginning OCT 1, 2016 and ending DEC 31, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STRADA EDUCATION NETWORK, INC.		D Employer identification number 47-3044430
	Doing business as		E Telephone number (317) 806-1200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 34,686,545.
	9998 CROSSPOINT BLVD. 400		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46256-3307		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: WILLIAM HANSEN SAME AS C ABOVE		If "No," attach a list (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.STRADAEDUCATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2015 M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. TO PROVIDE OVERSIGHT AND DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF UNITED			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	117	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-363,895.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-396,232.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	29,200,000.	0.
	9	Program service revenue (Part VIII, line 2g)	18,900,000.	6,300,000.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,731,661.	12,684,660.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,831,661.	18,984,660.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,260,774.	2,918,203.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,883,832.	4,906,872.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,973,912.	7,596,930.	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	52,118,518.	15,422,005.	
19	Revenue less expenses. Subtract line 18 from line 12	-2,286,857.	3,562,655.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 367,188,510.	End of Year 1,270,125,085.
	21	Total liabilities (Part X, line 26)	28,342,877.	22,990,727.
	22	Net assets or fund balances. Subtract line 21 from line 20	338,845,633.	1,247,134,358.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	STEPHEN C. HAM, EVP & CFO	11/15/17
Paid	Print/Type preparer's name	Preparer's signature
	SHAWNA M. JIMENEZ	Shawna M. Jimenez
Preparer Use Only	Firm's name	Firm's EIN
	DELOITTE TAX LLP	86-1065772
Use Only	Firm's address	Phone no. (317) 464-8600
	111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 46204-5108	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

g52

17

SCANNED BY: 11/15/2017

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission.

TO PROVIDE OVERSIGHT AND DIRECTION OVER THE POLICIES, PROGRAMS AND
 ACTIVITIES OF UNITED STUDENT AID FUNDS, INC. AND ROADTRIP NATION, LTD.
 TO PURSUE THEIR MISSION TO ENHANCE POSTSECONDARY EDUCATION
 PREPAREDNESS, ACCESS, AND SUCCESS

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 ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,364,605. including grants of \$) (Revenue \$ 6,300,000.)
 STRADA EDUCATION NETWORK, INC. WAS INCORPORATED AS A 501(C)(3)
 ORGANIZATION. ADDITIONALLY, STRADA EDUCATION NETWORK, INC. IS A
 509(A)(3) SUPPORTING ORGANIZATION TO UNITED STUDENT AID FUNDS, INC. AND
 ROADTRIP NATION, LTD.

4b (Code) (Expenses \$ 2,918,203. including grants of \$ 2,918,203.) (Revenue \$)
 STRADA EDUCATION NETWORK, INC. PROVIDES GRANTS TO POSTSECONDARY
 INSTITUTIONS TO PURSUE THE MISSION OF THE SUPPORTED ORGANIZATIONS IN
 PREPAREDNESS, ACCESS AND SUCCESS IN HIGHER EDUCATION.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,282,808.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
5a	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).		
5b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
6a	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6b	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?		X
7a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7b	Organizations that may receive deductible contributions under section 170(c).		
7c	a 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?		X
7d	b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7e	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7f	d If "Yes," indicate the number of Forms 8282 filed during the year		
7g	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7h	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
8	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
9	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
9a	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9b	9 Sponsoring organizations maintaining donor advised funds.		
10a	a Did the sponsoring organization make any taxable distributions under section 4966?	N/A	
10b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	
11a	10 Section 501(c)(7) organizations. Enter		
11b	a Initiation fees and capital contributions included on Part VIII, line 12	N/A	
12a	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
13a	11 Section 501(c)(12) organizations. Enter		
13b	a Gross income from members or shareholders	N/A	
13c	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
14a	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
14b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
15a	13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
15b	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	N/A	
15c	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
15d	c Enter the amount of reserves on hand		
16a	14a Did the organization receive any payments for indoor tanning services during the tax year?		X
16b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

	1a	1b	12	11	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b Enter the number of voting members included in line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5			X
6 Did the organization have members or stockholders?			6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?			8a		X	
b Each committee with authority to act on behalf of the governing body?			8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records. **DEBORAH L. MCCLLOUD - (317) 806-1231**
9998 CROSSPOINT BLVD., STE. 400, INDIANAPOLIS, IN 46256-3307

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

 Check if Schedule O contains a response or note to any line in this Part VII ☐
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD SCHMIDT BOARD MEMBER	2.00 1.00	X						75,611.	0.	0.
WILLIAM NEALE BOARD MEMBER	2.00 1.00	X						64,361.	0.	0.
ILENE NAGEL BOARD MEMBER	2.00 1.00	X						66,212.	0.	0.
ERIK MORENO BOARD MEMBER	2.00 1.00	X						67,222.	0.	0.
MICHAEL KING BOARD MEMBER	2.00 1.00	X						63,750.	0.	0.
BLAKE DEVITT BOARD MEMEBER	2.00 1.00	X						71,811.	0.	0.
MARLENE COULIS BOARD MEMBER	2.00 1.00	X						63,472.	0.	0.
REV. WILLIAM BEAUCHAMP BOARD MEMBER	2.00 2.00	X						65,750.	0.	0.
IKE BATALIS CHAIRMAN	2.00 1.00	X						83,000.	0.	0.
ERNEST NEWBORN II BOARD MEMBER	3.00 1.00	X						66,212.	0.	0.
MARSHALL GRIGSBY BOARD MEMBER	2.00 1.00	X						72,566.	0.	0.
WILLIAM HANSEN PRESIDENT & CEO	35.00 12.00	X		X				1,070,792.	0.	142,978.
MARK PELESH EVP, CORP & BUS DEV	35.00 9.00			X				446,038.	0.	94,587.
SHITAL PATEL CIO	35.00 6.00			X				338,762.	0.	33,098.
LARRY LUTZ SVP STUDENT FIN PRGMS	35.00 9.00			X				380,819.	0.	77,659.
ALISON GRIFFIN SVP EXTERNAL & GOVT REL	35.00 7.00			X				253,229.	0.	34,439.
SCOTT FLEMING SR. VP, STRATEGY & CORP DEV	35.00 6.00			X				354,594.	0.	60,756.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL D'AMICO	37.00									
EVP NAT ENG & MISS ADV	6.00			X				410,453.	0.	72,445.
CRAIG P. ANDERSON	11.00									
SVP BUS DEV	31.00			X				0.	365,922.	76,954.
DAVID B. BOODT	35.00									
EVP & GEN COUN & SEC	9.00			X				422,629.	0.	71,321.
STEPHEN C. HAM	35.00									
EVP & CFO	9.00			X				463,114.	0.	92,609.
THOMAS DAWSON	35.00									
SVP & COO	8.00			X				356,331.	0.	73,548.
DEBORAH MCCLOUD	30.00									
VP & CONTROLLER	5.00				X			202,867.	0.	56,503.
LEONARD GURIN	35.00									
VP CASH & INVESTMENTS	5.00				X			214,746.	0.	57,509.
DEREK REDELMAN	40.00									
VP, RESEARCH & POLICY	0.00					X		207,442.	0.	58,828.
STEPHANIE NELLONS-PAIGE	40.00									
VP, NATIONAL ENGAGEMENT	0.00					X		200,246.	0.	35,205.
1b Sub-total								6,082,029.	365,922.	1,038,439.
c Total from continuation sheets to Part VII, Section A								891,596.	0.	179,654.
d Total (add lines 1b and 1c)								6,973,625.	365,922.	1,218,093.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **28**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GALLUP, INC. 1001 GALLUP DRIVE, OMAHA, NE 68102	CONSULTING SERVICES	5,790,904.
STERLING EDUCATION OPPORTUNITY FUND, 650 S EXETER STREET, STE. 1000, BALTIMORE, MD	INVESTMENT MANAGEMENT FEES	5,457,535.
VISTRIA, 2 PRUDENTIAL PLAZA, 180 NORTH STESTON AVENUE, CHICAGO, IL 60	INVESTMENT MANAGEMENT FEES	600,000.
TAFT, STETTINIUS & HOLLISTER, 426 WALNUT STREET, STE. 1800, CINCINNATI, OH	LEGAL FEES	587,732.
LANDMARK MEDIA ENTERPRISES, LLC, 1 ALLEGHENY SQUARE, STE. 600, PITTSBURGH, PA	DATA HOSTING	565,439.

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 **35**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)

Part VII

632201
04-01-16

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	ADMINISTRATIVE FEES	Business Code 561000	6,300,000.	6,300,000.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		6,300,000.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,103,877.		-363,895.	4,467,772.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 24,282,668.				
	b	Less: cost or other basis and sales expenses	15,701,885.				
	c	Gain or (loss)	8,580,783.				
	d	Net gain or (loss)		8,580,783.			8,580,783.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		18,984,660.	6,300,000.	-363,895.	13,048,555.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,918,203.	2,918,203.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,389,949.		1,389,949.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,295,897.	681,178.	1,614,719.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,823.	57,673.	69,150.	
9 Other employee benefits	901,942.	409,531.	492,411.	
10 Payroll taxes	192,261.	32,615.	159,646.	
11 Fees for services (non-employees)				
a Management				
b Legal	238,148.	19,995.	218,153.	
c Accounting	445,199.		445,199.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,283,114.		1,283,114.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,649,469.	2,465,100.	1,184,369.	
12 Advertising and promotion	369,725.	340,092.	29,633.	
13 Office expenses	12,810.	4,866.	7,944.	
14 Information technology	448,659.	43,295.	405,364.	
15 Royalties				
16 Occupancy	285,753.	120,208.	165,545.	
17 Travel	270,452.	70,351.	200,101.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,696.	49,021.	10,675.	
20 Interest	717.		717.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,469.	12,272.	41,197.	
23 Insurance	101,290.	42,610.	58,680.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & ASSOCIATION FEES	361,655.	15,625.	346,030.	
b SUBSCRIPTIONS	6,269.	66.	6,203.	
c				
d				
e All other expenses	10,505.	107.	10,398.	
25 Total functional expenses. Add lines 1 through 24e	15,422,005.	7,282,808.	8,139,197.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	34,151,652.	2	54,076,839.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,336,765.	4	1,591,793.
	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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	105,134.	9	8,844.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 2,186,877.		
	b Less accumulated depreciation	10b 1,818,375.	626,603.	10c 368,502.
	11 Investments - publicly traded securities	90,248,428.	11	387,882,149.
	12 Investments - other securities. See Part IV, line 11	197,478,383.	12	778,278,300.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	43,241,545.	15	47,918,658.
16 Total assets. Add lines 1 through 15 (must equal line 34)	367,188,510.	16	1,270,125,085.	
Liabilities	17 Accounts payable and accrued expenses	10,986,524.	17	9,223,685.
	18 Grants payable	16,336,353.	18	12,747,042.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,020,000.	25	1,020,000.
	26 Total liabilities. Add lines 17 through 25	28,342,877.	26	22,990,727.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	338,845,633.	27	1,247,134,358.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	338,845,633.	33	1,247,134,358.
34 Total liabilities and net assets/fund balances	367,188,510.	34	1,270,125,085.	

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck 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	18,984,660.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,422,005.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,562,655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	338,845,633.
5	Net unrealized gains (losses) on investments	5	413,136.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-120,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	904,432,934.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,247,134,358.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public
Inspection

Name of the organization

STRADA EDUCATION NETWORK, INC.

Employer identification number

47-3044430

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

The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c ☒ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e ☒ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

2

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
UNITED STUDENT AID FUNDS, INC.	94-6050341	10	X		0.	6,300,000.
ROADTRIP NATION, LTD.	26-3889207	7	X		685,000.	0.
Total					685,000.	6,300,000.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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 support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	X	
2		X
3a		X
3b		
3c		
4a		X
4b		
4c		
5a		X
5b		
5c		
6		X
7		X
8		X
9a		X
9b		X
9c		X
10a		X
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a 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?

b A family member of a person described in (a) above?

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

	Yes	No
11a		X
11b		X
11c		X

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard

	Yes	No
1	X	
2	X	
3	X	

Section 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 year (see instructions).
- a ☐ 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.
- c ☐ 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.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Yes	No
2a		
2b		
3a	X	
3b	X	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
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 (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required: explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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

SCHEDULE A, PART I, LINE 11G, COLUMN (VI):

STRADA EDUCATION NETWORK, INC. PROVIDED UNITED STUDENT AID FUNDS, INC.

WITH ADMINISTRATIVE SUPPORT SERVICES FOR ALL OPERATIONAL ACTIVITIES.

SCHEDULE A, PART IV, SECTION A, LINE 6:

STRADA EDUCATION NETWORK, INC. PROVIDES SUPPORT TO PUBLIC CHARITIES ON

BEHALF OF ITS SUPPORTED ORGANIZATIONS. SUPPORT IS GIVEN TO PUBLIC

CHARITIES THAT FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION BY

PROVIDING GRANTS TO POSTSECONDARY INSTITUTIONS TO PURSUE THE MISSION OF

ITS SUPPORTED ORGANIZATIONS IN PREPAREDNESS, ACCESS AND SUCCESS IN

HIGHER EDUCATION.

SCHEDULE A, PART IV, SECTION D, LINE 3:

STRADA EDUCATION NETWORK, INC. IS THE PARENT AND SUPPORTING

ORGANIZATION OF UNITED STUDENT AID FUNDS, INC. AND ROADTRIP NATION,

LTD. STRADA EDUCATION NETWORK, INC. PROVIDES OVERSIGHT AND DIRECTION

OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF UNITED STUDENT AID

FUNDS, INC. AND ROADTRIP NATION, LTD. SOME OF THE OFFICERS AND

DIRECTORS OF THE SUPPORTED ORGANIZATIONS ARE ALSO OFFICERS AND/OR

DIRECTORS OF THE SUPPORTING ORGANIZATION. THIS OVERLAP BETWEEN

ORGANIZATIONS HELPS TO ENSURE THAT THERE IS A CLOSE AND CONTINUOUS

WORKING RELATIONSHIP BETWEEN THE ORGANIZATIONS. UNITED STUDENT AID

FUNDS, INC. HAS A SIGNIFICANT VOICE IN STRADA EDUCATION NETWORK, INC.'S

OPERATIONS, INCLUDING THE USE OF ITS INCOME OR ASSETS.

SCHEDULE A, PART IV, SECTION E, LINE 3A:

STRADA EDUCATION NETWORK, INC. IS SOLELY RESPONSIBLE FOR THE ELECTION

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

OF THE BOARD OF TRUSTEES OF UNITED STUDENT AID FUNDS, INC. AND ROADTRIP

NATION, LTD. THE BOARDS OF UNITED STUDENT AID FUNDS, INC. AND ROADTRIP

NATION, LTD. IN TURN, ELECT THE OFFICERS OF THE RESPECTIVE

ORGANIZATION.

SCHEDULE A, PART IV, SECTION E, LINE 3B:

STRADA EDUCATION NETWORK, INC. WAS ORGANIZED TO OPERATE FOR THE

BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES

OF UNITED STUDENT AID FUNDS, INC. AND ROADTRIP NATION, LTD. STRADA

EDUCATION NETWORK, INC. WAS ORGANIZED TO PROVIDE OVERSIGHT AND

DIRECTION OVER THE POLICIES, PROGRAMS AND ACTIVITIES OF ITS SUPPORTED

ORGANIZATIONS TO ENABLE THEM TO PURSUE THEIR RESPECTIVE MISSIONS.

STRADA EDUCATION NETWORK, INC. IS RESPONSIBLE FOR THE OVERALL

COORDINATION AND SUPERVISION OF THE SUPPORTED ORGANIZATIONS AND IS

RESPONSIBLE FOR APPROVAL OF THE SUPPORTED ORGANIZATIONS BUDGET.

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.irs.gov/form990.

OMB No 1545-0047

2016Open to Public
Inspection

Name of the organization

STRADA EDUCATION NETWORK, INC.

Employer identification number

47-3044430

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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	▶ \$ _____

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Temporarily restricted endowment ☐ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements		142,888.	127,043.	15,845.
1d Equipment		1,513,628.	1,291,224.	222,404.
1e Other		530,361.	400,108.	130,253.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				368,502.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED INCOME: CORPORATE BONDS	96,854,870.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME: ASSET-BACKED SECURITIES	28,061,428.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME: MUNICIPAL BONDS	42,629,288.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY FUNDS	101,532,306.	END-OF-YEAR MARKET VALUE
(E) EQUITY SECURITIES	121,949,362.	END-OF-YEAR MARKET VALUE
(F) HEDGE FUNDS - EQUITY	90,550,298.	END-OF-YEAR MARKET VALUE
(G) LIMITED LIABILITY PARTNERSHIP -		
(H) EQUITY	54,303,269.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	778,278,300.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE - CONTINGENT CONSIDERATION RTN EARNOUT	1,020,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,020,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2016

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

PART X, LINE 2:

PER THE CONSOLIDATED FINANCIAL STATEMENTS OF STRADA EDUCATION NETWORK,

INC., "STRADA ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES ON A

MORE-LIKELY-THAN-NOT CRITERIA BASED ON THE POSITIONS TAKEN OR EXPECTED TO

BE TAKEN IN A TAX RETURN. THERE ARE NO UNCERTAINTIES THAT REQUIRE

RECOGNITION OR DISCLOSURE AS OF DECEMBER 31, 2016."

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**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.

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

OMB No 1545-0047

2016Open to Public
Inspection

Name of the organization

Employer identification number

STRADA EDUCATION NETWORK, INC.

47-3044430

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND AND GREENLAND)			INVESTMENTS		28,127,404.
CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		83,961,059.
NORTH AMERICA			INVESTMENTS		2,823,116.
SUB-SAHARAN AFRICA			INVESTMENTS		1,054,214.
EAST ASIA AND THE PACIFIC			INVESTMENTS		1,513,143.
3 a Sub-total	0	0			117,478,936.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			117,478,936.

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

Schedule F (Form 990) 2016

Part IV Foreign Forms

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2016

Open to Public
Inspection

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

Name of the organization

STRADA EDUCATION NETWORK, INC.

Employer identification number
47-3044430

Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance? ☒ Yes ☐ No

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF INDIANAPOLIS 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	35-1813852	501(C)(3)	12,000.	0.			MATCHING GIFTS
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA - 2960 NORTH MERIDIAN STREET, SUITE 150 - INDIANAPOLIS, IN 46208	35-1323831	501(C)(3)	15,000.	0.			OPERATING GRANT
BISHOP NOLL INSTITUTE FOUNDATION, INC. - 1519 HOFFMAN STREET - HAMMOND, IN 46327	31-0973961	501(C)(3)	15,000.	0.			MATCHING GIFTS
BRIGHAM YOUNG UNIVERSITY - IDAHO 591 NORTH 2ND EAST REXBURG, ID 83440	82-0207699	501(C)(3)	25,000.	0.			DIRECTED GIFTS
COACH ART 3303 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90010	94-3389547	501(C)(3)	15,000.	0.			OPERATING GRANT
CONGREGATION OF HOLY CROSS, U.S. PROVINCE, INC. - P.O. BOX 1064 - NOTRE DAME, IN 46556	32-0344245	501(C)(3)	35,000.	0.			MATCHING GIFTS/DIRECTED GIFTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 39.

- 3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL OF INDEPENDENT COLLEGES 1 DUPONT CIRCLE, N.W. WASHINGTON, DC 20036	01-6004776	501(C)(3)	30,000.	0.			OPERATING GRANT
CROSSROADS OF AMERICA COUNCIL, BOY SCOUTS OF AMERICA - 7125 FALL CREEK RD. N. - INDIANAPOLIS, IN 46256	35-0867962	501(C)(3)	10,700.	0.			OPERATING GRANT/MATCHING GIFTS
EDUCATION WRITERS ASSOCIATION 3516 CONNECTICUT AVENUE, N.W. WASHINGTON, DC 20008	23-7439790	501(C)(3)	25,000.	0.			OPERATING GRANT
EXCELENCIA IN EDUCATION 1156 15TH ST., N.W. SUITE 1001 WASHINGTON, DC 20005	20-0927912	501(C)(3)	20,000.	0.			OPERATING GRANT
FAITH HOPE & LOVE COMMUNITY, INC. 40 W. 40TH STREET INDIANAPOLIS, IN 46208	74-3154037	501(C)(3)	6,700.	0.			MATCHING GIFTS
FOUNDATION FOR EXCELLENCE IN EDUCATION, INC. - 215 S. MONROE STREET, SUITE 420 - TALLAHASSEE, FL 32301	26-0615175	501(C)(3)	50,000.	0.			OPERATING GRANT
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613	57-0314395	501(C)(3)	15,000.	0.			DIRECTED GIFTS
GLEANERS FOOD BANK OF INDIANA 3737 WALDEMER AVENUE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	5,500.	0.			OPERATING GRANT/MATCHING GIFTS
INDIANA INTERNET, INC. 115 W WASHINGTON ST, STE 850S INDIANAPOLIS, IN 46204	30-0279390	501(C)(3)	10,000.	0.			OPERATING GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY FOUNDATION P.O. BOX 500 BLOOMINGTON, IN 47405	35-6018940	501(C)(3)	51,500.	0.			MATCHING GIFTS/DIRECTED GIFTS
IVY TECH COMMUNITY COLLEGE FOUNDATION - P.O. BOX 88474 - INDIANAPOLIS, IN 46208	31-0962055	501(C)(3)	15,000.	0.			DIRECTED GIFTS
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE., STE. 200 MANHATTAN, KS 66502	48-0667209	501(C)(3)	25,000.	0.			DIRECTED GIFTS
KENTUCKY CHAMBER FOUNDATION 464 CHENAULT RD. FRANKFORT, KY 40601	61-1284992	501(C)(3)	316,800.	0.			OPERATING GRANT
LDS PHILANTHROPIES, BRIGHAM YOUNG UNIVERSITY - WASHINGTON SEMINAR - LDS PHILANTHROPIES BYU 940 SWKT - PROVO, UT 84604	87-0217280	501(C)(3)	15,000.	0.			DIRECTED GIFTS
MILLION MEAL MOVEMENT 9250 CORPORATION DRIVE, SUITE 300 INDIANAPOLIS, IN 46256	20-8533217	501(C)(3)	25,000.	0.			OPERATING GRANT
NATIONAL URBAN LEAGUE 120 WALL STREET NEW YORK, NY 10005	13-1840489	501(C)(3)	250,000.	0.			OPERATING GRANT
NEW ENGLAND BOARD OF HIGHER EDUCATION - 45 TEMPLE PLACE - BOSTON, MA 02111	04-2207418	501(C)(3)	50,000.	0.			OPERATING GRANT
PERSONALIZED LEARNING CONSORTIUM AT THE ASSOCIATION OF PUBLIC AND LAND-GRAN - 1307 NEW YORK AVENUE, N.W. - WASHINGTON, DC 20005	53-0183246	501(C)(3)	16,000.	0.			OPERATING GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURDUE FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	35-1052049	501(C)(3)	15,000.	0.			DIRECTED GIFTS
ROADTRIP NATION, LTD. 1626 PLACENTIA AVENUE COSTA MESA, CA 92627	26-3889207	501(C)(3)	685,000.	0.			OPERATING GRANT
ST. MARIA GORETTI PARISH 17104 SPRINGMILL ROAD WESTFIELD, IN 46074	35-1950891	501(C)(3)	26,745.	0.			MATCHING GIFTS
STONY BROOK UNIVERSITY 310 ADMINISTRATION BLDG. STONY BROOK, NY 11794	11-6077945	501(C)(3)	12,500.	0.			DIRECTED GIFTS
TECHPOINT FOUNDATION FOR YOUTH 5255 WINTHROP AVENUE, #150 INDIANAPOLIS, IN 46220	35-2155455	501(C)(3)	40,000.	0.			OPERATING GRANT
THE MANUFACTURING INSTITUTE 733 10TH ST. N.W., SUITE 700 WASHINGTON, DC 20001	52-1073576	501(C)(3)	245,000.	0.			OPERATING GRANT
THE OAKS ACADEMY 2301 NORTH PARK AVE. INDIANAPOLIS, IN 46205	35-2050595	501(C)(3)	5,700.	0.			MATCHING GIFTS
THE VILLAGES 3833 NORTH MERIDIAN ST. INDIANAPOLIS, IN 46208	35-1708240	501(C)(3)	10,000.	0.			DIRECTED GIFTS
UNITED STATES CONFERENCE OF MAYORS 1620 I STREET, N.W. 4TH FLOOR WASHINGTON, DC 20006	53-0196642	501(C)(3)	655,000.	0.			OPERATING GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL INDIANA, INC. - 3901 N. MERIDIAN ST. - INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	10,000.	0.			OPERATING GRANT
UNIVERSITY OF FLORIDA FOUNDATION/COLLEGE OF LIBERAL ARTS - P.O. BOX 1217300 - GAINESVILLE, FL 32601	59-0974739	501(C)(3)	15,000.	0.			DIRECTED GIFTS
UNIVERSITY OF MICHIGAN 200 FLETCHER ST. ANN ARBOR, MI 48109	38-6006309	501(C)(3)	20,000.	0.			DIRECTED GIFTS
UNIVERSITY OF NOTRE DAME UNIVERSITY RELATIONS 405 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	501(C)(3)	15,000.	0.			MATCHING GIFTS
WESTERN REGION COUNCIL ON BLACK AMERICAN AFFAIRS - P.O. BOX 11853 - TEMPE, AZ 85281	23-7367422	501(C)(3)	9,500.	0.			OPERATING GRANT
YMCA OF THE ROCKIES-SNOW MOUNTAIN RANCH - 1101 COUNTY ROAD 53 - GRANBY, CO 80446	84-0404913	501(C)(3)	6,720.	0.			MATCHING GIFTS

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

STRADA EDUCATION NETWORK, INC.

Employer identification number

47-3044430

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM HANSEN PRESIDENT & CEO	(i) 547,482.	499,530.	23,780.	114,903.	28,075.	1,213,770.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MARK PELESH EVP, CORP & BUS DEV	(i) 284,482.	131,779.	29,777.	66,511.	28,076.	540,625.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SHITAL PATEL CIO	(i) 248,450.	86,837.	3,475.	15,146.	17,952.	371,860.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LARRY LUTZ SVP STUDENT FIN PRGMS	(i) 251,482.	100,254.	29,083.	49,583.	28,076.	458,478.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ALISON GRIFFIN SVP EXTERNAL & GOVT REL	(i) 186,821.	65,769.	639.	31,853.	2,586.	287,668.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SCOTT FLEMING SR. VP, STRATEGY & CORP DEV	(i) 251,482.	102,081.	1,031.	32,680.	28,076.	415,350.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
CAROL D'AMICO EVP NAT ENG & MISS ADV	(i) 264,225.	121,206.	25,022.	62,100.	10,345.	482,898.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
CRAIG P. ANDERSON SVP BUS DEV	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 248,931.	100,254.	16,737.	46,328.	30,626.	442,876.	0.
DAVID B. BOODT EVP & GEN COUN & SEC	(i) 264,931.	128,572.	29,126.	40,695.	30,626.	493,950.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
STEPHEN C. HAM EVP & CFO	(i) 291,656.	140,343.	31,115.	68,333.	24,276.	555,723.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
THOMAS DAWSON SVP & COO	(i) 248,931.	102,081.	5,319.	33,438.	40,110.	429,879.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DEBORAH MCCLOUD VP & CONTROLLER	(i) 158,307.	40,546.	4,014.	31,277.	25,226.	259,370.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LEONARD GURIN VP CASH & INVESTMENTS	(i) 166,039.	41,368.	7,339.	28,683.	28,826.	272,255.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DEREK REDELMAN VP, RESEARCH & POLICY	(i) 164,831.	41,811.	800.	28,202.	30,626.	266,270.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
STEPHANIE NELLONS-PAIGE VP, NATIONAL ENGAGEMENT	(i) 164,025.	34,776.	1,445.	24,860.	10,345.	235,451.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ANNE CALVERT VP, FINANCIAL ANALYSIS & BUDGET	(i) 159,451.	39,425.	4,030.	26,745.	17,952.	247,603.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016

Part III Supplemental information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

1. FIRST CLASS TRAVEL - FIRST CLASS TRAVEL IS APPROVED FOR ALL TRUSTEES IF

THE FLIGHT IS MORE THAN 2 HOURS IN DURATION OR IF A MEDICAL CONDITION

EXISTS WHICH REQUIRES THE NEED FOR AN UPGRADE. THIS NON-TAXABLE BUSINESS

EXPENSE IS NOT TREATED AS ADDITIONAL TAXABLE COMPENSATION TO THE TRUSTEE.

FIRST CLASS TRAVEL IS APPROVED FOR EMPLOYEES, AT THE DISCRETION OF THE CEO,

IF THEY TRAVEL FREQUENTLY AS PART OF THEIR POSITION OR IF A MEDICAL

CONDITION EXISTS WHICH REQUIRES THE NEED FOR AN UPGRADE. EVP & CFO STEPHEN

C. HAM HAS BEEN APPROVED BY WILLIAM HANSEN, CEO, FOR ONE CLASS UPGRADE,

WHICH MAY RESULT IN FIRST CLASS TRAVEL. DUE TO A MEDICAL CONDITION. THIS

NON-TAXABLE BUSINESS EXPENSE IS NOT TREATED AS ADDITIONAL TAXABLE

COMPENSATION.

2. TRAVEL FOR COMPANIONS - ONE OR MORE OF THE BOARD MEMBERS AND OFFICERS

LISTED IN PART VII BROUGHT THEIR SPOUSE/GUEST TO THE ANNUAL BOARD RETREAT

IN 2016. THE POLICY OF THE COMPANY IS TO NOT PAY FOR THE SPOUSE/GUEST TO

TRAVEL TO THE RETREAT OR FOR INDIVIDUAL MEALS OF THE SPOUSE/GUEST. THE

SPOUSE/GUEST WAS INVITED TO ATTEND CERTAIN LIMITED GROUP MEALS AND

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

ACTIVITIES PAID FOR BY STRADA EDUCATION NETWORK, INC. THE ALLOCATED COST OF

SUCH EXPENSES WAS REPORTED AS TAXABLE COMPENSATION ON THE BOARD MEMBER'S

IRS FORM 1099 OR THE OFFICER'S W-2, AS APPLICABLE.

3. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - GROSS-UP PAYMENTS WERE MADE

FOR TEMPORARY HOUSING AND COMMUTING EXPENSES FOR ONE OF THE OFFICERS LISTED

IN PART VII. STRADA EDUCATION NETWORK, INC. INCLUDED THE ABOVE APPLICABLE

EXPENSES IN THE EMPLOYEE'S W-2 AS ADDITIONAL TAXABLE COMPENSATION.

4. HEALTH OR SOCIAL CLUB DUES - STRADA EDUCATION NETWORK, INC. MAY

REIMBURSE EACH EMPLOYEE UP TO A MAXIMUM OF \$250 PER CALENDAR YEAR FOR THE

COST OF (I) EXERCISE EQUIPMENT PURCHASED DURING THE APPLICABLE CALENDAR

YEAR AND/OR (II) A HEALTH OR FITNESS CLUB MEMBERSHIP. ALL REIMBURSEMENTS

ARE CONSIDERED TAXABLE INCOME TO THE EMPLOYEE.

PART I, LINE 4B:

THE CEO OF STRADA EDUCATION NETWORK, INC., PARTICIPATES IN A SUPPLEMENTAL

NON-QUALIFIED RETIREMENT PLAN UNDER CODE SECTION 457(F). ANY AMOUNTS

ULTIMATELY PAID UNDER THE PLAN TO THE CEO ARE REPORTED AS COMPENSATION ON

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO PAYMENTS WERE

MADE UNDER THE PLAN DURING CALENDAR YEAR 2016.

PART I, LINE 7:

ALL OFFICERS AND ALL EMPLOYEES OF THE COMPANY PARTICIPATE IN THE "EMPLOYEE

INCENTIVE PLAN." ANNUAL PAYMENTS ARE BASED ON OVERALL CORPORATE PERFORMANCE

IN THE ACCOMPLISHMENT OF THE CORPORATE OBJECTIVES, AS EVALUATED BY THE

COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, AND INDIVIDUAL

PERFORMANCE. THE AMOUNT OF THE PAYMENT IS A PERCENTAGE OF ANNUAL SALARY,

VARYING BY THE SALARY GRADE OF THE INDIVIDUAL POSITION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

STRADA EDUCATION NETWORK, INC.

Employer identification number

47-3044430

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STUDENT AID FUNDS, INC. AND ROADTRIP NATION, LTD. TO PURSUE THEIR
MISSION TO ENHANCE POSTSECONDARY EDUCATION PREPAREDNESS, ACCESS, AND
SUCCESS.

FORM 990, PART VI, SECTION A, LINE 2:

PERSONS LISTED IN PART VII MAY HAVE A "BUSINESS RELATIONSHIP" WITH EACH
OTHER BY VIRTUE OF SITTING ON RELATED STRADA EDUCATION NETWORK, INC. BOARDS
OR BY VIRTUE OF THEIR EMPLOYMENT WITH RELATED STRADA EDUCATION NETWORK,
INC. ENTITIES.

FORM 990, PART VI, SECTION A, LINE 6:

AS A DELAWARE NON-PROFIT ORGANIZATION, THIS CORPORATION HAS INDIVIDUALS AS
ITS MEMBERS THAT SERVE AS ITS BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE FORM 990 IS PREPARED BY THE COMPANY, WITH ASSISTANCE FROM THE
EXTERNAL TAX ACCOUNTING FIRM, THE FORM AND ALL APPLICABLE SCHEDULES ARE
PROVIDED TO THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR
REVIEW. AFTER THE FINANCE AND AUDIT COMMITTEE HAS COMPLETED THEIR REVIEW,
THE FORM AND ALL APPLICABLE SCHEDULES ARE PROVIDED TO THE FULL BOARD IN
ADVANCE OF THE FORM BEING FILED WITH THE IRS, ALLOWING TIME FOR REVIEW AND
COMMENT BY THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, A CONFLICT OF INTEREST AND DISCLOSURE QUESTIONNAIRE IS REQUIRED
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

STRADA EDUCATION NETWORK, INC.

Employer identification number

47-3044430

TO BE COMPLETED BY ALL EMPLOYEES. THE PURPOSE OF THE QUESTIONNAIRE IS TO

SOLICIT INFORMATION ABOUT RELATIONSHIPS THAT MAY CONSTITUTE A POTENTIAL

CONFLICT OF INTEREST. EACH MEMBER OF THE BOARD OF TRUSTEES SIGNS AN ANNUAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT THAT DISCLOSES ACTUAL OR

POTENTIAL CONFLICTS OF INTEREST AS SET FORTH IN THE APPROVED CONFLICT OF

INTEREST POLICY FOR TRUSTEES. THE DISCLOSURE STATEMENTS ARE REVIEWED BY THE

GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES. WHEN ANY SUCH CONFLICT OF

INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF TRUSTEES

OR ANY COMMITTEE, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF

THE CHAIR OF THE COMMITTEE, AND SUCH PERSON SHALL NOT VOTE ON THE MATTER.

MOREOVER, THE PERSON HAVING THE CONFLICT SHALL LEAVE THE ROOM IN WHICH THE

MEETING IS HELD AND NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISIONS

REGARDING THE MATTER UNDER CONSIDERATION. A BOARD MEMBER SHALL ADVISE THE

CHAIR OF THE GOVERNANCE COMMITTEE AND THE CORPORATE SECRETARY IN WRITING OF

ANY POTENTIAL CONFLICTS OF INTEREST WHICH ARISE AFTER SIGNING THE CONFLICT

OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION DETERMINATIONS OF STRADA EDUCATION NETWORK, INC.'S CEO AND THE

OTHER OFFICERS FOR CALENDAR YEAR 2016 WERE MADE BY A COMPENSATION COMMITTEE

OF THE BOARD OF TRUSTEES WHOSE MEMBERS HAVE NO CONFLICT OF INTEREST WITHIN

THE MEANING OF TREAS. REG. 53.4958-6(C)(1)(III). THE COMPENSATION

COMMITTEE ESTABLISHES THE COMPENSATION PHILOSOPHY, AND WITH COMPARABILITY

DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, ANNUALLY EVALUATES

THE PERFORMANCE OF THE CEO AND ALL OTHER OFFICERS, AND DETERMINES IN

ADVANCE THE REASONABLENESS OF COMPENSATION PAID TO AND BENEFITS PROVIDED TO

SUCH INDIVIDUALS. AS PART OF THE ANNUAL PERFORMANCE EVALUATION, THE

COMPENSATION COMMITTEE SOLICITS THE VIEWS OF THE CHAIRS OF THE OTHER BOARD

Name of the organization

STRADA EDUCATION NETWORK, INC.

Employer identification number

47-3044430

COMMITTEES. THE DETERMINATIONS MADE AND THE BASIS OF SUCH DETERMINATIONS

ARE CONTEMPORANEOUSLY DOCUMENTED IN WRITTEN MINUTES, FINAL DETERMINATIONS

ARE REPORTED TO THE FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ANY DOCUMENT OPEN TO PUBLIC INSPECTION AVAILABLE

UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES 2,367,100.

MANAGEMENT AND GENERAL EXPENSES 677,113.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,044,213.

SERVICE BUREAU FEES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 12,287.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 12,287.

MISCELLANEOUS PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 98,000.

MANAGEMENT AND GENERAL EXPENSES 494,969.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 592,969.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,649,469.

Name of the organization

STRADA EDUCATION NETWORK, INC.

Employer identification number

47-3044430

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF NET ASSETS FROM UNITED STUDENT AID FUNDS, INC. 890,835,320.

TRANSFER OF NET ASSETS FROM NORTHWEST EDUCATION LOAN

ASSOCIATION 13,597,614.

TOTAL TO FORM 990, PART XI, LINE 9 904,432,934.

**2010:
Open to Public
Inspection**

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

Employer identification number
47-304430

Part IV, line 34 because it had one or more related tax-exempt

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED STUDENT AID FUNDS, INC. - 94-6050341							
2401 INTERNATIONAL LANE							
MADISON, WI 53704	STUDENT LOAN GUARANTOR	DELAWARE	501(C)(3)	10	STRADA EDUCATION NETWORK, INC.	X	
NORTHWEST EDUCATION LOAN ASSOCIATION -							
91-1068278, 2401 INTERNATIONAL LANE,							
MADISON, WI 53704	STUDENT LOAN GUARANTOR	WASHINGTON	501(C)(3)	10	UNITED STUDENT AID FUNDS, INC.	X	
EDUCATION AT WORK, INC. - 45-4035038							
2300 WALL ST., STE. R	STUDENT EMPLOYEE						
CINCINNATI, OH 45212	OPPORTUNITIES	OHIO	501(C)(3)	12B, II	STRADA EDUCATION NETWORK, INC.	X	
ROADTRIP NATION, LTD. - 26-3889207							
1626 PLACENTIA AVENUE							
COSTA MESA CA 92627	STUDENT ROADMAP	DELAWARE	501(C)(3)	7	STRADA EDUCATION NETWORK, INC.	X	

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EDUCATION AT WORK, INC.	A	26,810.FMV	
(2) EDUCATION AT WORK, INC.	D	1,000,000.FMV	
(3) EDUCATION AT WORK, INC.	O	44,149.FMV	
(4) EDUCATION AT WORK, INC.	L	378,000.FMV	
(5) EDUCATION AT WORK, INC.	P	827,390.FMV	
(6) NORTHWEST EDUCATION LOAN ASSOCIATION	S	13,597,614.FMV	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) NORTHWEST EDUCATION LOAN ASSOCIATION	P	36,920	COST REIMBURSEMENT
(8) ROADTRIP PRODUCTIONS, LTD.	A	107,556	FMV
(9) ROADTRIP NATION, LTD.	B	685,000	FMV
(10) UNITED STUDENT AID FUNDS, INC	S	890,835,320	FMV
(11) UNITED STUDENT AID FUNDS, INC	L	5,922,000	FMV
(12) UNITED STUDENT AID FUNDS, INC	P	864,659	COST REIMBURSEMENT
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			