Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 50 1(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.

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning

Form **990** (2015)

OMB No. 1545-0047

R	Cha	als IS	C Name of prescription	ing enning		<u></u>
_		ck if icable:	C Name of organization		D Employer identi	fication number
<u> </u>		ddress hange	NATIONAL INDIAN EDUCATION ASSOCIATION)N		
Ļ	<u>ار</u>	ame lenge	Doing business as		-1 41 − 6	0976048
Ļ		itial turn	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit		
L	—Jre	nal turn/ rmin-	1514 P STREET NW	2		-544-7290
г		rmin- ed nended	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,519,409.
F		turn ,	WASHINGTON, DC 20005		H(a) is this a group	
L	118 pe	oplica- on inding	F Name and address of principal officer AHNIWAKE ROSE		for subordinate	
_	Test		SAME AS C ABOVE of status: Sol(c)(2) Sol(c)(2) A947(a)(2)		H(b) Are all subordinates	
+	18IX	exem	ot status: X 501(c)(3)	1) or 52		a list. (see instructions)
			Y 00000		H(c) Group exemption	on number 🕨
亷	art	II S	anization: Association Other	L Year	r of formation: 1970	M State of legal domicile: MN
	7.4		efly describe the organization's mission or most significant activities: ${f SEE}$	י ממאמ	TTT 77375 4	
Activities & Governance			DELE	FART .	TIT, LINE I.	
<u>2</u>	2	Che	sck this box if the organization discontinued its operations or disp	sood of mou	n 1h 050/ 11	
ő	3	1400	uper or voring interimptis of the doverning body (bart // line 1a)			
9	4	r 4EAL	mod of independent voting mampers of the doverning body (Part V). ling 15).		12
S	5	104	articinide of incividuals employed in calendar year 2015 (Part V. Ilog 2e)		! _	- 14
ž	6	1000	A Humber of Volumeers (esumate if necessary)		I	100
₹	7				I	0.
_	╀	b Net	unrelated business taxable income from Form 990-T, line 34	***************	7b	<u> </u>
	1.				Prior Year	Current Year
Revenue	8	Con	tributions and grants (Part VIII, line 1h)		188,366.	1,615,755.
Ş	9	Prog	gram service revenue (Part VIII, line 2g)		800,805.	857,357.
æ	10 11	Other	stment income (Part VIII, column (A), lines 3, 4, and 7d)		22,365.	31,407.
	12	Tota	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		525.	0.
	13	Gran	I revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,012,061.	2,504,519.
	14	Bene	nts and similar amounts paid (Part IX, column (A), lines 1-3) effits paid to or for members (Part IX, column (A), line 4)		0.	0.
ø		Salai	ries, other compensation, employee benefits (Bost IV, column (A)	······	0.	0.
2	164	Profe	essional fundralsing fees (Part IX, column (A), line 5-10)	••••	439,510.	481,337.
Expenses	t	Total	rias, other compensation, employee benefits (Part IX, column (A), lines 5-10) essional fundraising fees (Part IX, column (A), line 11e) I fundraising expenses (Part IX, column (D), line 25) 23,5	14.	0.	0.
Щ	17	Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>'</u>	773,580.	0E / 171
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,213,090.	954,171. 1,435,508.
. 75	19	Reve	nue less expenses. Subtract line 18 from line 12		-201,029.	1,069,011.
S OF PCES	ľ		•	Ber	ginning of Current Year	End of Year
Salan	20		assets (Part X, line 16)		923,573.	1,955,061.
20	21	Total	liabilities (Part X, line 26)		108,054.	111,639.
و و		Net a	ssets or fund balances, Subtract line 21 from line 20		815,519.	1,843,422.
true,	corre	ct, and	f perjury, I declare that I have examined this return, including accompanying schedule complete. Declaration of prepared fother man officer) is based on all information of wi	is and stateme	nts, and to the best of my	knowledge and bellef, it is
		İ	or proposition of wi	nich preparer i	nas any knowledge.	
Sign	1		Signature of officer		Date /	
Here	e		AHNIWAKE ROSE, EXECUTIVE DIRECTOR		<i>~~~4/1</i> 3	lh.
			Type or print name and title		7[13	119
		Print	Type preparer's name Preparer's signature	Da	ate Check	PTIN
Paid		<u></u>			if self-employed	-
rep:			sname GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
Jse (uniy	Firm':	s address 4550 MONTGOMERY AVE SUITE 650N			
Acre	tha	-:- 60 -	BETHESDA, MD 20814-2930		Phone no. (3 0	1) 951-9090
agan	1 12-	<u>no (115</u> 16-15	cuss this return with the preparer shown above? (see instructions)			X Yes No
JEUU	1 (2-	N-19	LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2015)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 3 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 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 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 X 6 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II X

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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G, Part III

Form 990 (2015) NATIONAL INDIAN ED Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23		22		X
20	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			v
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>x</u>
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
_	director trustee or director indirect or man of "Vee " complete Cabadula I. Day 11/	200		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		$\frac{x}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	\Box		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		ŀ	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			1 27
	If "Yes," complete Schedule R, Part V, line 2	36	+	<u> </u>
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_	- [х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	\dashv	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		30 I	44	

Part V Statements Regarding Other IRS Filings and Tax Compliance

_	Check if Schedule O contains a response or note to any line in this Part V			Г
			Yes	N
1	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1	2	1.00	۳
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	•	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	Х	
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			1
	filed for the calendar year ending with or within the year covered by this return	6		ļ
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			Τ
3:	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1 3
ŀ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		Г
46	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	1	3
Ľ	rr "Yes," enter the name of the foreign country: ►			1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ľ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	Ĭ .	X
_ C	ir "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		Ī
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		-	
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	rr Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	l ,	
7	Organizations that may receive deductible contributions under section 170(c).			
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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	if "Yes," indicate the number of Forms 8282 filed during the year 7d			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
_	sponsoring organization have excess business holdings at any time during the year?	8	İ	
9_	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
IO -	Section 501(c)(7) organizations. Enter:			
	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		ĺ	
1	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders N/A 11a			
U	Gross income from other sources (Do not net amounts due or paid to other sources against			
22	amounts due or received from them.)			
Za h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.	- 1	\top	
IJ	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		ĺ	
ű An	Enter the amount of reserves on hand			
h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
U	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ction A. Governing Body and Management			X			
	The second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon						
18	Enter the number of voting members of the governing body at the end of the tax year		Yes	No			
	If there are material differences in voting rights among members of the governing body, or if the governing	4	·				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
ь		\downarrow		140			
2	Enter the number of voting members included in line 1a, above, who are independent	4					
~	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?		100 100	ļ			
3		2		X			
Ū	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
4	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	L	X.			
6	Did the organization have members or stockholders?	6	X				
7a	or appoint one or						
	more members of the governing body?	7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	X				
8	bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			G 17			
а		8a	l x l				
b	Each committee with authority to act on behalf of the governing body?	8b	х				
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	, <u> </u>					
			Yes	No			
l0a	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	—			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	""		1			
2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X				
	in Schedule O how this was done	40.	x				
3		12c	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$				
4	Did the organization have a written decument retention and did to the	13	$\frac{\hat{\mathbf{x}}}{\hat{\mathbf{x}}}$				
5	Did the process for determining compensation of the following persons include a review and approval by independent	14	 +				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official	_	<u>.</u>				
b	Other officers or key employees of the organization	15a	X	77			
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	-	<u>X</u> _			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
-							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		X			
~	in joint venture arrangements under applicable foderal towless and the land arrangements under applicable foderal towless and the land arrangements under applicable foderal towless and the land are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are designed as a few lands are						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						
ecl	tion C. Disclosure	16b					
	List the states with which a copy of this Form 990 is required to be filed ►MN						
_	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	vailabl	e				
9	Other (explain in Schedule Of						
•	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial				
	statements available to the public during the tax year.						
•	State the name, address, and telephone number of the person who possesses the organization's books and records: ►	,					
	1514 p. conners						
ะบบต	12-16-15	Course (200 /0	MAEN			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	(B)			(1	C)			(D)	(E)	(F)
Name and Title	Average hours per week	off	not o k, unfe icer a	93 D8	more rson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
(1) MELVIN MONETTE	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	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
PRESIDENT (END 10/15)	5.00	X		х				0.	0.	
(2) PATRICIA WHITEFOOT	5.00	t	_		-					0
ELECT(END 10/15); PRES. (BEG. 10/15)		Х		Х	i			0.	0.	0
(3) RONALDA WARITO-TOME	2.00]						·		
MEM.(END 10/15); VP (BEG. 10/15) (4) YATIBAEY EVANS	2.00	X	L.	X				0.	0.	0
MEM.(END 10/15); PRES. ELECT (10/15)	2.00			7.5				ا		
(5) TERESA MAKUAKANE-DRECHSEL	3.00	Х		Х				0.	0.	0
VP(END 10/15); MEM. (BEG. 10/15)		х		x				0.	0.	0
(6) SYLVIA HUSSEY	3.00					_	一			
TREASURER		X		X		-	ł	0.	0.1	0
(7) DAPHNE LITTLEBEAR	2.00									
SECRETARY (END 10/15)		X	_	X	_		_	0.		0
(8) JOLENE BOWMAN SECRETARY	3.00	x								
(9) ROBIN MINTHORN	3.00	4	\dashv	X	4	_	4	0.	0.	0
PARLIMENTARIAN (END 10/15)	3.00	x		х		ı		0.	0.	0
(10) BRETT LOCKLEAR	2.00		\dashv		\dashv	-+	\dashv		0.	0
PARLIMENTARIAN		x		x	ŀ	- 1	- 1	0.	0.	. 0
(11) ANGIE BUTLER	2.00		┪	7	╅	-+	\dashv			
GENERAL BOARD MEMBER		X	ı	- 1	-		- 1	0.	0.	0
(12) CHRISTOPHER BORDEAUX	2.00		ヿ	T		_	\dashv			
GENERAL BOARD MEMBER (END 10/15)		Х						0.	0.	0.
(13) RYAN WILSON	2.00		寸	\top	寸		す			
GENERAL BOARD MEMBER		Х	1			- }		0.	0.	0.
(14) ROBERT COOK	2.00		1		7		1			
GENERAL BOARD MEMBER		X		- 1	- 1		-	0.	0.	0.
(15) SAMANTHA ELDRIDGE	2.00		\neg	T	T	T	\neg			
STUDENT MEMBER		X			_[0.	0.	0.
(16) TANEEL REAL BIRD	2.00		T	T	T	T				
STUDENT MEMBER		Х						0.	0.	0.
(17) AHNIWAKE ROSE	40.00			T	T	T	T			
EXECUTIVE DIRECTOR			[.	X				<u>1</u> 46,224.	0.	23,223

Part VII Section A. Officers, Directors, Trus (A)	(B)	Ť	,	(C	;)			(D)		Π,		E)
Name and title	Average	Position (do not check more than on						Reportable	(E) Reportable			F) nated
	hours per	box,	unies	s per	son is	s bot	h an	compensation	compensation			unt of
	week (list any		erano	dadi	rector	r/trus	tee)	from	from related		ot	her
	hours for	director		ĺ				the	organizations		•	nsation
	related		ge	ŀ	.	Satec		organization (W-2/1099-MISC)	(W-2/1099-MISC	′ I		n the ization
	organizations	1 trust	al tr	ł	a)ee	om o		(11 21 1000 (11100)			-	elated
	below fine)	Individual	institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			0	organi	zations
	ilite)	르	<u>s</u>	8	Key	<u> </u> 물 등	ē		···			
·												
			İ									_
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			\perp	\perp	_	_						
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									·			
		\dashv	\dagger	+	十	\dashv	\dashv			+		
		+	-	+	+	_	4			-		<u></u>
												·
1b Sub-total					L		ightharpoonup	146,224.	C	-	23.	223
c Total from continuation sheets to Part VII	l, Section A		.			>	▶	0.				
d Total (add lines 1b and 1c)			<u></u>			🕽	▶ [146,224.		·-	23,	223
Total number of individuals (including but no compensation from the organization	ot limited to the	ose li	sted	abo	ove)	who	o rec	ceived more than \$100,	000 of reportable			
sempendation from the organization	,				-	_					Ye	s No
Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st	director, or trus							- ·				x
For any individual listed on line 1a, is the sui		e con	noer	nsati	on a	 and	othe	er compensation from the	ne organization	· <u>3</u>	+	+^
and related organizations greater than \$150	,000? If "Yes,"	com	plete	e Sc	hed	lule	J foi	r such individual	ie organization	4	X	:
 Did any person listed on line 1a receive or a 	ccrue compen	satio	n fro	m a	ny u	ınre	lated	d organization or individ	ual for services		╅	
rendered to the organization? If "Yes," comp	olete Schedule	J for	SUC	h pe	rso	n				. 5		Х
ection B. Independent Contractors	·							·				
Complete this table for your five highest con	npensated inde	epen	dent	t cor	ntrad	ctor	s tha	at received more than \$	100,000 of compe	nsatio	n from	1
the organization. Report compensation for the (A)	rie caleridar ye	aren	aing) WIE	n or	WIE	nin t		ear.		(6)	
Name and business a	address	101	ΙE					(B) Description of se	rvices	Comp	(C) pensa	tion ·
				_					_			
							╁╴					
				_			+					
				_								
								·				
Total number of independent contractors (in \$100,000 of compensation from the organization)	cluding but no	t limit	ted t	to th	ose	liste	ed a	bove) who received mo	re than			

		Check if Schedule O con	tains a response	or note to any I	ine in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns	1a		1 2 2 2 3			312 314
S g		b Membership dues			1			
A,	l	c Fundraising events			1			
重			1d		1			
š, <u>Ē</u>	l	e Government grants (contribut	ions) 1e		1			
ž Š		f All other contributions, gifts, gran	ts, and				Barana Araba Ar	
츌		similar amounts not included abo		615,755.				
들을	ĺ	g Noncash contributions included in lines		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				· ·
<u>රි දි</u>		h Total. Add lines 1a-1f			1,615,755.			
		-		Business Code				
ė,	2	a CONVENTION		900099	645,537.	645,537.	e to	
ه ڲ		b MEMBERSHIP DUES		900099	147,770.	147,770.		
SE		c TRAINING & TECH	. ASST.	900099	64,050.			
Program Service Revenue		d	*		1	01/050.	· · · · · · · · · · · · · · · · · · ·	
og B		е			·		···.	
Ā		f All other program service reve	nue				· ·	
		g Total. Add lines 2a-2f			857,357.			
	3	Investment income (including			00.,00,0			
		other similar amounts)			21,495.			21 /05
	4	Income from investment of tax	exempt bond r	roceede	21/1/30			21,495.
	5	Royalties						
	-		(i) Real	(ii) Personal				
	6 :	a Gross rents	ty riear	(ii) Fersoriai				
		b Less: rental expenses					·	
		Rental income or (loss)						
		of Nint named at the same of the same	··					
		a Gross amount from sales of	(i) Securities	(ii) Other		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
ľ	•	assets other than inventory	24,802.	(ii) Other				
	ŀ	Less: cost or other basis	21,002.					
	-	and sales expenses	14,890.					
	,	Gain or (loss)	9,912.					
		Net gain or (loss)			9,912.			0 010
		Gross income from fundraising			7,314.			9,912.
enue.	•	including \$	evenus (not					
		contributions reported on line	10) 800					
ř.			i					
Other R	ŀ	Part IV, line 18 Less: direct expenses	a					
0		Net income or (loss) from fundr						•
		Gross income from gaming act						
Į	-	Part IV, line 19			İ			
ĺ	h	Less: direct expenses	b					
		: Net income or (loss) from gamin				ŀ		
		Gross sales of inventory, less re			· · · · · · · · · · · · · · · · · · ·			
		and allowances				ŀ		
	h	Less: cost of goods sold	b					
		Net income or (loss) from sales						
F		Miscellaneous Revenue		Business Code		_		
一	11 a			-uaiireaa Coue				
	b		 j					
l	~					—— <u>-</u>		·
	4	All other revenue						
	u A	Total. Add lines 11a-11d	L	- [
	12	Total revenue. See instructions.		┈┈┈╴╴	2,504,519.	857,357.	0.	21 407
532009			······································		-, <u>- , 3 +</u> 3 •	00,,00,0	U • [31,407. Form 990 (2015)

Sec	Check if Schedule O contains a years	nplete all columns. All ot	her organizations must o	complete column (A).	
Do	Check if Schedule O contains a responsion of include amounts reported on lines 6b,	I (A)	7B)	(C) Management and	(D)
	e, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	and and additionable to demostic organizations				Схропаса
_	and domestic governments. See Part IV, line 21				
2	and aniet application to dolliegile				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				<u> </u>
ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	169,447.	132,168.	22 722	10 556
6	Compensation not included above, to disqualified			23,723.	13,556
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	240,630.	211,320.	27,851.	1 450
8	Pension plan accruals and contributions (include			27,0311	1,459.
	section 401(k) and 403(b) employer contributions)	9,222.	8,024.	1,086.	112
9	Other employee benefits	32,248.	28,274.	3,744.	112. 230.
10	Payroll taxes	29,790.	25,056.	3,721.	1,013.
11	Fees for services (non-employees):				
а					
b	9	7,447.	7,233.	214.	
		87,316.	23,825.	63,491.	
d		22,905.	22,905.		
6	17 11 17 1 1 1 1 1 1 1				
f 	Investment management fees	4,316.		4,316.	
g	column (A) amount, list line 11g expenses on Sch O.)	224 706	200 05-		· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	224,796.	222,867.	1,734.	195.
13	Office expenses	6,073. 89,208.	6,073.		
.0 4	Office expenses Information technology	10,967.	79,283.	8,191.	1,734.
15	Royalties	10,307.	10,928.		39.
6	Occupancy	70,011.	59,524.	0.000	
7	Travel	109,665.	106,289.	8,068.	2,419.
8	Payments of travel or entertainment expenses	20270001	100,203.	1,188.	2,188.
	for any federal, state, or local public officials			İ	
9	Conferences, conventions, and meetings	253,842.	248,658.	5,184.	
0	Interest	2,416.		$\frac{3,104.}{2,416.}$	
1	Payments to affiliates			2,410.	
2	Depreciation, depletion, and amortization	511.	434.	59.	18.
3	Insurance	4,463.	3,795.	514.	154.
4	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
a	CREDIT CARD PROCESSING	20,644.	20,480.		164.
b	DUES & SUBSCRIPTIONS	20,625.	19,170.	1,455.	
	BAD DEBT EXPENSE MAINTENANCE AND RENTAL	10,000.	10,000.		
		6,745.	5,735.	777.	233.
	All other expenses Total functional expenses. Add lines 1 through 24e	2,221.	770.	1,451.	
	Joint costs. Complete this line only if the organization	1,435,508.	1,252,811.	159,183.	23,514.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	12-16-15	 L			

532010 12-16-15

Form 990 (2015)
Part X Balance Sheet

Pai	nt X	Balance Sheet		·			
		Check if Schedule O contains a response or no	te to a	y line in this Part X			
					(A) Beginning of year		(B)
	1	Cash - non-interest-bearing			Beginning of year	├	End of year
	2	Savings and temporary cash investments			586,110.	1	E 62 170
	3	Piedaes and grante receivable, not	300,110.	2	563,178		
	4	Piedges and grants receivable, net	35,000.	3	1,068,356		
	5	Accounts receivable, net	33,000.	4	15,000		
ĺ	_	trustees, key employees, and highest compens		-			
					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
- 1	6	Loans and other receivables from other disqual	ified no	rong (na dafinad ya da		5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		section 4958(f)(1)), persons described in section					
ı		employers and sponsoring organizations of sec					
,		employees' beneficiary organizations (see instr)					
e la cert	7	Notes and loans resolvable not	. Comp	ete Part II of Sch L		6	
₹	8	Notes and loans receivable, net	• • • • • • • • • • • • • • • • • • • •			7	
	9	Inventories for sale or use			9,617.	8	16,797
		Land, buildings, and equipment: cost or other			9,017.	9	10,737
		basis. Complete Part VI of Schedule D	100	21,341.		''	
	b	Less: accumulated depreciation		15,797.	2,291.		5 5 <i>4 4</i>
	11	Investments - publicly traded securities			280,727.	10c	5,544 277,358
	12	Investments - other securities. See Part IV, line	400,721.	11	4/1,336		
	13	Investments - program-related. See Part IV, line		12			
	14	Intangible assets		13	 		
- [15	Other assets. See Part IV, line 11		• • • • • • • • • • • • • • • • • • • •	9,828.	14	0.000
- 1	16	Total assets. Add lines 1 through 15 (must equ	923,573.	15	8,828		
1	17	Accounts payable and accrued expenses	ai iiiie s	4)	25,529.	16	1,955,061.
-	18	Grants payable	23,323.	17	31,116.		
- 1	19	Deferred revenue	25,417.	18	22,292.		
	20	Tax-exempt bond liabilities	•••••		<u> </u>	19	24,232
Į	21	Escrow or custodial account liability. Complete		of Schodula D		20	
	22	Loans and other payables to current and former				21	<u> </u>
- [_	key employees, highest compensated employee					
		Computate Deat II of Oak a late I		· · · · · · · · · · · · · · · · · · ·			
-	23	Secured mortgages and notes payable to unrela		d partice		22	
- [24	Unsecured notes and loans payable to unrelated	d third :	artice		23	<u> </u>
- 1	25	Other liabilities (including federal income tax, pa	vahlee i	o related third		24	
-		parties, and other liabilities not included on lines					
		Schedule D		33p.313. 4.17. 51	57,108.	25	58,231.
	26	T. 10.100			108,054.	26	111,639.
T		Organizations that follow SFAS 117 (ASC 958				-20	
		complete lines 27 through 29, and lines 33 an				- 1	
- [:		Unrestricted net assets			509,364.	27	433,860.
[]	28	Temporarily restricted net assets	•••••		306,155.	28	1,409,562.
1:		Permanently restricted net assets	30072331	29	1,400,502.		
		Organizations that do not follow SFAS 117 (A		20			
İ		and complete lines 30 through 34.		,			•
- [:		Capital stock or trust principal, or current funds		ļ		30	
;	31	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		31	
;	32	Retained earnings, endowment, accumulated in	come. c	r other funds		32	
;	33	Total net assets or fund balances			815,519.	33	1,843,422.
Ι.	34	Total liabilities and net assets/fund balances	*********		923,573.	34	1,955,061.

SCHEDULE A

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Name of the organization

Open to Public Inspection

Employer identification number

Part I Reason for Public	TONAL INDI	AN EDUCATION	ASSC	CIATI	ON	4	1-0976048
Theason for Public	Charity Status	(All organizations must	complete	this part.)	See instructions,		
The organization is not a private fou	ndation because it is	s: (For lines 1 through 11	, check or	nly one box	r.)		
1 A church, convention of	churches, or associa	tion of churches describ	ed in sec	tion 170(b)	(1)(A)(i).		
2 A school described in secondary	ction 170(b)(1)(A)(ii)	. (Attach Schedule E (Fo	rm 990 or	990-EZ).)			
	/e hospital service or	rganization described in	section 1	70(b)(1)(A)	(iii).		
	lization operated in o	conjunction with a hospi	tal describ	ed in secti	ion 170(b)(1)(A)(i	ii). Enter t	the hospital's name,
city, and state: 5 An organization operated							
Same approximation	(Comme benefit of a c	college or university own	ed or ope	rated by a	governmental un	it describ	ed in
section 170(b)(1)(A)(iv). 6 A federal, state, or local of							
,	overnment or govern	nmental unit described in	n section	170(b)(1)(A	\)(v).		
	nally receives a subs	tantial part of its suppor	t from a go	overnmenta	al unit or from the	∍ general ¡	public described in
section 170(b)(1)(A)(vi), (8 A community trust descri							
[==]	ped in section 170(b)(1)(A)(vi). (Complete Pa	art II.)				
J	nally receives: (1) mo	re than 33 1/3% of its su	apport fror	n contribut	ions, membersh	ip fees, ar	nd gross receipts from
activities related to its exe	empt functions - subj	ect to certain exception	s, and (2) i	no more th	an 33 1/3% of its	support	from gross investmen
income and unrelated bus See section 509(a)(2). (Ci	siriess taxable incom	e (less section 511 tax)	from busir	nesses acq	uired by the orga	inization a	after June 30, 1975.
		alicalica and form of the					
	and operated exclu	sively to test for public s	safety. See	section 5	09(a)(4).		
	rasnizatione doceri	sively for the benefit of,	to pertorn	the functi	ons of, or to carr	y out the	purposes of one or
more publicly supported of lines 11a through 11d that	t describes the type	of supporting organization	or section	1 509(a)(2).	See section 50	∄(a)(3). Ch	neck the box in
a Type I. A supporting org	ranization operated	supervised or controller	on and co	mpiete line	s 11e, 11f, and 1	1g.	
the supported organizat	ion(s) the nower to r	equiarly appoint or elect	a by its su	pponed or	ganization(s), typ	ically by (giving
organization. You must	complete Part IV. S	iections A and R	a majonty	oi me aire	ctors or trustees	of the su	pporting
b Type II. A supporting or			ction with	ite support	od ovenenization/		1
control or management	of the supporting are	anization vested in the	same nere	no support	eu organization(: optrol er menese	s), by navi	ing
organization(s). You mu	st complete Part IV	Sections A and C.	ourne pere	oons mar ci	ontroi or manage	ine supp	ortea
c Type III functionally int	egrated. A supportin	na organization operated	l in conne	ction with	and functionally	intogrator	4 14/14/6
its supported organization	on(s) (see instruction	s). You must complete	Part IV. S	ections A	D and F	nitegrated	ı witti,
d Type III non-functional	ly integrated. A supp	porting organization ope	rated in c	onnection :	with its supported	d organiza	ation(a)
that is not functionally in	tegrated. The organi	ization generally must sa	itisfy a dis	tribution re	quirement and a	n attentiv	more
requirement (see instruc	tions). You must co	mplete Part IV, Section	s A and D	and Part	V.	TI GELOTICIO	011033
e Check this box if the org	anization received a	written determination from	om the IRS	S that it is a	a Type I. Type II.	Type III	
functionally integrated, o	or Type III non-function	onally integrated suppor	ting organ	ization.)	. , , ,	
f Enter the number of supported	organizations					ļ	
g Provide the following information		ed organization(s).	_				<u> </u>
(i) Name of supported	(ti) EIN			organization in your	(v) Amount of mo	netary	(vi) Amount of
organization		(described on lines 1-9 above (see instructions))		document?	support (se		other support (see
			Yes	No	instructions)	instructions)
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Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 %

10.00.400	
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	_
and stop here. The organization qualifies as a publicly supported organization	
45-460/ 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The proprietting and little and a little

	moots the facts and circumstances test. The organization qualifies as a publicly supported organization	L
b	10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sa	ection A. Public Support	elow, please com	рівте Рапт ІІ.)				
$\overline{}$	endar year (or fiscal year beginning in)	(1) 0044	#10040	4 (T	
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received. (Do not	167 042	100 245	772 225	100 266		
_	include any "unusual grants,")	10/,942.	180,345.	113,445.	188,300.	1,615,755.	2,925,633.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	010 000					
	organization's tax-exempt purpose	818,208.	771,100.	664,443.	800,805.	857,357.	3,911,913.
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 5	986.150.	951,445.	1,437,668.	989,171.	2,473,112.	6,837,546.
	Amounts included on lines 1, 2, and		702,1101	=,==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	303,171.	2,170,112.	0,037,3±0.
	3 received from disqualified persons				3,050.	1 501 000	1 504 050
	Amounts included on lines 2 and 3 received				3,030.	1,501,000.	1,504,050.
•	from other than disqualified persons that	•					
	exceed the greater of \$5,000 or 1% of the		2 661		2 745		C 40C
	amount on line 13 for the year		2,661.		3,745.		6,406.
	Add lines 7a and 7b		2,661.		6,795.	1,501,000.	1,510,456.
8	Public support. (Subtractline 7c from line 6.)						5,327,090
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012 951, 445.	(c) 2013	(d) 2014 989,171.	(e) 2015	(f) Total
	Amounts from line 6	986,150.	951,445.	1,437,668.	989,171.	2,473,112.	6,837,546.
10a	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	8,725.	18,896.	9,808.	16,027.	21,495.	74,951.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		İ				
	Add lines 10a and 10b	8,725.	18,896.	9,808.	16,027.	21,495.	74,951.
11	Net income from unrelated business		-	•	•		,
	activities not included in line 10b,		İ				
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	12,779.	2,220.	2,178.	525.	İ	17,702.
13	assets (Explain in Part VI.)	1,007,654.	972,561.	1,449,654.	1,005,723.	2,494,607,	
							6,930,199.
'	First five years. If the Form 990 is for check this box and stop here	the organization s	tirst, second, third	i, rourtn, or tiπn ta	x year as a section	1 501(c)(3) organiza	ition,
80	ction C. Computation of Publi	a Support Par	contago				<u> ▶∟</u>
		 		. 251			76 07
	Public support percentage for 2015 (li			olumn (t))	***************************************	15	76.87 %
	Public support percentage from 2014			<u></u>		16	98.19 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	1.08 %
	3 Investment income percentage from 2014 Schedule A, Part III, line 17						
19a	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box ar	id stop here. The	organization qualif	ies as a publicly s	upported organiza	ition	► X
b	33 1/3% support tests - 2014. If the						nd
	line 18 is not more than 33 1/3%, ched						▶□
20	Private foundation. If the organization						
	23 09-23-15					dule A (Form 990	or 990-EZ) 2015

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015 NATIONAL INDIAN EDUCATION ASSOCIATION 41-0976048 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

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

Schedule A (Form 990 or 990-EZ) 2015

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

4

5

Schedule A (Form 990 or 990-EZ) 2015 NATIONAL INDIAN EDUCATION ASSOCIATION 41-0976048 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: а b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder, Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: 8

Schedule A (Form 990 or 990-EZ) 2015

a b

c Excess from 2013d Excess from 2014e Excess from 2015

Part V	Supple Part IV, 8	emental Section A.	Inform	. 3D. 3C. 4D. 4C. (the explanation	ons required b	y Part II, line 10); Part II, line 17a o	41-09/6048 Page or 17b; Part III, line 12; 1 and 2; Part IV, Section C,
	line 1; Pa Section i	art IV, Sect	ion D. line	es 2 and 3: Part	IV. Section E.	lines 1c. 2a. 2	h. 3a and 3b: F	Part V, line 1; Part \ part for any addition	/ Section B. line 1e: Part V
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Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2015

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2011 Amount	2012 Amount	2013 Amount	2014 Amount	2015 Amount
MELVIN MONETTE	0.	0.	0.	50.	0
SYLVIA HUSSEY	0.	0.	0.	3,000.	0
PATRICIA WHITEFOOT	0.	0.	0.	0.	1,000
BILL & MELINDA GATES FOUNDATION	0.	0.	0.	0.	1,500,000
			:		
otal to Schedule A, Part III, Line 7a				3,050.	1,501,000

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2015

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2011 Amount	2012 Amount	2013 Amount	2014 Amount	2015 Amount
CRAZY HORSE SCHOOL BUSINESS & DECISION	0.	0.	0.	3,745.	0.
BUSINESS & DECISION NORTH AMERICA, INC.	0.	2,661.	0.	0.	0.
				+	
	-				
					_,
Fotal to Schedule A,		2,661.		3,745.	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

	NATIONAL INDIAN EDUCATION ASSOCIATION	41-0976048					
Organization type	(check one):						
Filers of:	Section:						
Form 990 or 990-E2	Z 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	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
	nization is covered by the General Rule or a Special Rule . in 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule. See instructions.					
General Rule							
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to from any one contributor. Complete Parts I and II. See instructions for determining a contrib						
Special Rules							
sections 5 any one co	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
year, total	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contr is checked purpose. D	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigset*						
but it must answer	ization that is not covered by the General Rule and/or the Special Rules does not file Scheo "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	· · · · · · · · · · · · · · · · · · ·					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

NATIONAL INDIAN EDUCATION ASSOCIATION

41-0976048

Part I	Contributors	(see instructions).	Use duplicate copies of	f Part I if addi	tional space is needed.
--------	--------------	---------------------	-------------------------	------------------	-------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
	HOLLAND AND KNIGHT CHARITABLE	Total contributions	Type of contribution
1	FOUNDATION		Person X
	800 17TH STREET, NW, STE 1100	\$ 20,000.	Payroll Noncash
	WASHINGTON, DC 20006		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	BILL & MELINDA GATES FOUNDATION		Person X
	500 5TH AVENUE NORTH	\$ 1,500,000.	Payroll Noncash
	SEATTLE, WA 98109		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	NATIONAL EDUCATION ASSOCIATION	·	Person X Payroll
	1201 16TH STREET, NW	\$14,700.	Noncash
	WASHINGTON, DC 20036		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	AK-CHIN INDIAN COMMUNITY		Person X
	47314 W. FARRELL ROAD	\$9,075.	Payroll Noncash
	MARICOPA, AZ 85139		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>5</u>	CHOCTAW NATION		Person X
	P.O. BOX 1210	\$ 9,030.	Payroll Noncash
	DURANT, OK 74702-1210		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	UNIVERSITY OF PHOENIX		Person X
	1625 FOUNTAINHEAD PKWY	\$5,000.	Payroll Noncash
	TEMPE, AZ 85282		(Complete Part II for noncash contributions.)
23452 10-26	15	Cahadula D /Farm C	90 990-F7 ar 990-PE\ (2015)

Name of organization

Employer identification number

NATIONAL INDIAN EDUCATION ASSOCIATION

41-0976048

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMERICAN FEDERATION OF TEACHERS 555 NEW JERSEY AVE, NW WASHINGTON, DC 20001	\$8,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FOREST COUNTY POTAWATOMI 5416 EVERYBODY'S ROAD CRANDON, WI 54520	\$14,700.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
9	NORTHEASTERN STATE UNIVERSITY 600 N GRAND AVENUE TAHLEQUAH, OK 74464	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	TOHONO O'ODHAM NATION P.O. BOX 837 SELLS, AZ 85634	\$ <u>25,550.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23452 10-26-	15	\$Schadulo P./Form F	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NATIONAL INDIAN EDUCATION ASSOCIATION

41-0976048

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		_ _ _ \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 _ _ _ \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 _ \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 _ \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		· \$	90, 990-EZ, or 990-PF) (2015				

Name of organi	zation			Employer identification number				
NATIONA	L INDIAN EDUCATION ASS	OCTARTON		41-0976048				
Part III	Exclusively religious, charitable, etc., contri	Dilitions to organizations describe	ed in section 501(c)(7), (8),	or (10) that total more than \$1 000 for				
	the year from any one contributor. Complete co- completing Part III, enter the total of exclusively religious,	lumns (a) through (e) and the fol	lowing line entry. For organizati	ions				
	Use duplicate copies of Part III if additional	space is needed.	or less for the year. (Enter this into. o.	nce.)				
(a) No. from	(h) Burnage of eift	(a) Hay of wife	(3) 50					
Part I	(b) Purpose of gift	(c) Use of gift	(a) De:	scription of how gift is held				
-								
<u> </u>		(e) Transfer of g	l					
		(e) transier of g	III k					
	Transferee's name, address, and	i ZIP + 4	Relationship of tr	ansferor to transferee				
_								
(a) No		<u> </u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Farti								
	(e) Transfer of gift							
	Transferee's name, address, and	1 ZIP + 4	Relationship of tr	ansferor to transferee				
-								
-								
				·				
(a) No. from	(b) Purpose of gift	(c) Use of gift	of gift (d) Description of how gift is held					
Part I	(4,1 4,1 4,1	(0) 000 01 9	(4, 500					
i —		·						
								
-			-					
	(e) Transfer of gift							
	(-)							
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee				
[—								
-								
			·- <u>.</u>					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(a) Do-					
Part I	(b) Ful pose of grit	(c) Ose or gift	(a) Des	cription of how gift is held				
_								
_								
			·					
 		(e) Transfer of g	ift					
	(c) Hansier Or Yill							
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					
_								

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	01(c)(4), (5), or (6) organiza	tions: Complete Best III			
Name of orga		uloris. Complete Part III.		I	Employer identification number
_	NATIONA	L INDIAN EDUCAT	ION ASSOCIAT	NOT	41-0976048
Part I-A	Complete if the org	ganization is exempt un	der section 501(c	or is a section 5	27 organization.
2 Political	expenditures	zation's direct and indirect polit			
Part I-B	Complete if the org	janization is exempt un	der section 501(c)(3).	
1 Enter the	amount of any excise tax	incurred by the organization ur	nder section 4955		▶\$
2 Enter the	amount of any excise tax	incurred by organization mana-	gers under section 495	5	▶\$
		n 4955 tax, did it file Form 472			
4a Was a co	prrection made?			***************************************	Yes No
b If "Yes."	describe in Part IV.				
Part I-C	Complete if the orc	janization is exempt un	der section 501(c	, except section	501(c)(3).
		d by the filing organization for s			▶ \$
		ization's funds contributed to o	-		
					> \$
	•	s. Add lines 1 and 2. Enter here		•	
line 17b	***************************************				▶ \$
		1120-POL for this year?			
		nployer identification number (E			
made pa	yments. For each organiza	tion listed, enter the amount pa	aid from the filing organ	ization's funds. Also er	nter the amount of political
		omptly and directly delivered to			eparate segregated fund or a
- Political e		additional space is needed, pro			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organization funds. If none, ente	n's contributions received and
		•			
		,			

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

Schedule C (Form 990 or 990-EZ) 201	5 NATIO	NAL IN	DIAN EDUCAT	ION ASSOCIA	TION 41-0	976048 Page 2
Part II-A Complete if the continue 501/b)	rganizati	on is exe	mpt under sectio	n 501(c)(3) and fi	led Form 5768 (e	lection under
expenses, and s	hare of exce	ss lobbying	iliated group (and list in expenditures). nd "limited control" pro		group member's nam	e, address, EIN,
Li	mits on Lob	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to i	nfluence pub	lic opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to i	nfluence a le	gislative boo	dy (direct lobbying)		23,585.	
c Total lobbying expenditures (ad-	d lines 1a an	d 1b)			23,585.	
d Other exempt purpose expendit			•••••		1,411,923.	
 Total exempt purpose expendite 					1,435,508.	
f Lobbying nontaxable amount. E	nter the amo	unt from the	e following table in bot	h columns.	218,551.	
If the amount on line 1e, column (a	ı) or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,0		\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1	1,500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$	17,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000			
			<u>.</u>			
g Grassroots nontaxable amount	enter 25% o	f line 1f)	•••••••••••••••••••••••••••••••••••••••		54,638.	
h Subtract line 1g from line 1a. If z	ero or less, e	enter -0			0.	
i Subtract line 1f from line 1c. If z	ero or less, e	nter -0-			0.	
j If there is an amount other than			· · · · · · · · · · · · · · · · · · ·	***************************************		
i in a loro io arramount otrier triair	zero on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for th		er line 1h or	line 1i, did the organiza	ation file Form 4720		Yes No
reporting section 4911 tax for th	is year?	4-Year Ave a section 5	line 1i, did the organiza eraging Period Under 01(h) election do not ate instructions for lin	section 501(h) have to complete all	of the five columns b	
reporting section 4911 tax for th	is year? that made See	4-Year Ave a section 5 e the separa	eraging Period Under 01(h) election do not	section 501(h) have to complete all nes 2a through 2f.)	of the five columns b	
reporting section 4911 tax for th	is year? that made See Lobb	4-Year Ave a section 5 e the separa	eraging Period Under 01(h) election do not ate instructions for lir	section 501(h) have to complete all nes 2a through 2f.)	of the five columns be	
reporting section 4911 tax for th (Some organizations Calendar year	is year? that made See Lobb	4-Year Ave a section 50 the separa bying Exper	eraging Period Under 01(h) election do not ate instructions for lin nditures During 4-Yea	section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period		elow.
reporting section 4911 tax for the (Some organizations) Calendar year (or fiscal year beginning in)	is year? that made See Lobb	4-Year Ave a section 50 the separa bying Exper	eraging Period Under 01(h) election do not ate instructions for lin nditures During 4-Yea (b) 2013	section 501(h) have to complete all enes 2a through 2f.) ar Averaging Period (c) 2014	(d) 2015	elow. (e) Total
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	is year? that made See Lobb	4-Year Ave a section 50 the separa bying Exper	eraging Period Under 01(h) election do not ate instructions for lin nditures During 4-Yea (b) 2013	section 501(h) have to complete all enes 2a through 2f.) ar Averaging Period (c) 2014	(d) 2015	(e) Total 604,123.
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	is year? that made See Lobb	4-Year Ave a section 50 the separa bying Exper	eraging Period Under 01(h) election do not ate instructions for lir nditures During 4-Yea (b) 2013 189,263.	section 501(h) have to complete all elections 2a through 2f.) ar Averaging Period (c) 2014 196,309.	(d) 2015 218,551.	(e) Total 604,123. 906,185.

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(1	o)
of th	e lobbying activity.	Yes	No	Ame	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
d					
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? Total. Add lines 1c through 1i		1.3		
9 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				<u></u>
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1. 1. 1.	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	·
	501(c)(6).	(-,	(-),		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
	t III-B Complete if the organization is exempt under section 501(c)(4), secti			ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		`		
	expenses for which the section 527(f) tax was paid).				
a	Current year		2a		
	Carryover from last year				
c	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	n list\- Part I	I.Δ linge 1	and 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	3 113 C), 1 Citt	174, 111100 1	2114 E (000	
risti	ections), and Fart 1.0, line 1. Also, complete this part for any additional information.				
	····				
					•
		•			
					

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL INDIAN EDUCATION ASSOCIATION

Employer identification number 41-0976048

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6.	
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<u> </u>
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		ınds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		lly important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a			
b	T 4 1		
c			
ď			
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tay
-	year ▶	oacoa, oxungaionea, or terminated by the orga	anzador daring the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	b	, and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation a	easoments during the year
•	S	and emoreing conservation e	sasements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/h\//\	(D)(i)
•	and section 170(h)(4)(B)(ii)?		· · · · — —
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement and halance cheet and
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ion a manda statements that describes the o	rganization's accounting to:
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form	•	
	If the organization elected, as permitted under SFAS 116 (AS	***	and balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descril		public solvice, provide, in the CAII,
b	If the organization elected, as permitted under SFAS 116 (AS		halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	and a first for the first and the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for the first for	ervice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	**** *		
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 1:	•	, provide
a	Revenue included on Form 990, Part VIII, line 1	, ,	• •
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2015
53205 11-02-	15		Schedule & (FUIII 350) 20 13

Schedule D (Form 990) 2015

5,544.

665.

2,844.

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

Part VIII	Investments - Other Securities

Complete if the organization answered "Yes"		ine 11b. See Form 990, Pa	art X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	uation: Cost or end	of-year market value
(1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·	
(2) Closely-held equity interests				
(3) Other				
(A)			·*·· ,	
(B)			· · · · · · · · · · · · · · · · · · ·	
(C)				
(D)	<u> </u>		"	
(E)				
(F)	<u> </u>			
(G)				
(H)	 			
	· · · · · · · · · · · · · · · · · · ·	e, estratu interes		and the second second
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				·
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11c. See Form 990, Pa	rt X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valu	lation: 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.)			A CONTRACTOR	
Part IX Other Assets.				· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	on Form 990, Part IV, ii	ne 11d. See Form 990. Pa	rt X line 15	
	Description		•	(b) Book value
(1)				(a) Book taido
(2)				·
W-0				
(3)				
(4)				
(5)				
(6)				 .
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<u></u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Form 9	90, Part X, line 25.	
1. (a) Description of liability		(b) Book value	•	
(1) Federal income taxes				
(2) LINE OF CREDIT		51,440.		
(3) DEFERRED RENT		6,791.		
(4)			•	
(5)				
(6)				
(7)				
(8)				
(0)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.051	58,231.		

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

Schedule D (Form 990) 2015

532053 09-21-15

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE J (Form 990)

Internal Revenue Service

Compensation Information

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

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

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

Department of the Treasury Name of the organization

NATIONAL INDIAN EDUCATION ASSOCIATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule J (Form 990) 2015

41-0976048

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, 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 (e.g., 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 in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee

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☐ Committee Written employment contract X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X 5a b Any related organization? X 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? X 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 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 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958-6(c)? LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

NATIONAL INDIAN EDUCATION ASSOCIATION

41-0976048

Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown of M	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) AHNIWAKE ROSE	(1)	146,224.	0	0.	4,38	18,836.	169,447.	0
EXECUTIVE DIRECTOR	<u></u>	0	0	0.	0	0.	0.	0
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532112 10-14-15				34			Schedu	Schedule J (Form 990) 2015

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

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

Name of the organization

NATIONAL INDIAN EDUCATION ASSOCIATION

Employer identification number 41-0976048

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF TRADITIONAL CULTURE AND VALUES ALONG WITH THE INHERENT RIGHT TO
EDUCATE OUR CITIZENS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ADHERING TO OUR FOUNDING PRINCIPLES - TO CONVENE EDUCATORS TO EXPLORE
WAYS OF IMPROVING SCHOOLS AND THE EDUCATIONAL SYSTEMS SERVING NATIVE
CHILDREN; TO PROMOTE THE MAINTENANCE AND CONTINUED DEVELOPMENT OF
LANGUAGE AND CULTURAL PROGRAMS; AND TO DEVELOP AND IMPLEMENT STRATEGIES
FOR INFLUENCING POLICY CHANGE.
FORM 990, PART VI, SECTION A, LINE 6:
NIEA IS A MEMBERSHIP ORGANIZATION. MEMBERSHIP DUES RANGE FROM \$50 PER YEAR
FOR ELDERS & STUDENTS TO \$100 PER YEAR FOR GENERAL AND ASSOCIATE MEMBERS.
NIEA OFFERS ORGANIZATIONAL MEMBERSHIPS RANGING FROM \$2,500 TO \$25,000 THE
INCLUDE BENEFITS THAT INCREASE IN VALUE BASED ON LEVEL OF MEMBERSHIP
DESIGNATED.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS VOTE TO ELECT MEMBERS OF THE BOARD OF DIRECTORS AND FOR FUTURE
CONVENTION SITES (CITIES) EVERY YEAR AT THE ANNUAL CONVENTION.
FORM 990, PART VI, SECTION A, LINE 7B:
ANY CHANGES TO NIEA'S CONSTITUTION MUST BE APPROVED BY A MAJORITY OF THE
MEMBERSHIP.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

NATIONAL INDIAN EDUCATION ASSOCIATION

Employer identification number 41-0976048

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

THE RETURN WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR

MANAGEMENT. THE DRAFT OF THE 990 FORM AND SCHEDULES WERE FORWARDED TO THE

FISCAL COMMITTEE AND TO THE PRESIDENT OF THE BOARD, AS WELL AS THE

EXECUTIVE DIRECTOR. THE ENTIRE BOARD RECEIVED A COPY BEFORE AUTHORIZATION

IS GIVEN TO GR&F TO PRODUCE A FINAL 990.

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

EACH BOARD MEMBER ANNUALLY SIGNS A CERTIFICATE WHICH AFFIRMS THAT THEY: (I)
HAVE RECEIVED A COPY OF THE POLICY; (II) HAVE READ AND UNDERSTANDS THE

POLICY; (III) HAVE AGREED TO COMPLY WITH THE POLICY; AND, IF APPLICABLE,

(IV) UNDERSTANDS THAT NIEA IS A NOT-FOR-PROFIT ORGANIZATION AND THAT IN

ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN

ACTIVITIES WHICH ARE CONSISTENT WITH ITS TAX-EXEMPT PURPOSE.

AFTER DISCLOSURE OF THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE

PRESIDENT BRINGS THE CONFLICT TO THE EXECUTIVE COMMITTEE WHO WILL DISCUSS

AND ACT ON THE ISSUE. IF THE BOARD MEMBER IS ALSO A MEMBER OF THE EXECUTIVE

COMMITTEE, HE OR SHE MUST RECUSE THEMSELVES FROM THIS DISCUSSION.

IF THE EXECUTIVE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS,
OR MAY EXIST, IT IS THE PREROGATIVE OF THE EXECUTIVE COMMITTEE TO DECIDE ON
APPROPRIATE ACTIONS. THESE DETERMINATIONS MAY INCLUDE MERE NOTIFICATION OF
THE ENTIRE BOARD, RECUSAL FROM DECISION MAKING ON THE MATTER AT HAND, OR
RESIGNATION FROM THAT PART OF NIEA'S GOVERNANCE STRUCTURE WHERE THE
CONFLICT EXISTS. THE AFFECTED BOARD MEMBER IS BOUND BY THE DECISION OF THE
EXECUTIVE COMMITTEE. ANY DOUBT REGARDING WHETHER A CONFLICT OF INTEREST
EXISTS WILL BE RESOLVED IN FAVOR OF DISCLOSURE, ABSTENTION AND ABSENCE. THE
SAME CONFLICT OF INTEREST POLICY APPLIES TO BOARD OF DIRECTORS AND

532212 09-02-15

Name of the organization NATIONAL INDIAN EDUCATION ASSOCIATION	Employer identification number 41-0976048
EMPLOYEES.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED BY	
COMMITTEE OF THE BOARD OF DIRECTORS, UTILIZING INPUT FROM	1 THE ACCOUNTING
CONSULTANT, SALARY SURVEYS, AND INFORMATION OBTAINED FROM	M REVIEW OF
AVAILABLE PUBLIC COPIES OF THE 990S OF OTHER NONPROFIT OF	GANIZATIONS. THE
DECISION AND PROCEDURE IS DOCUMENTED IN THE COMMITTEE MEE	TING MINUTES. THIS
PROCEDURE WAS LAST COMPLETED IN NOVEMBER 2015.	
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:	
SPEAKER FEES:	
PROGRAM SERVICE EXPENSES	9,468.
MANAGEMENT AND GENERAL EXPENSES	74.
FUNDRAISING EXPENSES	8.
TOTAL EXPENSES	9,550.
TEMPORARY HELP:	
PROGRAM SERVICE EXPENSES	31,015.
MANAGEMENT AND GENERAL EXPENSES	241.
FUNDRAISING EXPENSES	27.
TOTAL EXPENSES	31,283.
PAYROLL PROVIDER FEES:	
532212 09-02-15 Sched	lule O (Form 990 or 990-EZ) (2015)

MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES CONVENTION CONSULTANT: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES 101,526 MANAGEMENT AND GENERAL EXPENSES 790 FUNDRAISING EXPENSES 102,407	Name of the organization NATIONAL INDIAN EDUCATION ASSOCIATION	Employer identification number 41-0976048
FUNDRAISING EXPENSES 4,29 TOTAL EXPENSES 4,29 CONVENTION CONSULTANT: PROGRAM SERVICE EXPENSES 76,59 MANAGEMENT AND GENERAL EXPENSES 59 FUNDRAISING EXPENSES 6 TOTAL EXPENSES 77,260 OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES 101,528 MANAGEMENT AND GENERAL EXPENSES 79 FUNDRAISING EXPENSES 89 TOTAL EXPENSES 102,407	PROGRAM SERVICE EXPENSES	4,259.
TOTAL EXPENSES 4,29 CONVENTION CONSULTANT: PROGRAM SERVICE EXPENSES 76,59 MANAGEMENT AND GENERAL EXPENSES 59 FUNDRAISING EXPENSES 6 TOTAL EXPENSES 77,26 OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES 101,526 MANAGEMENT AND GENERAL EXPENSES 79 FUNDRAISING EXPENSES 89 TOTAL EXPENSES 102,407	MANAGEMENT AND GENERAL EXPENSES	33.
CONVENTION CONSULTANT: PROGRAM SERVICE EXPENSES 76,59 MANAGEMENT AND GENERAL EXPENSES 59 FUNDRAISING EXPENSES 6 TOTAL EXPENSES 77,260 OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES 101,526 MANAGEMENT AND GENERAL EXPENSES 790 FUNDRAISING EXPENSES 89 TOTAL EXPENSES 102,407	FUNDRAISING EXPENSES	4.
PROGRAM SERVICE EXPENSES 76,59° MANAGEMENT AND GENERAL EXPENSES 59° FUNDRAISING EXPENSES 6° TOTAL EXPENSES 77,26° OTHER CONSULTANTS: 101,528° PROGRAM SERVICE EXPENSES 101,528° MANAGEMENT AND GENERAL EXPENSES 79° FUNDRAISING EXPENSES 89° TOTAL EXPENSES 102,40°	TOTAL EXPENSES	4,296.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 790 FUNDRAISING EXPENSES 890 TOTAL EXPENSES 102,407	CONVENTION CONSULTANT:	
FUNDRAISING EXPENSES 6 TOTAL EXPENSES 77,260 OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES 101,528 MANAGEMENT AND GENERAL EXPENSES 790 FUNDRAISING EXPENSES 89 TOTAL EXPENSES 102,407	PROGRAM SERVICE EXPENSES	76,597.
TOTAL EXPENSES 77,260 OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES 101,528 MANAGEMENT AND GENERAL EXPENSES 790 FUNDRAISING EXPENSES 89 TOTAL EXPENSES 102,407	MANAGEMENT AND GENERAL EXPENSES	596.
OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 101,528 102,407	FUNDRAISING EXPENSES	67.
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 101,528 790 102,407	TOTAL EXPENSES	77,260.
MANAGEMENT AND GENERAL EXPENSES 790 FUNDRAISING EXPENSES 89 TOTAL EXPENSES 102,407	OTHER CONSULTANTS:	
FUNDRAISING EXPENSES 89 TOTAL EXPENSES 102,407	PROGRAM SERVICE EXPENSES	101,528.
TOTAL EXPENSES 102,407	MANAGEMENT AND GENERAL EXPENSES	790.
	FUNDRAISING EXPENSES	89.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 224,796	TOTAL EXPENSES	102,407.
	TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	224,796.