Form

Name of organization

Doinninces

(or P.O. box if mail is not delivered to street address) Room/suite

501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

Form of organization: Corporation Trust Association Other | Year of formation: State of legal domicile:

|

|

Net Assets or Fund Balances

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

Signature of officer Date

Type or print name and title

Print/Type preparer's name Preparer's signature Date PTIN

Firm's name Firm's EIN

Firm's address

Phone no.

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

1 Briefly describe the organization's mission:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4

4a Code: Expenses $ including grants of $ Revenue $

4b Code: Expenses $ including grants of $ Revenue $

4c Code: Expenses $ including grants of $ Revenue $

4d
Expenses $ including grants of $ Revenue $

4e

			Yes	No
1	If "Yes," complete Schedule A	1		
2	Schedule B, Schedule of Contributors	2		
3	If "Yes," complete Schedule C, Part I	3		
4	**Section 501(c)(3) organizations.** If "Yes," complete Schedule C, Part II	4		
5	If "Yes," complete Schedule C, Part III	5		
6	If "Yes," complete Schedule D, Part I	6		
7	If "Yes," complete Schedule D, Part II	7		
8	If "Yes," complete	8		
9		9		
10		10		
11				
a		11a		
b		11b		
c		11c		
d		11d		
e		11e		
f		11f		
12a		12a		
b		12b		
13		13		
14a		14a		
b		14b		
15		15		
16		16		
17		17		
18		18		
19		19		

(continued)

			Yes	No
20a	If "Yes," complete Schedule H	20a		
b		20b		
21	If "Yes," complete Schedule I, Parts I and II	21		
22	If "Yes," complete Schedule I, Parts I and III	22		
23	If "Yes," complete Schedule J	23		
24a	If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		
b		24b		
c		24c		
d		24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** If "Yes," complete Schedule L, Part I	25a		
b	If "Yes," complete Schedte	25b		
26		26		
27	If "Yes," complete Schedte	27		
28				
a		28a		
b		28b		
c		28c		
29		29		
30		30		
31		31		
32		32		
33		33		
34		34		
35a		35a		
b		35b		
36	**Section 501(c)(3) organizations.**	36		
37		37		
38	**Note.**	38		

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

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

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~ ~ ~ ~ ~ ~	1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent ~ ~ ~ ~ ~ ~	1b			
2			2		
3			3		
4			4		
5			5		
6			6		
7a			7a		
b			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a			8a		
b			8b		
9	If "Yes," provide the names and addresses in Schedule O		9		

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

			Yes	No
10a		10a		
b		10b		
11a		11a		
b				
12a	If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	If "Yes," describe in Schedule O how this was done	12c		
13		13		
14		14		
15				
a		15a		
b		15b		
16a		16a		
b		16b		

17

18 (explain in Schedule O)

19

20

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 » Ý

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

¥ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

¥ List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

¥ List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.

¥ List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

¥ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MIRANDA A. BEARD IMMEDIATE PAST PRESIDENT	5.00									

(do not check more than one box, unless person is both an officer and a director/trustee)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensN-6.8(c)-.8(heck)68ble	(E)	(F)

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

(All organizations must complete this part.) See instructions.

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

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

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

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

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

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

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12

section 509(a)(1) **section 509(a)(2)** **section 509(a)(3).**

a **Type I.**

You must complete Part IV, Sections A and B.

b **Type II.**

You must complete Part IV, Sections A and C.

c **Type III functionally integrated.**

You must complete Part IV, Sections A, D, and E.

d **Type III non-functionally integrated.**

You must complete Part IV, Sections A and D, and Part V.

e

f

g

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

(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.)

Calendar year (or fiscal year beginning in) |	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** 2017	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~						
2						
3						
4 Total.						
5						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in) |	**(a)**	**(b)**	**(c)**	**(d)**	**(e)**	**(f)**
7						
8						
9						
10						
11 Total support. Add lines 7 through 10						
12					**12**	
13 First five years.						

stop here

14	**14**	
15	**15**	

16a 33 1/3% support test - 2017.

stop here.

b 33 1/3% support test - 2016.

stop here.

17a 10% -facts-and-circumstances test - 2017.

stop here.

b 10% -facts-and-circumstances test - 2016.

stop here.

18 Private foundation.

(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.)

Calendar year (or fiscal year beginning in) |	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~ ~ ~ ~ ~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 **Total.** Add lines 1 through 5 ~ ~ ~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year ~ ~ ~ ~ ~ ~						
c Add lines 7a and 7b ~ ~ ~ ~ ~ ~ ~						
8 **Public support.**						

Calendar year (or fiscal year beginning in) |	(a)	(b)	(c)	(d)	(e)	(f)
9						
10a						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c						
11						
12						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.**

stop here

15	15	
16	16	
17 **2017**	17	
18 **2016**	18	

19a **33 1/3% support tests - 2017.**

stop here.

b **33 1/3% support tests - 2016.**

stop here.

20 **Private foundation.**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 Ý Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	
4	
5	
6 Part VI	
7 Total annual distributions.	
8 Part VI	
9	
10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1			
2 Part VI			
3			
a			
b			
c			
d			
e			
f Total			
g			
h			
i			
j			
4			
a			
b			
c			
5 Part VI.			
6 Part VI			
7 Excess distributions carryover to 2018.			
8			
a			
b			
c			
d			
e			

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

¥ Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
¥ Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
¥ Section 527 organizations: Complete Part I-A only.

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

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

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

¥ Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	**Employer identification number**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ~ $ ____
3 Volunteer hours for political campaign activities ~ ____

1 Enter the amount of any excise tax incurred by the organization under section 4955 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ $ ____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ $ ____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ~ **Yes** **No**
4a Was a correction made? ~ **Yes** **No**
b If "Yes," describe in Part IV.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ~ ~ ~ ~ $ ____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ~ $ ____
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ~ $ ____
4 Did the filing organization file **Form 1120-POL** for this year? ~ **Yes** **No**
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were tttttt656.8(za)17(butiO5t)-(t)-((t)-(t)-(t)-(ect p.1(a)) Tc-.0l p.1(ay del p.1(at p.1(av)1.1(xe)) Tc-d-.0(Alsa sepa)) Tcatecam)99(E

(a)	(b)	(c)	(d)	(e)

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f ITJ931331			
g			
h			
i			
j			
2a			
b			
c			
d			

		Yes	No
1	1		
2	2		
3	3		

1	1	
2 (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	2a	
b	2b	
c	2c	
3	3	
4	4	
5	5	

(continued)

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

a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other

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

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

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

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

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

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

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

b

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

2
a
b
c

3a

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

4

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
(2) Closely-held equity interests ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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

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

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

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

1. (a)	(b)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2.

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

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

1	Total revenue, gains, and other support per audited financial statements			1	18,897,537.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	517,364.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	517,364.
3	Subtract line **2e** from line **1**			3	18,380,173.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	18,380,173.

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

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

1	Total expenses and losses per audited financial statements			1	18,213,086.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	517,364.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	517,364.
3	Subtract line **2e** from line **1**			3	17,695,722.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	17,695,722.

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT EVALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED THAT THE ASSOCIATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE ASSOCIATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2014.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS J. GENTZEL	(i)	372,648.	30,000.	0.	10,703.	15,900.	429,251.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HEATHER DEAN	(i)	208,982.	0.	0.	8,042.	3,564.	220,588.	0.
DEPUTY ED & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANCISCO M. NEGRON, JR.	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							

Part III

Name of the organization: NATIONAL SCHOOL BOARDS ASSOCIATION

Employer identification number: 36-2210015

CONFLICT, THE EXECUTIVE COMMITTEE WILL RESOLVE SUCH CONFLICTS.

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

ANNUALLY, NSBA USES BENCHMARKS TO DETERMINE APPROPRIATE COMPENSATION. COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DISCUSSED AND DETERMINED BY THE BOARD OF DIRECTORS ANNUALLY.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,164,421.
MANAGEMENT AND GENERAL EXPENSES	652,461.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,816,882.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	100,524.
MANAGEMENT AND GENERAL EXPENSES	48,750.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	149,274.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,966,156.

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

DEFINED BENEFIT PENSION PLAN CHANGES	3,695,382.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Part I Identification of Disregarded Entities.

(a)	(b)	(c)	(d)	(e)	(f)

Part II Identification of Related Tax-Exempt Organizations.

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						Section 512(b)(13) controlled entity?	

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)		(f) Share of total income	(g) Share of end-of-year assets	(h)		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.