** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	or the	\pm 2023 calendar year, or tax year beginning $$ SEP $$ 1 $$, $$ $$ 2 $$ 0 $$ 2 $$ 3 $$ $$ and endin	ng Al	JG 31,	2024	
B c	heck if	THE NEA FOUNDATION FOR THE IMPROVEMENT		D Employer	identific	cation number
	Addres change Name	OF EDUCATION				
	_change				03508	
	_return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address) 1201 16TH STREET, NW 416	.,	E Telephone (202		-7840
	termin ated	1		G Gross receipt	s\$	15,968,924.
	Ameno return	WASHINGTON, DC 20036		H(a) Is this a	group re	
	Application	F Name and address of principal officer: SAKA A. SNEED		for subo	rdinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all sub	ordinates in	cluded? Yes No
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) S 501(c)() (insert no.) A 4947(a)(1) or A	527	If "No,"	attach a	list. See instructions
	Vebsit			H(c) Group e	xemption	n number
K F	orm of	organization: X Corporation Trust Association Other L	_ Year o	f formation: 1	969 N	State of legal domicile: DC
Pa	ırt I	Summary				
•	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ FOU	NDA'	OW NOI	RKS I	IN
Governance		PARTNERSHIP W/ OTHERS TO PROMOTE THE VERY BE	EST	IN PUBL	IC E	DUCATION.
rna	2	Check this box if the organization discontinued its operations or disposed of	more t	han 25% of it	s net ass	ets.
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)			3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	24
وي دي		Total number of individuals employed in calendar year 2023 (Part V, line 2a)				19
/itie		Total number of volunteers (estimate if necessary)				25
Activities		Total unrelated business revenue from Part VIII, column (C), line 12				0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
				Prior Yea		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		3,352,	115.	3,617,646.
ņ	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-117,	539.	3,040,609.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,234,	576.	6,658,255.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,846,	639.	1,814,996.
	l	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,841,	783.	2,185,679.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 406,660.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,172,	275.	2,193,849.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,860,	697.	6,194,524.
	l	Revenue less expenses. Subtract line 18 from line 12		-2,626,	121.	463,731.
or			Beg	inning of Curre	nt Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		47,215,	857.	52,733,359.
ASS	21	Total liabilities (Part X, line 26)		2,364,	054.	2,249,451.
-Net	22	Net assets or fund balances. Subtract line 21 from line 20		44,851,	803.	50,483,908.
Pa	ırt II	Signature Block				
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the b	est of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h			
		San Ase			3/01/2	25
Sigr	า	Signature of officer		Date	.0,0 .,.	-0
Her	е	SARA A. SNEED, PRESIDENT & CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	D	ate	Check If	PTIN
Paid		ELIZABETH W. HELLER Clipachungella	01	1/23/2025	self-employe	
Prep	arer	Firm's name GELMAN, ROSENBERG & FRÉEDMAN		Firm's	EIN 5	2-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N				
		BETHESDA, MD 20814-2930		Phon	e no. 30	1-951-9090
May	the IF	RS discuss this return with the preparer shown above? See instructions				X Yes No

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,411,660. including grants of \$

122,659.) (Revenue \$

4e Total program service expenses

4,931,023.

Form 990 (2023) OF EDUCATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		.,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ν,	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ا	Ţ.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		., I	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Page 4

OF EDUCATION

Par	art IV Checklist of Required Schedu	Iles (continued)				
			_		Yes	No
22	Did the organization report more than \$5,000	of grants or other assistance to or for domestic individu	als on			
	Part IX, column (A), line 2? If "Yes," complete	e Schedule I, Parts I and III		22	Х	
23		, Section A, line 3, 4, or 5, about compensation of the or				
	and former officers, directors, trustees, key e	mployees, and highest compensated employees? If "Y	es, " complete			
	Schedule J			23	Х	
24a	a Did the organization have a tax-exempt bond	issue with an outstanding principal amount of more than	n \$100,000 as of the			
	last day of the year, that was issued after Dec	cember 31, 2002? If "Yes," answer lines 24b through 24	d and complete			
	Schedule K. If "No," go to line 25a	· · · · · · · · · · · · · · · · · · ·		24a		X
b	b Did the organization invest any proceeds of ta	ax-exempt bonds beyond a temporary period exception?	?	24b		
С	c Did the organization maintain an escrow acco	ount other than a refunding escrow at any time during th	e year to defease			
	any tax-exempt bonds?			24c		
d		issuer for bonds outstanding at any time during the year		24d		
25a	a Section 501(c)(3), 501(c)(4), and 501(c)(29)	organizations. Did the organization engage in an excess	ss benefit			
	transaction with a disqualified person during	the year? If "Yes," complete Schedule L, Part I		25a		_X_
b	b Is the organization aware that it engaged in a	n excess benefit transaction with a disqualified person ir	n a prior year, and			
	that the transaction has not been reported or	n any of the organization's prior Forms 990 or 990-EZ? /	f "Yes," complete			
	Schedule L, Part I			25b		_X_
26	Did the organization report any amount on Pa	art X, line 5 or 22, for receivables from or payables to any	y current			-
	or former officer, director, trustee, key employ	yee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of t	hese persons? If "Yes," complete Schedule L, Part II		26		_X_
27	Did the organization provide a grant or other	assistance to any current or former officer, director, trus	tee, key employee,			
	creator or founder, substantial contributor or	employee thereof, a grant selection committee member,	or to a 35% controlled			
	entity (including an employee thereof) or fami	ly member of any of these persons? If "Yes," complete	Schedule L, Part III	27		X
28	Was the organization a party to a business tra	ansaction with one of the following parties? (See the Sch	nedule L, Part IV,			
	instructions for applicable filing thresholds, co	onditions, and exceptions):				
а	a A current or former officer, director, trustee, k	key employee, creator or founder, or substantial contribu	tor? If			
	"Yes," complete Schedule L, Part IV			28a		_X_
b	b A family member of any individual described	in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
С	c A 35% controlled entity of one or more individ	duals and/or organizations described in line 28a or 28b?	If			
	"Yes," complete Schedule L, Part IV			28c		_X_
29	Did the organization receive more than \$25,0	00 in noncash contributions? If "Yes," complete Schedu	ule M	29		_X_
30	Did the organization receive contributions of	art, historical treasures, or other similar assets, or qualific	ed conservation			
	contributions? If "Yes," complete Schedule N			30		_X_
31	Did the organization liquidate, terminate, or d	lissolve and cease operations? If "Yes," complete Scheo	dule 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		<u>X</u>
33		isregarded as separate from the organization under Reg				
		s," complete Schedule R, Part I		33		<u> X</u>
34	Was the organization related to any tax-exem	pt or taxable entity? If "Yes," complete Schedule R, Par	t II, III, or IV, and			
			<u> </u>	34		_ <u>X</u> _
	a Did the organization have a controlled entity	• • • • • • • • • • • • • • • • • • • •		35a		<u>X</u>
b		ve any payment from or engage in any transaction with				
		Yes, " complete Schedule R, Part V, line 2		35b		
36		ganization make any transfers to an exempt non-charitab	-			77
				36		<u> X</u>
37		of its activities through an entity that is not a related orga				
		Il income tax purposes? If "Yes," complete Schedule R,		37		_X_
38		nd provide explanations on Schedule O for Part VI, lines	11b and 19?		.,	
Dar	Note: All Form 990 filers are required to com			38	Х	
rdí		RS Filings and Tax Compliance				
	Check if Schedule O contains a respo	rise or note to any line in this Part V		<u>.</u>		<u> </u>
	- Enterelle court	1000 Fater O Yeart a W. L.	ا م ا		Yes	No
	a Enter the number reported in box 3 of Form 1		1a 99			
		n line 1a. Enter -0- if not applicable	<u> </u>			
С		nholding rules for reportable payments to vendors and re	portable gaming	4.	Х	
2000-	(gambling) winnings to prize winners?			1c		(2023)
აპ2004	004 12-21-23			LOUI	550 (₍ حالكا)

23-7035089

Page 5

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٦,
	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 gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	, , , , , , , , , , , , , , , , , , , ,	7b	Λ	
С		_		
	to file Form 8282?	7с		X
d		7-		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-25
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		
Ü	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	T/2	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			37
14a	717	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	الحرا		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-7		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes " complete Form 6069.	17		
	n res. complete com dom.			

332005 12-21-23

Page 6

23-7035089

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 25			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal nevertice Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
	on Schedule O how this was done	12c	Х	
	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availak	nle
	for public inspection. Indicate how you made these available. Check all that apply.	o iny)	.vanal	510
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10	L==1 OWIT WORDSITE			
		d financ	vial .	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	d finand	ial	
20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finand	cial	

Page 7

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	n nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation	amount of
	week					T	,	from the	from related	other
	(list any hours for	director				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	trustee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARA SNEED	37.50	Pu	Si.	#0	Ke	en Egi	For			
PRESIDENT & CEO	37.30	Х		Х				292,844.	0.	48,462.
(2) MARGARET PORTA	37.50					\vdash		232,011.	•	10,1021
COIO	3,755	1		х				175,149.	0.	50,274.
(3) KATHERINE GIBNEY	37.50							27372131		30,2720
SVP OF DEVELOPMENT	0.700	1				x		154,191.	0.	43,683.
(4) ERIC JAMES	37.50									
CFAO				Х				178,529.	0.	19,173.
(5) ANDREW GRABEL	37.50									
SVP OF COMMS. (UNTIL 6/18/24)						X		132,399.	0.	14,527.
(6) NICK ARCHULETA	10.00									
CHAIR		Х		Х				0.	0.	0.
(7) VALERIA LASSITER	2.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(8) OLETA GARRETT FITZGERALD	2.00									
VICE-CHAIR		Х		X				0.	0.	0.
(9) JOY WHITLOW	2.00									
SECRETARY-TREASURER		Х		Х				0.	0.	0.
(10) AARO JEAN BELL	1.00									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(11) DAAIYAH BILAL-THREATS	1.00								_	_
DIRECTOR		Х				_		0.	0.	0.
(12) BRET CONKLIN	1.00	1								
DIRECTOR		Х				_		0.	0.	0.
(13) TIA DOWDELL	1.00									
DIRECTOR	1 22	Х				_		0.	0.	0.
(14) BERTIS DOWNS	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(15) LAURA ENGEL	1.00								_	_
DIRECTOR	1 00	Х			_	\vdash	_	0.	0.	0.
(16) ERICA WEBBER JONES	1.00									_
DIRECTOR	1 00	Х	_		_	_		0.	0.	0.
(17) JOANNE KRELL	1.00	٦,								_
DIRECTOR		Х						0.	0.	0.

Form 990 (2023) 332007 12-21-23

Form 990 (2023)

Form 990 (2023) OF' EDUCA'.	LTON								23-7035	089 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any		Jei ali	uau	liecto	Tri us	(66)	from	from related	other
	hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	trustee or director	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related
	below	Individual 1	tutior	er	Key employee	est co	Jer.			organizations
	line)	Indi	Insti	Officer	Key 6	High	Former			
(18) STUART LUCAS	1.00									
DIRECTOR		Х						0.	0.	0.
(19) BRENT MCKIM	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(20) PEDRO NOGUERA	1.00									_
DIRECTOR		Х						0.	0.	0.
(21) ROGER POLLAK	1.00									_
DIRECTOR		Х						0.	0.	0.
(22) BECKY PRINGLE	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(23) JANE QUIN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(24) MARCY SINGER-GABELLA	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(25) DENISE SHEEHAN	1.00							_	•	•
DIRECTOR	1 00	Х						0.	0.	0.
(26) DERRON WALLACE	1.00	.,						_	0	•
DIRECTOR		X					L	0.	0.	0.
1b Subtotal								933,112.	0.	176,119.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								933,112.		176,119.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEADING AUTHORITIES, 1725 I STREET, NW,	GALA PRODUCTION	_
SUITE 200, WASHINGTON, DC 20006	CONSULTANT	226,362.
EF WORLD JOURNEYS, INC	TRAVEL AGENT	
TWO EDUCATION CIRCLE, CAMBRIDGE, MA 02141	CONSULTANT	210,788.
NEPC LLC, 225 FRANKLIN STREET, 29TH FLOOR,	OCIO INVESTMENT	
BOSTON, MA 02110	CONSULTANT	165,000.
RIDGEWELLS CATERING		
5525 DORSEY LN, BETHESDA, MD 20816	GALA CATERING	160,593.
DEVOTIVE LLC, 284 STERLING PLACE UNIT 2,	GALA VIDEO	
BROOKLYN, NY 11238	PRODUCTION CONSULTAN	130,205.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization 6	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 OF EDUCAT	TION							MFKOVEMENT	23-703	5089
Part VII Section A. Officers, Directors, True		nplo	yee			ligh	est (
(A) Name and title	(B) Average hours per	(cl	heck	Pos	c) ition that		ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) MONICA WASHINGTON DIRECTOR	1.00	Х						0.	0.	0.
(28) JERRY WEAST DIRECTOR	1.00	Х						0.	0.	0.
(29) ROSS WIENER DIRECTOR	1.00	х						0.	0.	0.
		-								
	<u> </u>									
Fotal to Part VII, Section A, line 1c										

Form 990 (2023) OF EDUC Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
		-	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
ΩS	1 :	a Federated campaigns 1a					
ant		b Membership dues 1b					
င်္ပ		c Fundraising events 1c	559,575.				
fts,		d Related organizations 1d	,				
ig ii		e Government grants (contributions) 1e					
Sin		f All other contributions, gifts, grants, and					
uti Je	•	similar amounts not included above 1f	3,058,071.				
Ģ.			0,000,072.				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f		3,617,646.			
Oa			Business Code	3,017,010.			
	•	<u>†</u>	Busiliess Code				
ice	2 8						
er.		b					
n S		C					
grar Be	•	d					
Program Service Revenue		e					
ъ.		f All other program service revenue					
\rightarrow		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		222			200 000
		other similar amounts)		320,209.			320,209.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	C	c Rental income or (loss) 6c					
	c	d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 11,847,053.					
	k	b Less: cost or other basis					
ne		and sales expenses 7b 9,126,653.					
Ven	c	c Gain or (loss) 7c 2,720,400.					
Re	c	d Net gain or (loss)		2,720,400.			2720400.
her Revenue	8 8	a Gross income from fundraising events (not					
ᅙ		including \$ 559,575. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	184,016.				
	k	b Less: direct expenses 8b	184,016.				
		Not be a second of the second		0.			
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
	k	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
\neg			Business Code				
Snc	11 a	a					
nec	ŀ	b					
Miscellaneous Revenue	·	c					
isce	,	d All other revenue					
Σ	_	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		6,658,255.	0.	0.	3040609.

332009 12-21-23

Form **990** (2023)

Page 9

Page 10

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). X Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 992,611. 992,611. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 822,385. 822,385. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 808,259. 401,682. 251,891. 154,686. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,038,786. 851,878. 79,264. 107,644. Other salaries and wages 7 Pension plan accruals and contributions (include 70,867. 63,883. 380. 6,604. section 401(k) and 403(b) employer contributions) 139,522.104,762. 20,262. 14,498. Other employee benefits 9 128,245. 89,738. 20,561. 17,946. 10 Payroll taxes 11 Fees for services (nonemployees): Management 7,002. 6,417. 272. 313. Legal 31,075. 31,075. Accounting Lobbying Professional fundraising services. See Part IV, line 17 223,143. 223,143. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 909,053 29,971. 808,956. 70,126. column (A), amount, list line 11g expenses on Sch O.) 27,368. 16,503. 7,661. 3,204. Advertising and promotion 12 82,548. 49,777. 23,107. 9,664. Office expenses 13 Information technology 14 15 Royalties 37,150. 37,150. 16 Occupancy 669,083. 541,421. 122,134. 5,528. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 37,647. 22,701. 10,539. 4,407. Conferences, conventions, and meetings 19 30. 30. 20 Payments to affiliates 21 3,479. 2,435. 557. 487. Depreciation, depletion, and amortization 22 3,692. 31,535. 19,015. 8,828. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 58,365. 58,365. EQUIP. RENTAL & MAINT. DUES & MEMBERSHIPS 36,576. 22,055. 10,239. 4,282. 11,297. 3,612. 7,150. 535. **GIVEAWAYS** 3,064. 10,947. d LICENSE & REG. FEES 6,601. 1,282. 17,551. 9.076. 6.713. 1,762. e All other expenses _ 6,194,524. 4,931,023. 856,841. 406,660. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,634,047.	1	736,157.
	2	Savings and temporary cash investments			195,332.	2	201,484
	3	Pledges and grants receivable, net			107,655.	3	992,958
	4	Accounts receivable, net		37,448.	4	29,591	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			122,537.	9	188,356
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	1	81,681.	3,392.	10c	54,306	
	11	Investments - publicly traded securities	21,975,857.	11	15,267,264		
	12	Investments - other securities. See Part IV, line	23,139,589.	12	35,263,243		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		45 015 055	15	FO F22 2F0	
	16	Total assets. Add lines 1 through 15 (must ed			47,215,857.	16	52,733,359
	17	Accounts payable and accrued expenses			364,546.	17	362,785
	18	Grants payable	1,772,191.	18	1,672,740		
	19	Deferred revenue		18,000.	19		
	20	Tax-exempt bond liabilities		(0 1 1 1 5	207,306.	20	213,926
	21	Escrow or custodial account liability. Complete			207,300.	21	213,920
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub		F		-00	
E a	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unre- Unsecured notes and loans payable to unrelat				23 24	
	25	Other liabilities (including federal income tax, p				24	
	25	parties, and other liabilities not included on line					
		of Schedule D	•		2,011.	25	0.
	26	Total liabilities. Add lines 17 through 25			2,364,054.	26	2,249,451
	20	Organizations that follow FASB ASC 958, ch	eck her	e X	2,001,001	20	2/213/131
es		and complete lines 27, 28, 32, and 33.	icok ner	·			
nc nc	27				44,607,976.	27	49,634,679
3ale	28	Net assets with donor restrictions	243,827.	28	849,229.		
힏		Organizations that do not follow FASB ASC	•		,		
Ξ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fund	Ī		29		
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			44,851,803.	32	50,483,908.
_	33	Total liabilities and net assets/fund balances			47,215,857.	33	52,733,359

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				24.
3	Revenue less expenses. Subtract line 2 from line 1	3		46	3,7	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44,	85	1,8	03.
5	Net unrealized gains (losses) on investments	5	5,	16	8,3	74.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	50,	48	3,9	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?		[2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		[
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION 23-7035089 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

23-7035089 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2655770.	2078883.	3693465.	3352115.	3617646.	15397879.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2655770.	2078883.	3693465.	3352115.	3617646.	15397879.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2605067.
6	Public support. Subtract line 5 from line 4.						12792812.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2655770.	2078883.	3693465.	3352115.		15397879.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	866,090.	541,407.	1051215.	460,008.	320,209.	3238929.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						18636808.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	68.64 %
	Public support percentage from 2022	·				15	68.04 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	S
						Cohodulo A	(Form 990) 2023

Schedule A (Form 990) 2023

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

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

qualify under the tests listed Section A. Public Support	below, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(6) 2020	(0) 2021	(a) Loll	(0) 2020	(1) 10141
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 57a Amounts included on lines 1, 2, and		 			 	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6			, ,	, ,		,,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2023	(line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Incom	e Percentage			T T	
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						7 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2022. If the						l
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
_		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
	1	
9c		
9c 10a		

	adule A (FORM 990) 2023 OF EDUCATION 25 T	03300	J Pa	age 5
Pa	rt IV Supporting Organizations (continued)		ı	
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
366	tion B. All Type III Supporting Organizations		V	l Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		l Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b	ĺ	I

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	ly integrate	ed Type III supporting organ	nization (see

Schedule A (Form 990) 2023

instructions).

OF FDIICATION

	dule A (Form 990) 2023 OF EDUCATION	()(0)		2	3-7035089 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

23-7035089 Page 8 OF EDUCATION Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Part VI line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization
THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION

Employer identification number
23-7035089

Filers of:		Section:
Form 990	or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-	PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General R	ule	
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special R	ules	
s	ections 509(a)(1) a ontributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
c li	ontributor, during terary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
y is p	ear, contributions checked, enter h urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
answer "N	o" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

ia kb knc ev pek
THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION

Employer identification number 23-7035089

Part I	Contributors \$oaa e opnq pek o% []oa qlhe pa kleao kb L np E eb	epek hol a eo aa a	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		<u>580,403.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		<pre>225,000.</pre>	Person X Payroll Noncash \$kilhapa L np EE bkn k od k pne qpek o%
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		100,000.	Person X Payroll Noncash \$kilhapa L np EE bkn k od k pne qpek o%
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		<u>94,000.</u>	Person X Payroll

ia kb knc ev pek
THE NEA FOUNDATION FOR THE IMPROVEMENT
OF EDUCATION

23-7035089

Employer identification number

Part II Noncash Property \$oaa e opnq pek o% []oa qlhe pa kleao kb L np EE eb epek h ol a eo aa a (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** \$[]aa e opnq pek o% Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** \$[]aa e opnq pek o% Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** \$[]aa e opnq pek o% Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** \$[]aa e opnq pek o% Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received \$[]aa e opnq pek o% Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** \$[]aa e opnq pek o% Part I

] da qha [] \$[]kni [][]]% \$[][][]% ia kb knc ev pek **Employer identification number** THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION 23-7035089 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) oa qihe pa kleao kb L np EEE eb epek hol a eo aa a (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

THE NEA FOUNDATION FOR THE IMPROVEMENT Name of the organization OF EDUCATION

Employer identification number 23-7035089

Pai	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, lin		51 Sillillal Fullas	oi Accounts. Complete	e it the
	S. gameaton answered 165 on 1 on 1000, 1 attiv, iii		dvised funds	(b) Funds and other a	ccounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asset	ts held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal contr	rol?	Ye	s 🔲 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	at grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	or any other purpose of	conferring	
	impermissible private benefit?				s No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	ply)		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically important land	area
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	ntribution in the form	of a conservation easement	on the last
	day of the tax year.			Held at the End	of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on li	ne 2a	2c	
d	Number of conservation easements included on line 2c acqui	ired after July 25, 20	006, and not		
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished	, or terminated by the	organization during the tax	
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	spection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Ye	s 🔲 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cons	ervation easements during t	he year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservat	tion easements during the ye	ear
8	Does each conservation easement reported on line 2d above	satisfy the requirem	ents of section 170(h))(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Ye	s No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	revenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	note to the organizat	ion's financial stateme	ents that describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	i Art, Historical	Treasures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	s revenue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ation, or research in fu	rtherance of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	palance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furth	erance of public service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical trea				<u> </u>
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1	-		\$	
				•	
LHA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (F	orm 990) 2023

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

	dule D (Form 99 t III Orgar	90) 2023 OF EDUC nizations Maintaining C		t, Historical Tr	easures, or	Other	Simi		S (continue		ge Z
3		anization's acquisition, access							Continue	<i></i>	_
_		is (check all that apply).	,	-, ,			J				
а		xhibition	d	Loan or ex	change progra	m					
b	Scholarl	y research	е		3 1 3						
С		ation for future generations									
4	Provide a desc	cription of the organization's c	ollections and explain	n how they further	the organizatio	n's exen	npt pur	pose in Part	XIII.		
5		ır, did the organization solicit o									
		aise funds rather than to be m							Yes		No
Par		w and Custodial Arran		te if the organization	on answered "Y	'es" on F	Form 99	90, Part IV, I	ne 9, or		
		d an amount on Form 990, Pa									—
1a		ation an agent, trustee, custod							٦.,	₹	
		Part X?						L	Yes	X	No
р	if "Yes," explai	in the arrangement in Part XIII	and complete the fol	llowing table:				1	Amount		—
_	Denimaine hele						-		Amount		—
		ance									—
		ng the year									—
_		luring the year									—
f		e zation include an amount on F						Ţ	Yes		No
	-	in the arrangement in Part XIII						LA	163	X	140
Par		wment Funds Complete i					D.				_
		1	(a) Current year	(b) Prior year	(c) Two years			e years back	(e) Four ye	ears ba	ack
1a	Beginning of v	ear balance						-			
											_
		t earnings, gains, and losses									_
		plarships									
		tures for facilities									
	and programs										
f	Administrative	expenses									
		lance									
2		timated percentage of the cur		e (line 1g, column (a)) held as:						
а	Board designa	ted or quasi-endowment		_%							
b	Permanent en	dowment	%								
С	Term endowm	ent	_%								
	The percentag	es on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a		owment funds not in the posse	ession of the organiza	ation that are held	and administere	ed for th	е		_		
	organization by	•								es I	No_
	• •								3a(i)		
	(ii) Related or	•							3a(ii)	_	—
		e 3a(ii), are the related organiza			<i>'</i>				3b		—
4 Par		art XIII the intended uses of the Buildings, and Equipn		wment funds.							—
. ai		ete if the organization answere) Part IV line 11a	See Form QQA	Part Y	line 1∩				
	·	cription of property	(a) Cost or o	i	st or other		ccumul		(d) Book v	/alua	—
	Desc	inplion of property	basis (investr	, , ,	s (other)		oreciati		(u) book (/aiue	
10	Land		,	, 5431	- (551)	401	55,ath				—
					+						—
		provements									—
		novements			44,671.		39	990.	4	, 68	1.
	Other				91,316.			691.		,62	
		hrough 1e (Column (d) must a	agual Form 000 Dant	•						. 30	_

Schedule D (Form 990) 2023

OF EDUCATION

a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(b) DOOK Value	(c) Welliod of Valuation. Cost of	end-or-year market valu
Financial derivatives			
Closely held equity interests			
Other (A) MASTER LIMITED			
· ·	35,263,243.	END-OF-YEAR MARKE	ייי זוז אוודי
	33,203,243.	END OF TEAK MARKE	I VALUE
(C)			
(D)			
(E)			
(F) (G)			
(H)			
	35,263,243.		
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.		de Oes Farra 000 Park V. Fars 10	
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	enu-or-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) vtal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
		1d. See Form 990, Part X, line 15.	(b) Book value
(a) [1d. See Form 990, Part X, line 15.	(b) Book value
(a) [1d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.	Description	1d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.	Description (B))		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.	Description (B))		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability	Description (B))		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description (B))		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description (B))		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Potal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description (B))		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Potal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description (B))		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (4a) (4b) (5a) (5a) (5a) (5a) (6b) (7b) (7c) (8c) (9c) (7c) (8c) (9c) (9c) (9c) (9c) (9c) (9c) (9c) (9	Description (B))		25.
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description (B))		25.
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description (B))		25.
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description (B))		

332053 09-28-23

Schedule D (Form 990) 2023

	THE NEA FOUNDATION FOR THE	IMPR	OVEMENT			
Sched	dule D (Form 990) 2023 OF EDUCATION				7035089	Page 4
Par	Reconciliation of Revenue per Audited Financial Statemen	its With	n Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	12,050,	122.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
	Net unrealized gains (losses) on investments	2a	5,168,374.	4		
b	Donated services and use of facilities	2b	262,620.	4		
С	Recoveries of prior year grants	2c		4		
d	Other (Describe in Part XIII.)	2d	184,016.			
	Add lines 2a through 2d			2e	5,615,	
	Subtract line 2e from line 1			3	6,435,	112.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		000 110			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	223,143.	4		
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		143.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,658,	255.
Par	Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per F	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	6,418,	017.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
	Donated services and use of facilities	2a	262,620.	4		
b	Prior year adjustments	2b		4		
С	Other losses	2c		4		
d	Other (Describe in Part XIII.)	2d	184,016.			
е	Add lines 2a through 2d			2e		636.
3	Subtract line 2e from line 1			3	5,971,	381.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	223,143.	4		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		143.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	6,194,	524.
Par	t XIII Supplemental Information					
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1	b and 2b; Part V, line 4	; Part	X, line 2; Part X	l,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	ormation.			
PAR	T IV, LINE 2B:					
mur	FOUNDATION ACTS AS FISCAL SPONSOR FOR TWO	GCH(NI ADCUTD FIIM	יחפ		
11112	FOUNDATION ACTS AS FISCAL SPONSOR FOR TWO	BCIIC	DIAKSIIIF FUN	טעו	OF THE	
NAT	IONAL EDUCATION ASSOCIATION (NEA), AND THE	KENT	TUCKY EDUCAT	ION		
<u> </u>	OCIATION, STATE AFFILIATE. AS CUSTODIAN, T	ив в <i>с</i>	אד אסדייברואוור	NES	תמ אום	
1100	ocimion, binin millimin, no coblobin, is		<u> </u>	VLD	10 1110	
MAN	AGES THE SCHOLARSHIP PROGRAM WITH RESPECTI	VE ST	JPPORT FROM	NEA	AND ITS	5
7 E E	TITAME ALL MDANGACMIONG DELAMED MO MUECE	ביוווים	T ADE DECODO	עשע	7 C	
AFF	ILIATE. ALL TRANSACTIONS RELATED TO THESE	F OND	ARE RECORD	עםי.	AD	
TEM	PORARILY RESTRICTED ACTIVITY IN THE FOUNDA	TION	'S ACCOUNTIN	G R	ECORDS.	
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:					
a = =	CIAL DUDAM DUDDAGES DEDODATED 12 TUDDAGES CO	\T			104 0	1.6
SPE	CIAL EVENT EXPENSES REPORTED AS EXPENSES OF	N THI	5		184,0	Тр•

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON

Schedule D (Form 990) 2023

THE NEA FOUNDATION FOR THE IMPROVEMENT

Schedule D (Form 990) 2023 OF EDUCATION	23-7035089 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES REPORTED AS EXPENSES ON THE	184,016.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VIII, LINE 8B.	

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service THE NEA FOUNDATION FOR THE IMPROVEMENT **Employer identification number** Name of the organization OF EDUCATION 23-7035089 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

Γot	al			
3	List all states in which the organization is registered or licensed to solicit contributions or licensing.	or has been notified	it is exempt from req	gistration

332081 09-13-23

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

Schedule G (Form 990) 2023

OF EDUCATION

23-7035089 Page 2

		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			7/2 501			742 501
Be	1	Gross receipts	743,591.			743,591
	2	Less: Contributions	559,575.			559,575
4	3	Gross income (line 1 minus line 2)	184,016.			184,016
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	18,000.			18,000
Direct Experises	7	Food and beverages	166,016.			166,016
ב 	8	Entertainment				
	9	Other direct expenses	- · · · · · · ·			104 016
- 1	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				184,016
_	rt I			990. Part IV. line 19. or	reported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.		,,,		
Ţ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
			(a) Birigo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c
2000	1	Cross revenue				
t	_	Gross revenue				
- 1						
	2	Cash prizes				
200		Cash prizes Noncash prizes				
Oll cot Experience	3					
DI CCL LADGI ISCS	3	Noncash prizes Rent/facility costs				
	3	Noncash prizes	Yes %	Yes%	Yes%	
2001.52(1,5)	3 4 5	Noncash prizes Rent/facility costs		Yes% No	Yes %	
CICCL LAPOILO	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	Yes % No	No No		
DIEGG EVDEIISES	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 1 5 in column (d)	No No	No No	
חופרו באליםו ואפא	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 1 5 in column (d)	No No	No No	
	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 1 5 in column (d)	No	No No	
) a	3 4 5 6 7 8 Entities to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming and	Yes% No 15 in column (d) 1 from line 1, column (d) 1 acts gaming activities:ctivities in each of these s	No states?	No	
a	3 4 5 6 7 8 Entities to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d) 1 from line 1, column (d) 1 acts gaming activities:ctivities in each of these s	No states?	No	
ab	3 4 5 6 7 8 Entt lis til	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming and	Yes% No 1 5 in column (d) 2 from line 1, column (d) ucts gaming activities:ctivities in each of these s	No states?	No No	Yes No
a b	3 4 5 6 7 8 Entils till If "I We	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming action, "explain:	Yes	states?	No No	Yes No
a b	3 4 5 6 7 8 Entils till If "I We	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action, "explain: ere any of the organization's gaming licenses researched.	Yes	states?	No No	Yes No
a b Oa b	3 4 5 6 7 8 Entt is till if "I We if "\"	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action, "explain: ere any of the organization's gaming licenses researched.	Yes	states?	year?	Yes

THE NEA FOUNDATION FOR THE IMPROVEMENT

Sch	edule G (Form 990) 2023 OF EDUCATION	23-7	035	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		,	Yes	No
12				103	
	Indicate the percentage of gaming activity conducted in:		ا ۔مد		07
	ı The organization's facility		13a		<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:			
	Name				
	Address				
	- Addicoo				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ount			
_	of gaming revenue retained by the third party \$	Julie			
_	· · · · · · · · · · · · · · · · · · ·				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
10	Gaining manager mornation.				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	· · · · · · · · · · · · · · · · · · ·				
	District of the control of the contr				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	ı Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
_	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Dart	III line	20.0	h 10h
		anu Fan	111, 1111	55 J, S	, TOD,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
					-

THE NEA FOUNDATION FOR THE IMPROVEMENT

Schedule G	G (Form 990) OF EDUCATION	23-7035089 Page 4
Part IV	(Form 990) OF EDUCATION Supplemental Information (continued)	
		_
		_

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

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

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

OMB No. 1545-0047

Open to Public Inspection **ջ**

X Yes

23-7035089

Employer identification number Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States FOR THE IMPROVEMENT THE NEA FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

Part II

14. (h) Purpose of grant or assistance COMMUNITY SCHOOLS COMMUNITY SCHOOLS COMMUNITY SCHOOLS COMMUNITY SCHOOLS COMMUNITY SCHOOLS COMMUNITY SCHOOLS (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 。 。 0 。 ं (e) Amount of assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 225,000. (d) Amount of 225,000, 150,000, 64,500, 130,000 000'99 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501(C)(3) 27-0812635 501(C)(3) 64-0845750 501(C)(3) 36-2598637 501(C)(3) GOV'T GOV'T 64-0624495 71-6014465 71-6020722 (p) EIN MARKHAM ST - LITTLE ROCK, AR 72201 1 (a) Name and address of organization AMERICA - 2008 W. RIDGEWAY STREET MISSISSIPPI - 119 SOUTH PRESIDENT DRIVE, FIRST FLOOR - JACKSON, MS CITY OF LITTLE ROCK C/O LITTLE INSTITUTE FOR DEMOCRATIC ED IN CENTER, INC - 510 HIGHWAY 322 AEH COMMUNITY HEALTH SERVICES JOURNEY FOR JUSTICE ALLIANCE ROCK PUBLIC SCHOOLS - 500 W BATESVILLE SCHOOL DISTRICT 4242 S COTTAGE GROVE AVE or government COMMUNITY FOUNDATION FOR CLARKSDALE, MS 38614 BATESVILLE, AR 72501 - JACKSON, MS 39213 CHICAGO, IL 60653 955 WATER STREET 39201 N

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023

23-7035089

THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

Schedule I (Form 990) OF EDUCATION	ION					2	23-7035089 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARKSDALE MUNICIPAL SCHOOL DISTRICT - 526 S. CHOCTAW ST - CLARKSDALE, MS 38614	64-6008786 GOV'T	т, лоб	58,500.	0.			COMMUNITY SCHOOLS
RURAL COMMUNITY ALLIANCE 401 S SCOTT ST LITTLE ROCK, AR 72201	25-1917387 501(C)(3)	501(C)(3)	45,000.	.0			COMMUNITY SCHOOLS
UNIVERSITY OF ARKANSAS AT PINE BLUFF - 1200 N UNIVERSITY MAIL SLOT 4951 - PINE BLUFF, AR 71601	71-6010030 501(C)(3)	501(C)(3)	34,000.	.0			COMMUNITY SCHOOLS
GRANTMAKERS FOR EDUCATION 400 SE 103RD DRIVE, #33348 PORTLAND, OR 97216	33-0919329	501(C)(3)	24,000.	.0			SPECIAL GRANTS
ARKANSAS EDUCATION ASSOCIATION 1500 WEST 4TH STREET LITTLE ROCK, AR 72201	71-0004515	501(C)(6)	20,000.	.0			COMMUNITY SCHOOLS
WEST TALLAHATCHIE SCHOOL DISTRICT 1096 FRIENDSHIP WEST ROAD SUMNER, MS 38957		т, лоб	15,000.	.0			COMMUNITY SCHOOLS
THE NAMIE FOUNDATION, INC 38 MONROE DRIVE POUGHKEEPSIE, NY 12601	93-4630011 501(C)(3)	501(C)(3)	15,000.	.0			RESPONSIVE GRANT
EMMETT TILL INTERPRETIVE CENTER 158 NORTH COURT ST SUMNER, MI 38957	27-2895136 501(C)(3)	501(C)(3)	15,000.	.0			RESPONSIVE GRANT
VARIOUS RETURNED & CANCELED GRANTS 1201 16TH STREET, NW #416 WASHINGTON, DC 20036		VARIOUS	-97,547.	0			VARIOUS RETURNED & CANCELED GRANTS
							Schedule I (Form 990)

36

23-7035089

Page 2

OF EDUCATION

Schedule I (Form 990) 2023 OF EDUCATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

ו מור זון כמון 50 ממטווסמוסמ וו מממונוסומו פסמכט ופ ווככמכט.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS TO EDUCATORS	190	732,385.	•0		
TEACHER EXCELLENCE AWARD	6	.000,06	•0		
Part IV Supplemental Information. Provide the information required in		e 2; Part III, column (Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
J H					
GRANTS TO EDUCATORS - GRANTS TO SUP	SUPPORT NEW	IDEA AND	PRACTICES	TO	
STRENGTHEN TEACHING AND LEARNING.	THE TWO	TWO CATEGORIES	OF GRANTS	ARE:	
1) STUDENT SUCCESS - \$1,500 - \$5,00	\$5,000 GRANTS	FOR PREK-16	16 EDUCATORS TO	RS TO	
PROMOTE CLASSROOM INNOVATION AND TO) ENGAGE	STUDENTS I	IN CRITICAL	THINKING TO	
DEEPEN THEIR KNOWLEDGE OF STANDARDS-BASED MATTER	S-BASED M	ATTER.			
2) LEARNING & LEADERSHIP - \$1,500 -	- \$5,000	GRANTS FOR	ALL PREK-16	16 EDUCATORS	
TO PROMOTE PROFESSIONAL DEVELOPMENT	r to improve	THEIR	TEACHING S	SKILLS AND TO	
SHARE WITH COLLEBAGIIES					

332102 11-01-23

Schedule I (Form 990) 2023

Part IV Supplemental Information
3) ENVISION EQUITY GRANTS - \$1,500 - \$5,000 GRANTS TO SUPPORT PROJECT-BASED
LEARNING AND HELP EDUCATORS TO ADVANCE STUDENTS' CULTURAL UNDERSTANDING AND
APPRECIATION, ANTI-RACISM COMMITMENTS, AND UNDERSTANDING OF CIVIC
ENGAGEMENT AND DEMOCRACY.
AWARDS FOR TEACHING EXCELLENCE - RECOGNIZES, REWARDS AND PROMOTES
EXCELLENCE IN TEACHING AND LEARNING.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

Employer identification number 23-7035089

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	эт тээ тээ ү тэм тээ үг тээ тээ үг тэм тэг тэр тэм			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (958.6/c)?	a		

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

Schedule J (Form 990) 2023

23-7035089

Page 2

Schedule J (Form 990) 2023 OF EDUCATION

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

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

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARA SNEED	Ξ	292,844.	0	0	29,284.	19,178.	341,306.	0.
PRESIDENT & CEO	⊞	• 0	0.	0		0.	0.	0
(2) MARGARET PORTA	€	175,149.	0.	0	17,515.	32,759.	225,423.	0
COIO	(ii)		0.	0		0.		0
(3) KATHERINE GIBNEY	(i)	154,191.	0.	0	15,419.	28,264.	197,874.	0
SVP OF DEVELOPMENT	<u> </u>	0	• 0	• 0		0	0 • 0	0
(4) ERIC JAMES	≘	178,529.	0.	0	17,853.	1,320.	197,702.	0
CFAO	▣	0	0.	0	0	0.	0.	0
	Ξ							
	⊞							
	Ξ							
	≘							
	€							
	€							
	Ξ							
	(ii)							
	(i)							
	<u>ii</u>							
	Ξ							
	Œ							
	(i)							
	▣							
	Ξ							
	Œ							
	Ξ							
	⊞							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2023

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

Employer identification number 23-7035089

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROGRAM ADMINISTRATION EXPENSES \$ 1,917,320. INCLUDING GRANTS OF \$ 40,000. REVENUE \$ 0. GLOBAL LEARNING FELLOWSHIP EXPENSES \$ 386,681. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. RESPONSIVE GRANTMAKING INCLUDING GRANTS OF \$ 72,659. REVENUE \$ 0. EXPENSES \$ 72,659. PARTNERSHIPS EXPENSES \$ 35,000. INCLUDING GRANTS OF \$ 10,000. REVENUE FORM 990, PART VI, SECTION B, LINE 11B: THE FEDERAL FORM 990 IS PREPARED BY THE FOUNDATION'S ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE FOUNDATION. THE FOUNDATION'S REVIEW PROCESS FOR THE DRAFT FORM 990 IS AS FOLLOWS: THE FOUNDATION'S CFO REVIEWS THE DRAFT FORM 990 FOR COMPLETENESS AND ACCURACY. THE DRAFT FORM 990 IS REVISED AS NECESSARY AFTER THE CFO'S REVIEW. THE REVISED DRAFT FORM 990 IS THEN SUBMITTED TO THE PRESIDENT & CEO FOR HER REVIEW. THE DRAFT FORM 990 IS REVISED AS NECESSARY AFTER THE PRESIDENT & CEO'S REVIEW.

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

Employer identification number 23-7035089

THE COMPLETED DRAFT FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW.

ANY COMMENTS FROM THE BOARD OF DIRECTORS ARE CONSIDERED AND THE DRAFT FORM
990 IS MODIFIED AS NECESSARY.

THE FEDERAL FORM 990 IS FINALIZED BY THE PRESIDENT & CEO APPROVING THE FEDERAL FORM 990 WHICH IS THEN FILED WITH THE INTERNAL REVENUE SERVICE.

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

THE FOUNDATION'S BOARD OF DIRECTORS AND THE FOUNDATION STAFF COMPLETE AND SIGN CONFLICT OF INTEREST FORMS ANNUALLY NEAR THE BEGINNING OF THE FISCAL YEAR. THE PRESIDENT & CEO REVIEWS THE STAFF MEMBERS' COMPLETED FORMS FOR POTENTIAL CONFLICTS AND SIGNS EACH FORM. THE CHAIR REVIEWS AND SIGNS THE PRESIDENT & CEO'S CONFLICT OF INTEREST FORM ANNUALLY. THE CHAIR OF THE BOARD OF DIRECTORS REVIEWS THE BOARD MEMBERS' COMPLETED FORMS FOR POTENTIAL CONFLICTS AND SIGNS OFF ON EACH FORM. IF THERE IS A CONFLICT OF INTEREST, THE STAFF OR BOARD MEMBERS DO NOT PARTICIPATE IN ANY DECISIONS RELATED TO THE CONFLICT THROUGHOUT THE YEAR. NEW BOARD MEMBERS AND STAFF MEMBERS WHO JOIN THE FOUNDATION DURING THE YEAR COMPLETE THE CONFLICT OF INTEREST FORM WHEN THEY JOIN THE FOUNDATION. THESE FORMS ARE REVIEWED AND SIGNED OFF ON BY APPROPRIATE INDIVIDUALS THROUGHOUT THE YEAR.

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

LED BY THE CHAIR OF THE BOARD, THE EXECUTIVE COMMITTEE OF THE BOARD OF

DIRECTORS IS RESPONSIBLE FOR THE PERFORMANCE REVIEW AND ANY COMPENSATION

ADJUSTMENTS OF THE FOUNDATION'S PRESIDENT & CEO. THE COMMITTEE UTILIZES THE

FOLLOWING STEPS IN THE REVIEW PROCESS:

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization THE NEA FOUNDATION FOR THE IMPROVEMENT OF EDUCATION

Employer identification number 23-7035089

THE CHAIR, IN CONSULTATION WITH THE PRESIDENT & CEO, SETS GOALS AND REVIEWS
THE PROGRESS TOWARDS SAID GOAL.

REGULARLY, ALL MEMBERS OF THE BOARD OF DIRECTORS COMPLETE THE BOARD SOURCE

"CHIEF EXECUTIVE ASSESSMENT" TO EVALUATE THE PRESIDENT & CEO'S PERFORMANCE.

THE RESULTS OF THE ASSESSMENT ARE COMPILED, SUMMARIZED AND REVIEWED BY THE

EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE USES THE SURVEY DATA AND

SALARY COMPENSATION STUDIES TO REVIEW AND REVISE THE PRESIDENT & CEO'S

COMPENSATION PACKAGE.

THE BOARD CHAIR THEN COMMUNICATES ANY ADJUSTMENTS TO THE PRESIDENT & CEO'S COMPENSATION PACKAGE TO THE CFO.

THE FOUNDATION UPDATED THE EXECUTIVE COMPENSATION STUDY IN JANUARY 2022 TO

ENSURE THAT THE COMPENSATION PACKAGES CONTINUE TO BE REASONABLE COMPARED TO

OTHER NOT-FOR-PROFIT ORGANIZATIONS. ADDITIONALLY IN 2023, THE EXECUTIVE

COMMITTEE CONDUCTED ITS ANNUAL REVIEW OF THE CEO AND ADJUSTED HER

COMPENSATION ACCORDINGLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT

VA,WV,WI

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

THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

ON THE FOUNDATION'S WEBSITE AND UPON REQUEST. THE FOUNDATION'S GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON

44

NEAF final form 990 PD

Final Audit Report 2025-01-23

Created: 2025-01-23

By: Maddie Cook-Baker (MCookBaker@nea.org)

Status: Signed

Transaction ID: CBJCHBCAABAAjHi0mTZ1tJm53Me2WckEVc7HY__ALsre

"NEAF final form 990 PD" History

Document created by Maddie Cook-Baker (MCookBaker@nea.org) 2025-01-23 - 7:21:46 PM GMT

Document emailed to Sara Sneed (ssneed@nea.org) for signature 2025-01-23 - 7:22:00 PM GMT

Email viewed by Sara Sneed (ssneed@nea.org) 2025-01-23 - 7:24:39 PM GMT

Document e-signed by Sara Sneed (ssneed@nea.org)
Signature Date: 2025-01-23 - 7:24:53 PM GMT - Time Source: server

Agreement completed. 2025-01-23 - 7:24:53 PM GMT