

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Ā	For t	he 2017 calen	dar year, or tax year beginning and ending						
B Check if applicable C Name of organization NAVA Educational Project D Employer identification numbers									
П	Addre	ss change	Doing business as		27-18	366733			
\exists	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number				
=	Initial	•	PO Box 35698		(505) 246-1819				
\equiv		turn/terminated	City or town, state or province, country, and ZIP or foreign postal code		1,000,				
=		ded return	Albuquerque, NM 87176		G Gross	receipts \$ 129,825.			
=		ton pending	F Name and address of principal officer Allen Paquin	H(a)		elum for subordinates? Yes No			
ш	Applica	uon penung	PO Box 548 Jemez Pueblo, NM 87024	_ 1 ` '		dinates included? Yes No			
				/ ``		h a list (see instructions)			
			I 501(c)(3)	-}- -		otion number			
	/ebsit		X Corporation	 _					
		forganization		1 2012	IAI	State of legal domicile NM			
	art l								
	1	-	ribe the organization's mission or most significant activities						
Governance			te Native American communities to active						
nar			e & protect culture & promote action by e			<u>corganization</u>			
Ver	i i		$\max lacksquare$ if the organization discontinued its operations or disposed of more than 25%	of its net a	ssets	_			
တိ	3		oting members of the governing body (Part VI, line 1a)		3	0			
ಂಶ	4		ndependent voting members of the governing body (Part VI, line 1b)		4	0			
Activities	5	Total number	er of individuals employed in calendar year 2017 (Part V, line 2a)		5	3			
Ęį	6		er of volunteers (estimate if necessary) EVEIVED		6	0			
¥			ted business revenue from PR VIII, column (C), line 12		7a	<u> </u>			
	b	Net unrelate	d business taxable income from Form 990-12 life 3418		7b	<u> </u>			
				Prior Year		Current Year			
	8	Contribution	is and grants (Part VIII, ine 1h)	113,	084.	102,999.			
ne	9	Program se	rvice revenue (Part VIII, ine 20)	46,	061.	22,307.			
Revenue	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)						
æ	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			4,519.			
	12	Total revenu	ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,	145.	129,825.			
	13		similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits pai	d to or for members (Part IX, column (A), line 4)						
	15	•	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	89,	652.	43,911.			
ses	l		I fundraising fees (Part IX, column (A), line 11e)						
ë	l			一种,我们就是一个人们的,我们们就是一个人们的,我们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们					
Expenses	I		nses (Part IX, column (A), lines 11a-11d, 11f-24e)		911.	43,450.			
_	18	-	ses Add lines 13-17 (must equal Part IX, column (A), line 25)	163,		87,361.			
	19	-	ss expenses Subtract line 18 from line 12		418.	42,464.			
				ng of Curr		End of Year			
Assets or d Balances	20	Total assets	s (Part X, line 16)		334.	51,910.			
Asse	21		es (Part X, line 26)		223.	1,714.			
Net A Fund	22		or fund balances Subtract line 21 from line 20		111.	50,196.			
_	art II		ure Block			30/230.			
			ury, I declare that I have examined this return, including accompanying schedules and statement	s and to the	hest of my	knowledge and helief it is			
			lete Declaration of preparer (other than officer) is based on all information of which preparer ha		•	Allowicage and belief, it is			
- tru	5, 0011	ect, and comp	uric Weakles ARW	3 arry Kilowi	<u> </u>				
e:	gn	Signatur	e of officer	Date	<u> </u>				
	- 1	•			<i>- 11 </i> 1	5/18			
п	ere		rie Weahkee, Executive Director		-'' / '	- 1.0			
_			nt/Type preparer's name Preparer's signature Date		Chasti	r PTIN			
	aid	L	(1)	111.0	Check self-en	nployed P00313585			
	epa		M Anaya / / / / / / / / / / / / / / / / / /	12/18		F003T3282			
U	se O	-			m's EIN 🕨				
			address ▶ PO BOX 25841		one no	74 041 -			
			querque, NM_87125	(5	05) 2	74-0417			
May	the I	RS discuss t	his return with the preparer shown above? (see instructions)			Yes 🔀 No			

ı aı	Check if Schedule O contains a response or note to any line in this Part III	\Box
1	Briefly describe the organization's mission	
•	To unite community stakeholders to actively improve the quali	ty of
	life for Native American commmunites & protect the continuity	
	cultures & to promote awareness & community organization and	
	curcules a to promote awareness a community organization and	education
	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	Yes A 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 \$	17,307.)
	Community organization to inform Native Americans of the important	rtance of
	their voting rights and to promote voter registration.	
41.	(Out)	F 000 :
4D	(Code) (Expenses \$ 5,000. including grants of \$) (Revenue \$	5,000.)
	To participate in the educational committees of the police for	rce
	regarding treatment of Native Americans.	
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	22,307.
JYA		Form 990 (2017)



Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to
	candidates for public office? If "Yes," complete Schedule C, Part I
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

- election in effect during the tax year? *If "Yes," complete Schedule C, Part II*5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, Ine 9a?
 If "Yes," complete Schedule G, Part III

·····	Yes	No
2	X	x
<u> </u>		
3		_X_
4		x
5_		
6		х
7		x
- 8		X
9		x
10		X
_11a	x	
11b		X
11c		x
11d		x
11e	X	
1 <u>1f</u>		<u>x</u>
12a		x
12b	_	x
13 14a	<u> </u>	X
14b		x
15		x
16		x
17	_	x
18		x
19 For	m 990	X (2017)

			res	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ъ		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	22		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	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04.		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25 a		250		x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		- 21
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	9		36
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	310-16-3		100 mg
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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, Ine 1	34		x
35 a		35a		X
oo a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		^
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	333		
	related organization? If "Yes,", complete Schedule R, Part V, Ine 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, fines 11b and	<u> </u>		- <u></u> -
_	19? Note. All Form 990 filers are required to complete Schedule O	38	x]
			~~~	

Part '	Statements Regarding Other IRS Filings and Tax Compliance		-	
_	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>.</b>		
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	٠ ــ	3~
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			<u> </u>
	reportable gaming (gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3 7 2	. <u>.</u> .	E
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3 -		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.]
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4 a	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	į.		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	_	i	١.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	, ,		
	(FBAR)			<b> </b>
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ــــ
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		]	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1	]	
	gifts were not tax deductible?	6b	ļ	_
7	Organizations that may receive deductible contributions under section 170(c).	-		•
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			\ <del></del>
	and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		شعد
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del></del>		-
•	sponsoring organization have excess business holdings at any time during the year?	8		<del>} -</del>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	┼
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter	9b	<del>                                     </del>	╁
10	Initiation fees and capital contributions included on Part VIII, line 12	1 -	. 3	٠ - ا
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	<del></del>	\ .·.	
b 11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders [11a]			, ,
a b	Gross income from other sources (Do not net amounts due or paid to other sources		2.	77 =
U	against amounts due or received from them )	77.	-3.	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	<del> </del>	<del> </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
is a	Is the organization licensed to issue qualified health plans in more than one state?	13a		+-
а	Note. See the instructions for additional information the organization must report on Schedule O		-	$\vdash$
b	Enter the amount of reserves the organization is required to maintain by the states in which	: #27%	æ-, ,	
D	the organization is licensed to issue qualified health plans  13b	£*. , 5	٠٠٠	
С	Enter the amount of reserves on hand	┦.	'	9.00
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	t	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<del>  ^</del>
	, orbitalist in conduction			1

2

4 5

6

7a

7b

8a

8b

9

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

X

X

X

. J.,

1b

Yes

No

X

X

X

X

X

X

X

X

No

X

X

X

X

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 Managen	ient
---------------------------------------	------

- 1 a 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
- Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee?
- 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?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 7 a 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?
  - b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
  - a The governing body?
  - b Each committee with authority to act on behalf of the governing body?
- 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

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

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

#### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ▶NM 17
- 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
  - Another's website Upon request Other (explain in Schedule O) Own website
- 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 (505) 246-1819 NAVA Educational Project PO Box 35698 Albuquerque, NM 87176

Form 990 (2017)

Form 990 (2017)	NAVA	Educational	Project

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## 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 definintion 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

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

Check this box if hertiler the organization in	lor arry rela	01	gai	(C		COITI	JC11.	sated any curr	onicer, unec	or, or trustee
(4)	(B)							<b>(D)</b>	<b>(</b> E)	<b>(F</b> )
(A) Name and Title	(B) Average	(40.0	a4 ab	Posi		46		(D)	(E) Reportable	(F) Estimated
Name and Title	hours per					than o		Reportable compensation	compensation from	amount of
	week (list any	l						from	related	other
	hours for	Oilice			-	or/truste		the	organizations	compensation
	related organizations	합절	Stiti	Officer	ey e	혈	Former	organization	(W-2/1099-MISC)	from the
	below dotted		Institutional trustee	약	Key employee	est c	Ē	(W-2/1099-MISC)	!	organization and related
	line)	7 2	nal tr		loye	ig ion				organizations
		stee	l ste		°	pens				<b>-</b>
			🁸			Highest compensated employee				
					$\vdash$				-	
(1) Alen Paquin										
President		X								
(2) Joseph Ray										
Secretary		X			<u> </u>					
(3) Makhpiya J Black Elk										
Director		X								
(4) Thelma Antonio										
Director		X			<u> </u>					
(5) Kelly Francisco		}					l			
Director		X		L			L_			
(6)										
	<u> </u>		-	_		ļ	<u> </u>			
(7)	<u> </u>	ļ								
	<u> </u>	ļ	_		-	<u> </u>				
(8)	<del> </del>	l								
			-	-		_				
(9)	<del> </del>									
(10)	ļ		$\vdash$	-	├-	<del>                                     </del>		<del> </del>		<del></del> _
(10)		ŀ			1	1		1		
(11)		<del> </del>	$\vdash$	-	-	<del>                                     </del>	<del> </del>			
(11)		i		Ì						
(12)	<del>                                     </del>		<b> </b>	-		-			-	
(12)	<del> </del>	1	ŀ	]		1				
(13)	<del> </del>		t	-	<del> </del>	-				<del></del>
(10)	<del> </del>		1		1	Ī		ļ		
(14)			-	-	$\vdash$	<del> </del>			<del> </del>	
(17)		-								/
	<u> </u>	Ш			I	L	l .	1	l	

Part VII Section A. Officers, Directors, Tru	ustees, Key	/ Emi	oloy	/ees	s, a	nd Hi	ighe	est Compensa	ted Employ	ees (continued)
	1			(C	>)					
(A)	(B)			Posi				(D)	(E)	(F)
Name and title	Average hours per	(do not check more than o						Reportable compensation	Reportable compensation from	
	week (list any					is both		from	related	other
	hours for					or/truste	<del></del> .	the	organization	1
	related organizations	Individual or director	stitu	Officer	ey e	mpta	Former	organization	(W-2/1099-MIS	C) from the organization
	below dotted	dual ector	tion	٦.	Key employee	st co	۳ ا	(W-2/1099-MISC)		and related
•	line)	Individual trustee or director	Institutional trustee		yee	ğ				organizations
		e	stee			Highest compensated employee	ļ			
				<u> </u>	<u> </u>	<u>e</u>	<u> </u>			
(15)					ļ			ļ		
(16)					┝		-			
(10)	<del> </del>									
(17)					$\vdash$	· ·	$\vdash$			
							ļ			
(18)										
7.4	<u> </u>			Ļ	L		<u> </u>			
(19)										
(20)		_			-	<u> </u>	<u> </u>			
(20)				ļ		l	Į .			
(21)					_	-				
					<u> </u>					
(22)					[					
(60)	ļ <u>-</u>	ļ			╙		<u> </u>			
(23)							İ			
(24)		<del> </del>		-	├	<del>                                     </del>				
(2.7)		1						İ		
(25)					$\vdash$		t			
		<u> </u>			L	<u> </u>	<u> </u>			
1b Sub-total										
c Total from continuation sheets to Pa	art VII, Sec	tion /	٩							
<ul><li>7d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (including)</li></ul>	but not limit	ted to	tho	92	liste	d abo	we)	who received	more than \$	100 000 of
reportable compensation from the orga			1110	36	11316	u abt	JVE)	willo received	IIIOI E (IIAII W	100'000 0
		_				_			<del></del>	Yes No
3 Did the organization list any former office					-	-	-	e, or highest c	ompensated	
employee on line 1a? If "Yes," comple										3 X
4 For any individual listed on line 1a, is the	-				•					1 1 1 3
organization and related organizations g	reater than	\$150	,000	3.5	If	"Yes,	" co	mplete Schedi	ile J for such	
<ul><li>individual</li><li>5 Did any person listed on line 1a receive</li></ul>	or accrue c	omno	nca	tion	fra	m an	.,	arelated organi	zation or ind	wdual 4 X
for services rendered to the organization							-	-	Zalion or inu	ividual 5 X
Section B. Independent Contractors	, , , ,	<del>оот.,р</del>						<u>odon pordor.</u>		
Complete this table for your five highest compensation from the organization. Re										
tax year										(0)
(A) Name and business address								(B) Description of	services	(C) Compensation
									•	
			-				<u> </u>			
							↓			
2 Total number of independent contractors	(including	but n	O+ 1:	m·+	<u> </u>	o tha	C 1	isted shaves	ho	ge ny washing grap was a se
received more than \$100,000 of comper							oc II	isicu above) W	110	

		Check if Schedule O contain	is a response or no	te 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	1a	Federated campaigns	1a					
		Membership dues	1b					
O L		Fundraising events	1c		1			
ifts ar A		Related organizations	1d	<del> </del>	1.	i		
nii G		Government grants (contribut	<b>—</b>	<del></del>	1	į		
Sir	l	All other contributions, gifts, g		· · · · · ·	1		•	
uti her	'	and similar amounts not inclu		102,999.			• .	
o it	_	Noncash contributions include						1
on and	_	Total. Add lines 1a–1f	cu iii iiics ta-ii 🏺		102,999.	1		· · ·
	<del></del>	Total: Add lines 12 11		Business Code	102,555.			
Program Service Revenue	22	Police Educati	on Proje	611710	5,000.	5,000.	<del></del>	
leve	b			011/10	3,000.	3,000.		
99	C						<del>_</del>	
<u> </u>	d				-	-		<del>                                     </del>
E					-	-		<del>                                     </del>
ē.	e f	All other program service reve		611710	17,307.	17,307.	<del></del>	<del>                                     </del>
P		Total. Add lines 2a-2f	ciide	<u> </u>	22,307.		— <del>—</del> ———	
	3	Investment income (including	duudonde interest	<u>_</u> -	22,307.			<u> </u>
	"	and other similar amounts)	dividends, interes	`` <b>&gt;</b>	}			
	4	Income from investment of ta	coods				<del> </del>	
	5	Royalties	x-exempt bond pro	LCCCUS				
	"	Noyallies	(ı) Real	(ii) Personal			· · · · · · · · · · · · · · · · · · ·	<del> </del>
	6a	Gross rents	(i) rical	(ii) i ciscilai	-		•	'
					1			,
	l				†			1
	l	Net rental income or (loss)		<u> </u>				·
	l	Gross amount from sales of	(l) Securities	(II) Other				
	' a	assets other than inventory	11 ocoanic <u>o</u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				, mar er 194
	۱ ۾	Less cost or other basis						
	"	and sales expenses						,
	_	Gain or (loss)		_	1		٥	
	d			•				
	ľ	Net gaill of (loss)				0		
пе	82	Gross income from fundraisir	na		ļ			
Other Revenue	""	events (not including \$	ng .					
æ		of contributions reported on li	ine 1c)					
her		See Part IV, Ine 18	•		ľ	[		
5	١,	Less direct expenses	a t		1			
		Net income or (loss) from fun		·	<del></del>	•	<u> </u>	
	1	Gross income from gaming a	_		<del></del>			
	٦٩	See Part IV, line 19	ECHANGES					
	١,	Less direct expenses			1			
		Net income or (loss) from gar		,				
	1	Gross sales of inventory, less	_		-	<b></b>		1
	'"	returns and allowances	•	.		]		
	h	Less cost of goods sold		<u> </u>	1			
		Net income or (loss) from sal		<u> </u>		·	<u></u>	\ <del></del>
		Miscellaneous Revenu		Business Code	<u> </u>	<del> </del>		<del> </del>
	11a	<del></del>	<del></del> -	611710	4,519.	4,519.	<u> </u>	
				011/10	4,319.	4,519.		<del>                                     </del>
	b				<del> </del>	<del>                                     </del>		<del> </del>
	C	All other revenue			<del> </del>	<del> </del>		<del> </del>
	1	Total. Add lines 11a-11d			A E10	<del> </del>		<del> </del>
	l	Total revenue. See instruct	ione		4,519. 129.825			<del> </del>
		coral revenue See instillet	0.015		×	- /n ×/n		1

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)											
Check if Schedule O contains a response or note to any line in this Part IX											
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)						
and 1	l0b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments See Part IV, line 21				<u> </u>						
2	Grants and other assistance to domestic										
	individuals See Part IV, line 22										
3	Grants and other assistance to foreign organizations,				ĺ						
	foreign governments, and foreign individuals. See Part IV,			٥							
	lines 15 and 16				!						
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees,										
	and key employees										
6	Compensation not included above, to disqualified persons										
	(as defined under section 4958(f)(1)) and persons			İ							
_	described in section 4958(c)(3)(B)										
7	Other salaries and wages	43,891.	12,808.	31,083.							
8	Pension plan accruals and contributions (include section										
	401(k) and 403(b) employer contributions)				· · · · · · · · · · · · · · · · · · ·						
9	Other employee benefits										
10	Payroll taxes	20.		20.							
11	Fees for services (non-employees)										
	Management	202	202		<del></del>						
	Legal	203.	203.	2 024							
	Accounting	3,024.		3,024.							
	Lobbying  Perfectional fundaments applied See Best IV. Fro. 17			-							
	Professional fundraising services See Part IV, line 17 Investment management fees										
	Other (If line 11g amount exceeds 10% of line 25, column			<del></del>	<del></del>						
9	(A) amount, list line 11g expenses on Schedule O)	7,352.	1,080.	6,272.							
12	Advertising and promotion	1,332.	1,000.	0,212.							
13	Office expenses	4,851.	677.	4,174.							
14	Information technology	1,031.	0,7,								
15	Royalties										
16	Occupancy	9,434.	1,698.	7,736.							
17	Travel	17,165.	5,877.	11,288.							
18	Payments of travel or entertainment expenses for any										
	federal, state, or local public officials										
19	Conferences, conventions, and meetings	1,421.	406.	1,015.	<u></u>						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses Itemize expenses not covered above			İ							
	(List miscellaneous expenses in line 24e If line 24e amount	* .									
	exceeds 10% of line 25, column (A) amount, list line 24e										
	expenses on Schedule O)	-									
а											
b											
C											
d											
	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	87,361.	22,749.	64,612.							
26	Joint costs. Complete this line only if the organization			į							
	reported in column (B) joint costs from a combined			ł							
	educational campaign and fundraising solicitation Check			1							
	here ▶ ☐ if following SOP 98-2 (ASC 958-720)										

		Check if Schedule O contains a response or note to any line in this Part X				
$\overline{}$				(A)		(B)
				Beginning of year		End of year
	1	Cash — non-interest-bearing		4,484.	1	43,059.
	2	Savings and temporary cash investments			2	<u> </u>
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	5,000.
	5	Loans and other receivables from current and former officers, directors, trustees, key em	plovees.		P = , =	- 1,
	_	and highest compensated employees  Complete Part II of Schedule L	,,,		5	
	6	Loans and other receivables from other disqualified persons (as defined under		<del></del>	-	
	·	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		, ح	,	٠.
		employers and sponsoring organizations of section 501(c)(9) voluntary employees'	, . `	7	-	
		beneficiary organizations (see instructions)		٠,		
Ş		Complete Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net		<del></del>	7	
As	8	Inventories for sale or use		<del></del> -	8	<del></del>
	9			1,066.	9	1,067.
	-	Prepaid expenses and deferred charges  Land, buildings, and equipment cost or		1,000.	9_	1,007.
	10 a		2,784.			, ,
		· · · · · · · · · · · · · · · · · · ·	., 104.	2,784.	400	2,784.
		· · · · · · · · · · · · · · · · · · ·		2,104.	10c	2,704.
	11	Investments — publicly traded securities Investments — other securities See Part IV, line 11		<del></del>	11	
	12	·			12	
	13	Investments — program-related See Part IV, fine 11		<del></del>	13	
	14	Intangible assets		<u> </u>	14	
	15	Other assets See Part IV, Ine 11		0.334	15	E1 010
	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,334.	16	51,910. 1,714.
	17	Accounts payable and accrued expenses	<del></del>	17	1,/14.	
	18	Grants payable			18	
	19	Deferred revenue			19_	
S	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		· · ·	21	75 4 7
ē	22	Loans and other payables to current and former officers, directors, trustees, key employed	•	1		, ,
<u>2</u> 2		highest compensated employees, and disqualified persons Complete Part II of Schedule	e L	<u> </u>	22	<del></del>
	23	Secured mortgages and notes payable to unrelated third parties		<u> </u>	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	<del></del> -
	25	Other liabilities (including federal income tax, payables to related third parties, and other	liabilities	1 000	-	,
		not included on lines 17-24) Complete Part X of Schedule D		1,223.	25	4 54 4
	26	Total liabilities. Add lines 17 through 25		1,223.	26	1,714.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here	e lines 27		•	1.
ğ		through 29, and lines 33 and 34.		·	<u> </u>	FO 106
ë	27	Unrestricted net assets		7,111.	27	50,196.
<u> </u>	28	Temporarily restricted net assets		<del></del>	28	
Ĕ	29	Permanently restricted net assets			29	
屲		Organizations that do not followSFAS 117 (ASC 958), check here ▶ ☐ and co	mplete	The transfer of the second	٠.	, T
Net Assets or		lines 30 through 34.		<u>r 2                              </u>	-^;···	· _ <u>` </u>
its	30	Capital stock or trust principal, or current funds			30	
šše	31	Paid-in or capital surplus, or land, building, or equipment fund			31_	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds			32	FO 100
<u>let</u>	33	Total net assets or fund balances		7,111.	33	50,196.
Z	34	Total liabilities and net assets/fund balances		8,334.	34_	<u>51,910.</u>

Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization ch		NAVA Educational Project	<del></del> .	27-186	<u> 673</u>	<b>3</b> Pa	ige 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior peniod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  Accrual  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  Separate basis  Consolidated basis  Both consolidated and separate basis, consolidated  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated	Pan						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990				····			
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  Accrual  Other  Yes No  1 Accounting method used to prepare the Form 990  Part XII of 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?  1 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  Both consolidated and separate basis  Both consolidated and separate basis, consolidated basis, consolidated basis, or both  Part XII or District of the year were audited on a separate basis, consolidated separate basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, consolidated basis, conso	2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>8</u>	<u>7,3</u>	<u>61.</u>
Solution (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990	3	Revenue less expenses Subtract line 2 from line 1	3		4	2,4	64.
Donated services and use of facilities   To Investment expenses   To	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			7,1	11.
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 50,196.  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  Accrual  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 Separate basis  Consolidated basis  Both consolidated and separate basis, consolidated basis, consolidated basis, or both I separate basis  Consolidated 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	5	Net unrealized gains (losses) on investments	5				-
Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash Accrual 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 Separate basis Consolidated basis Both consolidated and separate basis, consolidated indicated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated indicate whether the financial statements for the year were audited on a separate basis, consolidated indicate whether the financial statements for the year were audited on a separate basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated basis, consolidated indicated indicated indicated indicated indicated indicated indicated indicated indicate	6	Donated services and use of facilities	6		-		
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990	7	Investment expenses	7				
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990	8	Prior period adjustments 8					
33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O)	9				
Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  Accrual Other  Yes No  1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2 a Were the organization's financial statements compiled or reviewed by an independent accountant?  2 a  X  1 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  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2 b  X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  Accrual Other  Yes No  1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2 a Were the organization's financial statements compiled or reviewed by an independent accountant?  2 a  X  1 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  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2 b  X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated		33, column (B))	10		5	0,1	96.
Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  Accrual  Other  Separate basis, consolidated basis  Consolidated basis  Both consolidated and separate basis, consolidated basis, consolidated by an independent accountant?  1 Accounting method used to prepare the Form 990  Accrual  Other  Separate in Schedule O  2 a Were the organization thanged its method of accounting from a prior year or checked "Other," explain in Schedule O  2 a Were the organization's financial statements compiled or reviewed by an independent accountant?  3 Both consolidated or reviewed on a separate basis  4 Both consolidated and separate basis  5 Were the organization's financial statements audited by an independent accountant?  2 Both Consolidated on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in the year were audited on a separate basis, consolidated in year year year year year year year year	Part	XII Financial Statements and Reporting					
1 Accounting method used to prepare the Form 990		<del></del>					
1 Accounting method used to prepare the Form 990						Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2 a Were the organization's financial statements compiled or reviewed by an independent accountant?  2 a X  16 "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  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2 b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated	1	Accounting method used to prepare the Form 990 Cash X Accrual Other				, 3	
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  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2a X  X  X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated	•					1 4	
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  Separate basis  Consolidated basis  Both consolidated and separate basis  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	2 a				22		Y
basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis  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			d on a c	enarate	24	4	1. 1
Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated			u on a s	eparate	£.	. ;	- A
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							```
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated					26		
a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a + 100   a +	L	·		and a state of	20	Enr .	A 1
			te dasis	, consolidated	3- 5	£ 7.	٠, ١

Both consolidated and separate basis

X

Form 990 (2017)

3a

3b

Separate basis

the Single Audit Act and OMB Circular A-133?

Schedule O

UYA

Consolidated basis

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

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

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

#### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury

		ie organization					Employer identification			
		Educational Proje					<u> 27-1866733</u>			
	Reason for Public Charity Status (All organizations must complete this part ) See instructions									
he		anization is not a private founda		•		•	•	~ 7		
1	_	A church, convention of church					. , , , , , , ,	<i>&gt;</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 hos	spital service org	anization described in	n sectior	170(b)(	1)(A)(iii).	• ,		
4		A medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in <b>s</b>	ection 170(b)(1)(A)	)(iii). Enter the		
		hospital's name, city, and state	<b>)</b> :							
5		An organization operated for th	ne benefit of a co	ollege or university ow	ned or o	perated b	y a governmental ui	nit described in		
		section 170(b)(1)(A)(iv). (Con	nplete Part II)							
6	$\Box$	A federal, state, or local govern	nment or govern	mental unit described	l ın secti	on 170(b	)(1)(A)(v).			
7		An organization that normally i	-			•	, , , , , ,	he general public		
		described in section 170(b)(1)			-	<b>J</b>		<b>3 p</b>		
8	$\Box$	A community trust described in			Part II)					
9		An agricultural research organi				nerated in	conjunction with a	land-grant college		
•		or university or a non-land-grain								
		university	in concgo or agri	ioditaro (oco motraotit	5113) Line	or the hai	no, ony, and state o	i the conege of		
10	$\Box$		receives (1) moi	re than 33 1/3% of its	support t	from cont	tributions members	hin fees, and gross		
		An organization that normally receipts from activities related support from gross investment	to its exempt fur	nctions-subject to cer	tain exce	ptions, a	nd (2) no more than	33 1/3% of its		
		support from gross investment	income and unr	elated business taxal	ble incom	ie (less s	ection 511 tax) from	businesses		
11	$\Box$	acquired by the organization at An organization organized and								
12	_	An organization organized and	•	•	•		· /· /	cout the nurneses of		
12	ш	one or more publicly supported								
		the box in lines 12a through 12								
а		Type I. A supporting organiz						_		
•	٠ ـ	the supported organization(s)	•	•	-		• , , , ,			
		organization You must com		-	ct a maje	or try	e un ectors or trustee	es of the supporting		
t	, _	Type II. A supporting organiz	=		action w	ith ite eur	anorted organization	v(c) by baying		
•	, <u> </u>	control or management of the	•			-	. •	` ' '		
		organization(s) You must co			e same p	16130113 (1	iat control of ilianaç	ge the supported		
c		Type III functionally integra	-		tod in co	nnootion i	with and functional	ly intograted with		
•	, _–	its supported organization(s)						ly integrated with,		
c		Type III non-functionally in	•	•				tod organization(s)		
	• -	that is not functionally integra								
		requirement (see instructions						i ali atteritiveness		
e	. г	Check this box if the organization						II. Type III		
•	, r	functionally integrated, or Ty						ii, rype iii		
f	_	inter the number of supported of		many integrated supp	orthing on	gariizatio	11			
		Provide the following information	=	orted organization(s)						
		Name of supported organization	(ii) EIN	(III) Type of organization	(* .) <u> </u>		(v) Amount of monetary	(vi) Amount of		
	(1)	Name of supported organization	(11) = 114	(described on lines 1-10		rganization ir governing	' '	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
A)					1					
B)										
		<del></del>								
C) _					1					
—- D)										
-, 										
E)					ļ					
<u> </u>										

Schedule A (Form 990 or 990-EZ) 2017 NAVA Educational Project 27-186673

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)

Secti	on A. Public Support	<u> </u>		στο α ποιοτί, μ	nouse compre	<u> </u>	
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				-		
	include any "unusual grants ")	203,826.	386,434.	115,423.	159,145.	125,306	990,134.
2	Tax revenues levied for the						
	organization's benefit and either paid		1				
	to or expended on its behalf						
3	The value of services or facilities					1	
	furnished by a governmental unit to the			İ			
	organization without charge				ļ		
4	Total. Add lines 1 through 3	<u>203,826.</u>	386,434.	115,423.	159,145.	125,306	990,134.
5	The portion of total contributions by		1				
	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)			-	<u></u>		
6	Public support. Subtract line 5 from line 4	<u> </u>	1	<u> </u>	L	L	990,134.
	on B. Total Support	(-) 2012	(I-) 0011	1.00:5	( 0.0515	1	107.
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	203,826.	386,434.	115,423.	159,145.	125,306.	990,134.
8	Gross income from interest, dividends,	1	)				
	payments received on securities loans,						
	rents, royalties, and income from similar						
_	sources	<del></del>	<del> </del>	<del> </del> -	<del> </del> -	<del> </del>	<del> </del> -
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40	Other income Do not include gain or	<del></del>					
10	loss from the sale of capital assets						
	(Explain in Part VI )					4,519	4,519.
11	Total support. Add lines 7 through 10			· · · · · · · · · · · · · · · · · · ·		4,519	994,653.
12	Gross receipts from related activities, etc	(see instruct	ions)	<u> </u>	<u> </u>	12	994,000.
13	First five years. If the Form 990 is for the			I third fourth	or fifth tay yes	<u> </u>	501(c)(3)
, 5	organization, check this box and stop he		3 11131, 3000110	i, tillia, loaitii,	or militax yes	ii as a section	<b>▶</b> □
Secti	on C. Computation of Public Suppo		1e				
14	Public support percentage for 2017 (line			11, column (f)	)	14	99.55%
15	Public support percentage from 2016 Sc		•	(,	,	15	%
16a	33 1/3 % support test-2017. If the organ			on line 13, ar	nd line 14 is 33	1/3 % or more	e, check this
• • • •	box and stop here. The organization qua					,	· <b>X</b>
b	33 1/3 % support test-2016. If the organ			-	6a, and line 15	is 33 1/3 % oi	
	check this box and stop here. The organ						. ▶ □
17a	10%-facts-and-circumstances test-20	•			-	, or 16b, and	line 14 is
-	10% or more, and if the organization me	_					
	Part VI how the organization meets the "						
	organization			· ·	•		▶ □
b	10%-facts-and-circumstances test-20	16. If the orga	nization did no	ot check a box	on line 13, 16	a. 16b. or 17a	
~	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization in					-	
	supported organization				<b>5</b>		` <b>`</b> ▶ □
18	Private foundation. If the organization of	did not check a	box on line 13	3, 16a, 16b, 17	a, or 17b. che	ck this box an	d see
	instructions				•		▶ [

Schedule A (Form 990 or 990-EZ) 2017 NAVA Educational Project

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

(Complete only if you checked t	he box on line 1	0 of Part I or	if the organization	failed to qualify	under Part II
If the organization fails to qualif	y under the tests	s listed below.	please complete l	Part II )	

	if the organization rails to quality	under the te	sts listed beit	ow, please co	implete Part	· )	
	on A. Public Support		<del>,</del>	<del>, · ·</del> -		<del></del>	<del>-,</del> -
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	( <b>d)</b> 2016	(e) 2017	(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 fax-exempt purpose						<b></b>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				<u> </u>		
4	Tax revenues levied for the						ł
	organization's benefit and either paid						
_	to or expended on its behalf	<del></del> -					
5	The value of services or facilities						j
	furnished by a governmental unit to the		}		/	ľ	
_	organization without charge	<del></del>	-		/		<del> </del>
6	Total. Add lines 1 through 5	· <del>-</del>			/_/_		<del> </del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				/		
b	Amounts included on lines 2 and 3	-	-		/		<del> </del>
D	received from other than disqualified		}	l .			
	persons that exceed the greater of \$5,000			ر ا	/	•	
	or 1% of the amount on line 13 for the year			/			
С	Add lines 7a and 7b						<del>                                     </del>
8	Public support. (Subtract line 7c from		<del></del>	/			<del> </del>
•	line 6.)		1		1	***	1
Secti	on B. Total Support		<b></b>	<del>'/</del>	1	·	<del></del>
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	<u> </u>	/	(1/2-1-	19733	15/	(7.53
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		/				
С	Add lines 10a and 10b		1				
11	Net income from unrelated business				ļ		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or			1	1	-	
	loss from the sale of capital assets			1			1
4.0	(Explain in Part VI )	/		ļ			<del> </del>
13	Total support. (Add lines 9, 10c, 11,	1			1	1	
4.4	and 12)	0.0000000000000000000000000000000000000	lo firet esser-		or 66th 40:000	r 00 0 05=4:5:=	F01(a)(2)
14	First five years. If the Form 990 is for the	_	s iirst, second	i, inira, τουπη,	or ππη tax yea	i as a section	501(C)(3)
Casti	organization, check this box and stop he on C. Computation of Public Suppo				<del></del>		
	Public support percentage for 2017 (line			o 12 polymp	(A)	15	0/
15 16	Public support percentage for 2017 (interpretage from 2016)				(1))	16	· %
16 Secti	on D. Computation of Investment In			13		10	
<u>5ecu</u>	Investment income percentage for 2017			l by line 13 co	lumn (fi)	17	%
18	Investment income percentage from 20			*	iuiiii (i <i>))</i>	18	
19a	33 ¹ / ₃ % support test—2017. If the organ				and line 15 to	ــــــــــــــــــــــــــــــــــــــ	
ıJa	line 17 is not more than 331/3%, check this						
b	33 ¹ / ₃ % support test–2016. If the organi						
D	line 18 is not more than 331/3%, check this	box and ston	here.The orga	nization dualifi	es as a nublich	ro is illule illi / Supported or	an 33 /3 /0, and canization ► □
20	Private foundation. If the organization d						
	ato roundation. it the organization of	0.1001 6	- 20x OII III IC 1	, ioa, oi iob,	OHOUR HIIS DUX	and see mist	40000110

#### 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)

Secti	on A. All Supporting Organizations		1	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			_
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		ļ	
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			<del>                                     </del>
•	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
70	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	<del> </del>	
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	<del>- 7</del> a	<del> </del>	
D	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		i	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	40	<del> </del>	├
C		ļ.		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ŀ	1	1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4.0		ļ
<b>.</b>	purposes.	4c	<u> </u>	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	ŀ		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	<b>(</b>	ļ	
	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	<u> </u>		
	was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already		<b> </b> -	ļ <u>.                                    </u>
	designated in the organization's organizing document?	5b	<u> </u>	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	Į		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	1		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	_	'	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		<u> </u>	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			<u> </u>
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		<u> </u>
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		<u></u>	
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	2 -		$\top$
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			<b>†</b>
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		İ	
	supporting organizations)? If "Yes," answer 10b below	10a	\ <del></del>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		<del> </del> -	<del>                                     </del>
~	determine whether the organization had excess business holdings )	10b	<del> </del>	

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	.	-	· - [
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	-		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
'	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		,	
	controlled the organization's activities If the organization had more than one supported organization,		٠,	_
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<u>·                                    </u>		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		•	٠, {
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		1
	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations		_	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		,	÷.
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		ـــتمد	
Sacti	on D. All Type III Supporting Organizations	1		
<u>Jeen</u>	on b. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	P		
	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?	1		<del></del>
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	,	1 %	.
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		لسند
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	.	٠.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		
<u> </u>	supported organizations played in this regard	3		
	on E. Type III Functionally Integrated Supporting Organizations			<del></del>
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see if The organization satisfied the Activities Test. Complete line 2 below.	istru	ctions	5)
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 <b>Part VI</b> how you supported a government entity	(see	nstru	ctions)
-		,		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,	,,	- '	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
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		<u> </u>	
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		<u>.</u>	F 12.3
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			<b> </b>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	. 3a	+	
IJ	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Type in Non-Functionally integrated 509(a)(3) Supporting Of			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
See instructions. All other Type III non-functionally integrated supporting of	rgar	nizations must complete Se	ections 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	<u> </u>	
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)
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)		,	, v
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	<del></del>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	, , , , , , , , ,	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,	
4 Enter greater of line 2 or line 3	4	• •	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	,-	
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	ng organization (see

Part	v Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	ilzations (continued)	<u> </u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whice (provide details in Part VI) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ) See instr			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015	,		
е	From 2016			
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>і_</u>	Carryover from 2012 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7:		- <del> </del>	
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4		· · · · · · · · · · · · · · · · · · ·	
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7:			
а	Excess from 2013	1		
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
	Fuence from 2017			

#### SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

VA Educational Project		27-1866733
rt I Organizations Maintaining Donor A		nds or Accounts.
Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		<del>                                     </del>
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisor	rs in writing that the assets held in donor advised	funds are the organization's
property, subject to the organization's exclusive legal co		Yes 1
Did the organization inform all grantees, donors, and do		
purposes and not for the benefit of the donor or donor a		•
private benefit?	and of the cart of the particular particular and an arrangement	☐ Yes ☐ I
Conservation Easements.		
Complete if the organization answere	d "Yes" on Form 990. Part IV. line 7	
Purpose(s) of conservation easements held by the orga		
Preservation of land for public use (e.g., recreation	· · · · · · · · · · · · · · · · · · ·	storically important land area
Protection of natural habitat	<u>=</u>	certified historic structure
Preservation of open space	Treservation of a t	certified matoric structure
Complete lines 2a through 2d if the organization held a	gualified consequation contribution in the form of	a concentration accoment on the last day
of the tax year	qualified conservation contribution in the form of	Held at the End of the Tax Y
•		
Total number of conservation easements		2a
Total acreage restricted by conservation easements	on about the male deal of the	2b
Number of conservation easements on a certified histor	• •	2c
Number of conservation easements included in (c) acqu	dired after 7/25/06, and not on a historic structure	
listed in the National Register	ad and a common of the discount of the discount	2d
Number of conservation easements modified, transferre	ed, released, extinguished, or terminated by the	
organization during the tax year ▶	<del></del> -	
Number of states where property subject to conservation		<del></del>
Does the organization have a written policy regarding th		
and enforcement of the conservation easements it holds		∐ Yes ∐ I
Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing conser	vation easements during the year
<u> </u>		
Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing conservation	n easements during the year
<b>▶</b> \$		
Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170(h)	)(4)(B)(ı)
and section 170(h)(4)(B)(ii)?		∐ Yes
In Part XIII, describe how the organization reports cons	ervation easements in its revenue and expense si	tatement, and balance sheet, and
include, if applicable, the text of the footnote to the orga	nization's financial statements that describes the	organization's accounting for
conservation easements		
Organizations Maintaining Collecti		Other Similar Assets.
Complete if the organization answere		
If the organization elected, as permitted under SFAS 11	•	
historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
the text of the footnote to its financial statements that de	escribes these items	
If the organization elected, as permitted under SFAS 11	•	•
historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furtherand	ce of public service, provide the following
amounts relating to these items		
(i) Revenue included on Form 990, Part VIII, Ine 1		<b>&gt; \$</b>
(ii) Assets included in Form 990, Part X		►\$ ►\$
If the organization received or held works of art, historic	al treasures, or other similar assets for financial of	
required to be reported under SFAS 116 (ASC 958) rela		
B (3) 1 5 000 B (1) (1)	<del>-</del>	<b>&gt;</b> \$
Revenue included on Form 990, Part VIII, Ine 1		· · · · · · · · · · · · · · · · · · ·

r all									nueu)
3	Using the organization's acquisition, accessi	on, and other records	s, check a	ny of the fol	lowing that ar	e a signi	ficant use of its col	ection items	
	(check all that apply)								
а	Public exhibition		d		or exchange p	rograms	•		
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they	further the o	organization's	exempt	purpose in Part XII	İ	
5	During the year, did the organization solicit of	or receive donations of	of art, histo	rıcal treasuı	res, or other s	imilar as	sets to be sold to r	alse funds	_
	rather than to be maintained as part of the or	<del>~</del>	n?					Yes	No
Part			_			_			
	Complete if the organization 990, Part X, line 21	answered "Yes"	on Forr	n 990, Pa 	art IV, line	9, or r 	eported an am	ount on Fo	rm 
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for cor	ntributions o	or other assets	s not inc	luded		_
	on Form 990, Part X?							∐ Yes ↓	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	le			<del></del>		
							Amo	unt	
С	Beginning balance					<u>1c</u>	ļ		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			<u> </u>
2a	Did the organization include an amount on F					-	7	☐ Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation	has been p	rovided on Pa	rt XIII			
Par			_						
	Complete if the organization		on Forr	n 990, P	art IV, line	10		<del></del>	
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three years bac	k (e) Four yea	rs back
1a	Beginning of year balance								
b	Contributions							<u> </u>	
С	Net investment earnings, gains, and losses					:			
d	Grants or scholarships						,,,		
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, d	column (a))	held as				
а	Board designated or quasi-endowment	<b>•</b>	_%						
b	Permanent endowment ▶%	)							
С	Temporarily restricted endowment ▶	_ %							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held and	administered	for the			
	organization by							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Sch	nedule R?				3b	
4	Describe in Part XIII the intended uses of th								
Par	t VI Land, Buildings, and Equi								
	Complete if the organization		on For	m 990, P	art IV, line	11a S	See Form 990,	Part X, line	10
	Description of property	(a) Cost or oth	_		other basis		Accumulated	(d) Book value	
	· · · ·	(investm		١٠,	ther)		epreciation		
	Land			1					
b	Buildings			1					
C	Leasehold improvements		<del></del>	<del>\</del>				<del></del>	
d	Equipment		2,784	1		_	<del></del>	2	784.
e	Other		-, / 0 -1	+			<del></del>		, o <del>4</del> .
_	Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X. column	(B). <b>i</b> ne 10	c)		•	2	784.

	(10111990)2017 NAVA Educatio				7-1866/33	raye
Part VII			000 Dort IV line	11h Con Form	OOO Dort V lin	- 12
	Complete if the organization answ	wered tes on Form				e IZ
	(a) Description of security or category (including name of security)		(b) Book value	, ,	ethod of valuation nd-of-year market value	е
(1) Financia	derivatives					
(2) Closely-	held equity interests					
(3) Other						
(A)				-		
(B)						
(C)			-			
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colu	mn (b) must equal Form 990, Part X, ∞l (B)	ine 12) ▶				-
Part VIII	Investments — Program Relate	ed.		<u> </u>		
	Complete if the organization answ		990, Part IV, line	11c See Form	990, Part X, line	e 13
	(a) Description of investment		(b) Book value		ethod of valuation	
			, ,	Cost or e	nd-of-year market value	е
(1)						
(2)						
(3)						
(4)			<del></del>		<del></del>	
(5)						
(6)						
(7)						
(8)	_					
(9)						
	ımn (b) must equal Form 990, Part X, col (B)	Ine 13 ) ▶			<del></del>	
Part IX					<u> </u>	
Tureix	Complete if the organization ansi	wered "Yes" on Form	990 Part IV line	11d See Form	990 Part X lin	e 15
		a) Description	rood, raitiv, iiio	114 000 10111	(b) Book value	
<u>(1)</u>		а, восоправи	<del></del>		(b) 200k tall	
	<del></del>		<u></u>	<del></del>	<del> </del>	
(2)			<del></del>	<del></del>	<del></del>	
(3)			<del></del>		<del></del>	
(4)	<del></del>		<del></del>	<del> </del>		
<u>(5)</u>			<del></del>	<del></del>		
<u>(6)</u>	<del></del>				<del></del>	
<u>(7)</u>		<del></del>				
(8)	<del></del>					
(9)	ımn (b) must equal Form 990, Part X, ∞l (B)	fno 15 )				
		1110 13 /			<u> </u>	
Part X	Complete if the organization ansi	wared "Ves" on Form	1 000 Part IV Juna	11e or 11f Soc	Form 000 Por	+ Y
	line 25.				- FOITH 990, FAI	· /,
1.	(a) Description of liability	(b) Book value				
(1) Feder	al income taxes					
(2)						
(3)						

1	(a) Description of liability	(b) Book value			
(1) Fed	leral income taxes				
(2)					
(3)					3
(4)					
<u>(5)</u>					
(6)					
(8)					
(9)			·		
Total. (C	olumn (b) must equal Form 990, Part X, col	(B) Ine 25 ) ▶		<u></u>	

^{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.

UYA

Schedule D (Form 990) 2017

Part	XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form		enue per Return.	
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			
а	Net unrealized gains (losses) on investments	2a	•	
b	Donated services and use of facilities	2b	•	
С	Recoveries of prior year grants	2c		
ď	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	<del></del>		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, ine 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, ine 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
<u>Part</u>			enses per Return.	
	Complete if the organization answered "Yes" on Form	n 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	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	i`	
ď	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, Ine 7b	4a		
Ь	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 XIII Supplemental Information.	18)	5	
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prove			
				<del></del>

Scriedule D (Form 990) 2017 NAVA Educational Project	27-1866733	Page 5
Part XIII Supplemental Information (continued)		
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Schedule D (Form 990) 2017

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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs gov/Form990 for the latest information.

OMB No 1545-0047
2017

Open to Public Inspection

Name of the organization	Employer identification number
NAVA Educational Project	27-1866733
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Schedule O (Form 990'or 990-EZ) (2017)	Page 2
lame of the organization	Employer identification number
MAVA Educational Project	27-1866733
Part VI Line 11b	of Directors prior acceptance (
990 is reviewed by management & the Board of Part VI Line 11b	of Directors prior acceptance &
submission. Governing documents disclosure	upon written request.
Part VI Line 19	
Soverning documents, disclosure exlanation	: Upon written request.
Part IX Line 11g	
utside Contract Services Total expenses - \$7352 00 Program service expenses - \$1080	00 Mgmt and general expenses - \$6272 00 Fundralsing expenses - \$0
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