## TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

**DECEMBER 31, 2022** 

#### PREPARED FOR:

NAF 218 WEST 40TH STREET 5TH FLOOR NEW YORK, NY 10018

## PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167

#### **AMOUNT DUE OR REFUND:**

NOT APPLICABLE

#### **MAKE CHECK PAYABLE TO:**

**NOT APPLICABLE** 

## MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

**NOT APPLICABLE** 

#### RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

### **SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

## PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 04-36-61

# Return of Organization Exempt From Income Tax

Department of the Treasury

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

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

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

OMB No. 1545-0047

2022

Open to Public

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change NAF Name change 13-3480246 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (212) 635-2400 218 WEST 40TH STREET 5TH FLOOR 20,428,288. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW YORK, NY 10018 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LISA DUGHI for subordinates? Yes X No SAME AS C ABOVE \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ( (insert no.) If "No," attach a list. See instructions WWW.NAF.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1988 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: NAF SOLVES SOME OF THE BIGGEST Activities & Governance CHALLENGES FACING EDUCATION AND THE ECONOMY BY BRINGING EDUCATION, 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 111 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4250 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 17,698,936. 11,626,385. Contributions and grants (Part VIII, line 1h) 8 927,397. 1,859,358. Program service revenue (Part VIII, line 2g) 290,635. 211,522. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -138,868. -97,100. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 18,819,868. 13,558,397. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,921,017. 1,358,783. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 12,829,253. 13,054,182. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 161,460. 71,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 8,303,275. 9,991,219. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 23,124,545. 24,565,644. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -11,007,247. -4,304,677. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 28,094,768. 19,081,833. Total assets (Part X, line 16) 3,664,685. 6,243,639 21 Total liabilities (Part X, line 26) 三年 24,430,083. 12,838,194 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CRAIG W. LOVE, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/13/23 P00543254 EVA MRUK Paid EVA MRUK self-employed Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC Firm's EIN 87-3231666 Preparer Firm's address 245 PARK AVENUE, 12TH FLOOR Use Only Phone no. 212-286-2600 NEW YORK, NY 10167 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 13-3480246 NAF File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 218 WEST 40TH STREET 5TH FLOOR return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 10018 NEW YORK, NY Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CRAIG W. LOVE, CHIEF FINANCIAL OFFICER The books are in the care of ► 218 WEST 40TH STREET 5TH FLOOR - NEW YORK, NY 10018 Telephone No. ▶ (212) 635-2400 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Par	Statement of Program Service Accomplishments	[ <b>37</b> ]
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	mitta
	NAF SOLVES SOME OF THE BIGGEST CHALLENGES FACING EDUCATION AND	THE
	ECONOMY BY BRINGING EDUCATION, BUSINESS, AND COMMUNITY LEADERS	
	TOGETHER TO TRANSFORM THE HIGH SCHOOL EXPERIENCE.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	· ·
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4)	xpenses, and
	revenue, if any, for each program service reported.	F00 C00
4a	(Code:) (Expenses \$4,606,084. including grants of \$379,444. ) (Revenue \$	520,620.
	THE ACADEMY OF FINANCE, WHICH OPERATES 175 ACADEMIES, CONNECTS	
	SCHOOL STUDENTS WITH THE WORLD OF FINANCIAL SERVICES AND PERSON	IAL
	FINANCE, OFFERING A CURRICULUM THAT COVERS BANKING AND CREDIT,	
	FINANCIAL PLANNING, GLOBAL FINANCE SECURITIES, INSURANCE, ACCOUNTS OF THE SECURITIES	
	AND ECONOMICS. THE ACADEMY OF FINANCE CURRICULUM AND CERTIFICAT	TON IS
	VALIDATED BY THE COUNCIL FOR ECONOMIC EDUCATION.	
	0.016.001	210 200
4b	(Code:) (Expenses \$2,816,291. including grants of \$232,003. ) (Revenue \$	318,322.
	THE ACADEMY OF INFORMATION TECHNOLOGY, WHICH OPERATES 107 ACADE	-
	PREPARES STUDENTS FOR CAREER OPPORTUNITIES IN COMPUTER NETWORKI	-
	SYSTEMS, DATABASE DESIGN, DIGITAL VIDEO PRODUCTION, GRAPHIC DES	
	PROGRAMMING. IN ADDITION, JUNIPER NETWORKS HAS AGREED UPON A PROGRAMMING. TO NAME AGREGORATION OF THE PROGRAMMING THE PROGRAMM	
	STUDY, LINKED TO NAF ASSESSMENTS, THAT WILL QUALIFY STUDENTS FO	
	PROFESSIONAL TRAINING PROGRAM AND EARN A JUNIPER CERTIFICATE. A	
	MAY ALSO USE COMPUTER SCIENCE CURRICULUM FROM PROJECT LEAD THE	WAY,
	INC. (PLTW) AND SELECT COURSES FROM CISCO.	
4c	(Code: ) (Expenses \$ 2,368,843 • including grants of \$ 195,143 • ) (Revenue \$	267,748.)
-10	THE ACADEMY OF ENGINEERING, WHICH OPERATES 90 ACADEMIES, ANSWER	
	ACUTE NEED FOR ENGINEERS IN THIS COUNTRY BY EDUCATING HIGH SCHOOL	
	STUDENTS IN THE PRINCIPLES OF ENGINEERING, PROVIDING CONTENT IN	
	FIELDS OF ELECTRONICS, BIOTECH, AEROSPACE, CIVIL ENGINEERING, A	
	ARCHITECTURE. ACADEMIES USE CURRICULUM FROM PROJECT LEAD THE WA	
	(PLTW), THE STEM ACADEMY, OR PAXTON/PATTERSON. THEY ALSO BENEFI	
	SUPPORT PROVIDED BY NATIONAL ACTION COUNCIL FOR MINORITIES IN	
	ENGINEERING (NACME).	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 6,670,523 • including grants of \$ 552,193 • ) (Revenue \$ 752,668	• )
4e	Total program service expenses 16,461,741.	
		Form <b>990</b> (2022)

Form 990 (2022) NAF
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		τ,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ν,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ν,	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	~	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00	complete Schedule G, Part III	19		$\frac{x}{x}$
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Λ
	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	Х	

Form **990** (2022)

Form 990 (2022) NAF
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		_X_
	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	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_ <u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u></u>
Pal				
	Check if Schedule O contains a response or note to any line in this Part V			N <sub>1</sub>
1 9	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in 50x 5 of 10fm 1050. Enter 40 in 10t applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	1 12-13-22	Form	990	(2022)

Form 99	<u>0 (</u> 2022) <b>NAF</b>		13-3480246	5 F	Page !
Part \	Statements Regarding Other IRS Filings and Tax Compliance (continue	d)			
				Yes	No
	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		111		

<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	111			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	X	
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			37
5a				5a		X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			0-		v
	any contributions that were not tax deductible as charitable contributions?			6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution			Ch		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	iooo n	ravidad to the payor?	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	•		7a 7b	-22	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		urod	76		
C		s requ	iirea	7c		Х
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	 	70		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		:?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	,		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		) 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401	I			
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		Х
14a				14a		Λ
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.		ne'?	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities				
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Ves " complete Form 6060					

232005 12-13-22

Form **990** (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha	22	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 21	
·		12c	Х	
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CRAIG W. LOVE, CHIEF FINANCIAL OFFICER - (212) 635-2400			
	218 WEST 40TH STREET 5TH FLOOR NEW YORK NY 10018			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((	<del></del>			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			ono	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (420)	and related
	below	Individual trustee or director	Institutional trustee	la e	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(1) LISA DUGHI	40.00									
CHIEF EXECUTIVE OFFICER				Х				534,683.	0.	58,468.
(2) BRENDA B. BARRY, CHIEF	40.00									
PROGRAM OFFICER THRU DEC. 2022				Х				283,652.	0.	71,051.
(3) COLLEEN M. DEVERY	40.00									
CHIEF STRATEGY OFFICER				Х				279,724.	0.	66,297.
(4) CRAIG W. LOVE	40.00									
CFO & TREASURER EFF. 09/2022				Х				265,069.	0.	49,185.
(5) ELIZABETH PEREZ	40.00									
CHIEF PARTNERSHIP OFFICER				Х				258,127.	0.	54,777.
(6) TARAWHONA DAVIS BELLEVUE	40.00									
VP, IDEA STRATEGY					Х			171,853.	0.	40,033.
(7) REEDY WADE	40.00									
VP, ACADEMY DEVELOPMENT & IMPACT					Х			178,788.	0.	32,140.
(8) WILLIAM TAYLOR, VP OUTREACH	40.00									
& PARTNERSHIP DEV. THRU DEC. 2022					Х			173,915.	0.	36,087.
(9) UMANG BERI	40.00								_	
SR. DIR., SYSTEMS & DATA APPS						Х		153,397.	0.	51,654.
(10) MARC A. LESSER	40.00								_	
VP, RESEARCH AND TECHNOLOGY					Х			176,657.	0.	27,110.
(11) LINDSEY DIXON	40.00									
VP, PRODUCT & INNOVATION					Х			168,434.	0.	32,255.
(12) DEMETHOUS F. CHAMBLISS	40.00									
DIRECTOR, NETWORK EVALUATION						Х		146,486.	0.	51,884.
(13) SANDRA R. GREER-SANDERS	40.00							1-4-4-6		4
VP, DEI & TALENT DEVELOPMENT					X			176,118.	0.	17,830.
(14) HELEN S. BLANCH	40.00									
VP, CURRICULUM & INSTRUCTION					X			162,769.	0.	30,537.
(15) KEISHA STEPHENSON TAYLOR, SR.	40.00									
DIR., ALUM. & POSTSECONDARY ENGAGE.	40.00					Х		143,373.	0.	48,046.
(16) BROOKE A. RICE, VP, WORK-BASED	40.00	l						144 004		20 256
LEARNING & ADVISORY BOARD ACTIVATION	40.00					Х		141,021.	0.	39,856.
(17) CAMILLE L. CURRIE	40.00	ļ						155 000	_	04 653
VP, MARKETING & COMM., EFF. 2/2022					X			155,229.	0.	24,653.

232007 12-13-22

Form 990 (2022)

FOIII 990 (2022) INAT									13 3400	Z <del>I</del> O Fage O
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)										(F)
Name and title	Average	Position (do not check more than one					nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week		Cer ar	ia a a	recio	Trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	ll trus		ee (ee	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	utio ns	_	nploy	st co	-ia	10001120,		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES B. COLE	40.00									
SR. DIR., PARTNERSHIP ACTIVATION						Х		139,317.	0.	18,111.
(19) VALAIDA DANIELLE WYNN, CHIEF	40.00									
ADVANCEMENT OFFICER, EFF. 7/2022				Х				129,774.	0.	24,564.
(20) JONDEL HOYE	0.00									
FORMER CHIEF EXECUTIVE OFFICER							Х	103,949.	0.	13,501.
(21) MARYANNE BLOOMFIELD, CHIEF	40.00									
ADVANCEMENT OFFICER, THRU 2/2022				Х				84,569.	0.	12,210.
(22) SANFORD I. WEILL	4.00									
CHAIRMAN		Х		X				0.	0.	0.
(23) KENNETH I. CHENAULT	4.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(24) ROBERT F. SMITH	4.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(25) EUGENE A. LUDWIG	4.00								_	_
SECRETARY		Х		Х		_		0.	0.	0.
(26) SANJIV YAJNIK	4.00	1							_	_
TREASURER, THRU 9/2022		Х		X				0.	0.	0.
1b Subtotal								4,026,904.	0.	800,249.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								4,026,904.	0.	800,249.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A) Name and business address	(B)	(C)
Name and business address	Description of services	Compensation
ORGANIZATIONAL SERVICES, INC., 3380 TRAVIS	CONFERENCE	
POINTE ROAD, SUITE H, ANN HARBOR, MI 48108	ADMINISTRATION	811,913.
MODUS ASSOCIATES, LLC, 3003 PURCHASE		
STREET, UNIT 159, PURCHASE, NY 10577	CONSULTING SERVICES	611,884.
NOCTI, INC.	IT PROJECT	
500 N. BRONSON AVENUE, BIG RAPIDS, MI 49307	MANAGEMENT	517,213.
SC PARTNERS, LLC, 10240 WEST MCNICHOLS	STUDENT ACTIVITY	
ROAD, DETROIT, MI 48221	EVENT PLANNING & PRO	440,736.
AMERICAN INSTITUTES FOR RESEARCH, 1400	MARKET DATA AND	
CRYSTAL DRIVE, 10TH FLOOR, ARLINGTON, VA	RESEARCH	295,500.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 17		
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

2022.05000 NAF

49

Form 990 NAF 13-3480246

Form 990 NAF 13-3480246										
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C) (D) (E) (F)										
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					9		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	rdirec				ed em		(W-2/1099-MISC)	(,	organization
	related	stee o	rustee			ensat				and related
	organizations	al trus	onal tı		oloyee	comp				organizations
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(05) TREPRING PROFES		드	드	5	쪼	王	3			
(27) JEFFREY A. BRILL DIRECTOR	4.00	х						0.	0.	0.
(28) URSULA M. BURNS	4.00	Λ						0.	0.	· ·
DIRECTOR	4.00	Х						0.	0.	0.
(29) LYNNE M. DOUGHTIE	4.00	22							0.	<u></u>
DIRECTOR	4.00	Х						0.	0.	0.
(30) BARBARA BENIOFF FRIEDMAN	4.00	25						•	•	<u>.                                </u>
DIRECTOR, THRU 2/2022	4.00	х						0.	0.	0.
(31) ALEX GORSKY	4.00	<del></del>								
DIRECTOR		Х						0.	0.	0.
(32) GREGORY J. HAYES	4.00							-	-	
DIRECTOR		Х						0.	0.	0.
(33) ERIN MCSWEENEY	4.00									
DIRECTOR		Х						0.	0.	0.
(34) HAROLD MCGRAW III	4.00									
DIRECTOR, THRU 2/2022		Х						0.	0.	0.
(35) JENNIFER MORGAN	4.00									
DIRECTOR		Х						0.	0.	0.
(36) NICOLA PALMER	4.00									_
DIRECTOR	4 00	Х						0.	0.	0.
(37) THOMAS PENNY, III	4.00	.,							,	0
DIRECTOR	4 00	Х						0.	0.	0.
(38) MARC REED	4.00	<b>.</b> ,						_	0	0
DIRECTOR (39) LARRY RENFRO	4.00	Х						0.	0.	0.
DIRECTOR	4.00	Х						0.	0.	0.
(40) JAMES D. ROBINSON III	4.00	^						0.	0.	0.
DIRECTOR	4.00	Х						0.	0.	0.
(41) DAVID L. STEWARD	4.00	25						•	•	•
DIRECTOR	1100	х						0.	0.	0.
(42) JOSEPH M. TUCCI	4.00	<del></del>								
DIRECTOR		Х						0.	0.	0.
(43) MARC WEILL	4.00									
DIRECTOR		Х	L					0.	0.	0.
(44) RONALD A. WILLIAMS	4.00									
DIRECTOR, THRU 9/2022		Х						0.	0.	0.
(45) MATTHEW ZIELINSKI	4.00									
DIRECTOR		Х						0.	0.	0.
		4								
Total to Part VII, Section A, line 1c										

NAF

Form 990 (2022) NAF
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
တ္ တ	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
ي ق			Fundraising events	1c	1,023,750.				
ifts			Related organizations	1d	, ,				
i, G			Government grants (contributions)	1e	99,000.				
Sir			All other contributions, gifts, grants, and		,				
uti her			similar amounts not included above	1f	10,503,635.				
g ţ		a	Noncash contributions included in lines 1a-1f	1g \$	137,549.				
Son		_	Total. Add lines 1a-1f	. <b></b>	,	11,626,385.			
<u> </u>		<u></u>	Total / Ida III loo / a 11		Business Code	, ,			
o l	2	а	MEMBERSHIP DUES		541900	1,272,849.	1,272,849.		
ķ			CONFERENCE REGISTRATION FEE	ls	541900	306,212.	306,212.		
Ser		-	SCHOOL DISTRICT CONTRACTS	541900	280,297.	280,297.			
ın (		d				, -	,		
gra Re		e							
Program Service Revenue			All other program service revenue						
			Total. Add lines 2a-2f			1,859,358.			
	3	9	Investment income (including divide			_ / * * * * / * * * *			
	Ŭ					208,126.			208,126.
	4		Income from investment of tax-exen		roceeds	,			
	5		Royalties						
	J			(i) Real	(ii) Personal				
	6	2	Gross rents 6a	.,	( )				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	Securities	(ii) Other				
	•	_	(/ Car a car	672,019.					
		h	Less: cost or other basis	,					
<u>o</u>		_		668,623.					
enc		c	Gain or (loss) 7c	3,396.					
Jev			Net gain or (loss)			3,396.			3,396.
her Revenue			Gross income from fundraising events (i			,			,
퉏		_	including \$ 1,023,750.	<b>I</b>					
			contributions reported on line 1c). S	-					
			Part IV, line 18	<b>I</b>	62,400.				
		b	Less: direct expenses		201,268.				
			Net income or (loss) from fundraisin			-138,868.			-138,868.
			Gross income from gaming activities			·			·
			Part IV, line 19	<b>I</b>					
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less return						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales of in						
					Business Code				
Miscellaneous Revenue	11 :	а							
ane Duc	-	b							
eve		С							
Λis B		d	All other revenue						
_			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			13,558,397.	1,859,358.	0.	72,654.

232009 12-13-22

Form **990** (2022)

# Form 990 (2022) NAF Part IX Statement of Functional Expenses

2 4	504()(0) 1504()(4) : ::				
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,344,783.	1,344,783.		
2	Grants and other assistance to domestic		2,011,7000		
2		14,000.	14,000.		
3	Grants and other assistance to foreign	11,000	11/0001		
Ū	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	3,776,558.	1,987,802.	1,010,227.	778,529.
6	Compensation not included above to disqualified	, , , , , , , , , , , , , , , , , , , ,	, ,	, ,	- <b>,</b>
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	117,450.	58,724.	29,363.	29,363.
7	Other salaries and wages	6,770,048.	4,726,761.	1,119,818.	29,363. 923,469.
8	Pension plan accruals and contributions (include	-, -,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , ,	,
-	section 401(k) and 403(b) employer contributions)	627,631.	435,177.	104,862.	87,592.
9	Other employee benefits	927,632.		179,592.	136,139.
10	Payroll taxes	834,863.	534,312.	166,973.	133,578.
11	Fees for services (nonemployees):	, , , , , , , ,	,	,	,
a	Management				
b		13,009.		13,009.	
	Accounting	250,603.		250,603.	
	Lobbying	254,826.		,	
e		161,460.			161,460.
f	Investment management fees				· ,
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch 0.)	3,567,426.	3,354,798.	95,955.	116,673.
12	Advertising and promotion	776,841.		201,974.	166,616.
13	Office expenses	837,238.		646,155.	34,046.
14	Information technology	1,301,076.	885,115.	292,784.	123,177.
15	Royalties				-
16	Occupancy	1,083,182.	257,116.	826,065.	1.
17	Travel	1,365,039.	1,036,627.	310,167.	18,245.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	382,363.	365,876.	16,487.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,721.		2,721.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	STAFF PROFESSIONAL DEVE	84,737.	28,635.	51,191.	4,911.
b	BAD DEBT EXPENSES	35,050.		35,050.	-,,
C	REPAIRS & MAINTENANCE	20,853.		20,853.	
d	OTHER EXPENSES	16,255.		16,255.	
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	24,565,644.	16,461,741.	5,390,104.	2,713,799.
26	Joint costs. Complete this line only if the organization	,500,0110	,,	-,,	=,:==,;;;;
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

NAF

# Form 990 (2022) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			6,827,869.	1	2,179,339.
	2	Savings and temporary cash investments	3,867,700.	2	872,564.		
	3	Pledges and grants receivable, net			6,226,721.	3	3,833,290.
	4	Accounts receivable, net			546,196.	4	934,149
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquality	fied per	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			181,080.	9	273,097
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,377,982.			
	b	Less: accumulated depreciation	10b	3,374,345.	6,358.		3,637 6,074,463
	11	Investments - publicly traded securities			10,199,091.	11	6,074,463
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			239,753.	15	4,911,294
	16	Total assets. Add lines 1 through 15 (must equa			28,094,768.	16	19,081,833
	17	Accounts payable and accrued expenses		1	2,528,360.	17	471,448
	18	Grants payable		450 600	18	400 240	
	19	Deferred revenue			459,623.	19	489,348
	20	Tax-exempt bond liabilities		1	14 000	20	10 450
	21	Escrow or custodial account liability. Complete I			14,200.	21	19,452
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lab		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	· .	662,502.	0.5	5,263,391.
	00	of Schedule D			3,664,685.	26	6,243,639
-	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che			3,004,003.	20	0,243,033
န္		and complete lines 27, 28, 32, and 33.	CK Her	e <u>21</u>			
2	27	Net assets without donor restrictions			8,888,481.	27	4,685,411.
3ala	28	Net assets with donor restrictions	15,541,602.	28	8,152,783.		
힐	20	Organizations that do not follow FASB ASC 9	23/312/0021	20	0,202,700		
ᆵᅵ		and complete lines 29 through 33.	00, 0110				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			24,430,083.	32	12,838,194.
z	33	Total liabilities and net assets/fund balances		1	28,094,768.	33	19,081,833.

Form **990** (2022)

13-3480246 Page **12** NAF Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,55		
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,56	_	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,00</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	.,43		
5	Net unrealized gains (losses) on investments	5		-58	4,6	<u>42.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	12	83	8,1	94.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

13-3480246 NAF Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	15926054.	24033694.	23522879.	17698936.	<u> 11626385.</u>	92807948.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	15926054.	24033694.	23522879.	17698936.	11626385.	92807948.		
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)						32271600.		
6	Public support. Subtract line 5 from line 4.						60536348.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	<u>15926054.</u>	24033694.	23522879.	17698936.	<u>11626385.</u>	92807948.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	273,534.	348,208.	415,080.	283,873.	208,126.	1528821.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)			1,499.			1,499.		
11	<b>Total support.</b> Add lines 7 through 10						94338268.		
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 8	3,848,795.		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)			
	organization, check this box and sto	p here							
Sec	ction C. Computation of Publ	ic Support Per	centage						
	Public support percentage for 2022 (					14	64.17 %		
	Public support percentage from 2021					15	54.21 %		
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	33 1/3% support test - 2021. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation					
17a	17a 10% -facts-and-circumstances test - 2022. 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 fact	ts-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation		
	meets the facts-and-circumstances to	est. The organization	n qualifies as a pu	ıblicly supported o	rganization				
b	10% -facts-and-circumstances test	t - <b>2021.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	e organization qu	alifies as a publicly	supported organiz	zation			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s		
		<del></del>		<del></del>	<del></del>	Cabadula A	(Form 990) 2022		

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	г	_	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01( )(0) : ::	
14	First 5 years. If the Form 990 is for the	-		•			
Se	check this box and stop herection C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (I			oolumn (f)\		15	%
	Public support percentage from 2021					16	<del>/</del> 6
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2			10, 00141111 (1))		18	%
	a 33 1/3% support tests - 2022. If the						
.00	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						ınd
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
_		
За		
3b		
3c		
_		
4a		
4b		
76		
4c		
_		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
00		
9c		
10a		
10b		
ule A (Forr	n 990)	2022

232024 12-09-22

Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	<del>,,</del>	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Bb		

Schedule A (Form 990) 2022

NAF

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in <b>I</b>	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations mus		·				
Section A - Adjusted Net Income (A) Prior Year (B) Currer (option)							
_1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	Ily integrate	ed Type III supporting orga	nization (see			

Schedule A (Form 990) 2022

instructions).

Dar	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations /	/\	- Ligaria
		aj(o) Supporting Orga	nizations (continu	ea)	O Voc.
	ion D - Distributions		4	Current Year	
	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	or purposes or supported		2	
	organizations, in excess of income from activity	on of augmented organizations		3	
_ <u>3_</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es or supported organizations		4	
_ <del></del> _	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Dart VI)		5	
<del></del> 6	Other distributions (describe in Part VI). See instructions.	OVIGE GERAIS III FAIT VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
<del></del>	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ü	(provide details in <b>Part VI</b> ). See instructions.	ic organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Elife o amount arrada by line o amount	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

	Sec	ction	D, lines 5, 6 ructions.)	6, and 8	; and Part	V, Secti	on E, lines 2, 5, and 6	Also com	nplete this pa	art for any additional information.
SCHED	ULE	Α,	PART	II,	LINE	10,	EXPLANATIO	N FOR	OTHER	INCOME:
CURRI	CUL	JM	PROJE	CTS						
OTHER	INC	СОМ	E							
2020	AMO	JNT	: \$	1.4	99.					
			•	•						

2022.05000 NAF

# Schedule B

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

	13-3480246							
Organization type (								
Filers of: Section:								
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• •	zation is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.						
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalion any one contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 50 contributor	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppong(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on 990-EZ, line 1. Complete Parts I and II.	and that received from any one						
contributor, literary, or e	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contri is checked, purpose. De	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, 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. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must unswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).								

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

13-3480246

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 975,000 • 975	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Training according to the Early 1 T	\$850,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

13-3480246

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rume, address, and En 1 1	\$	Person Payroll Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page

Name of organization Employer identification number

art II Noi	ncash Property (see instructions). Use duplicate copies of P	art 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) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om ort I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
a) lo. om irt l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		<b>S</b>	1

NAF

13-3480246

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** NAF 13-3480246 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE C** (Form 990)

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.							
Nan	ne of organization			Emp	loyer identification number		
	NAF				13-3480246		
Pa	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.						
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			S		
Pá	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).			
_	Enter the amount of any excise tax				<u> </u>		
	Enter the amount of any excise tax						
	If the organization incurred a section						
48	Was a correction made?				Yes No		
	f "Yes," describe in Part IV.						
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	e)(3).		
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt funct	ion activities	S		
2	Enter the amount of the filing organ		•				
	exempt function activities				S		
3	Total exempt function expenditures		•				
_	line 17b				S		
4	3 3						
5	Enter the names, addresses and en made payments. For each organiza		·	-			
	contributions received that were pro-				·		
	political action committee (PAC). If	• •		·			
	(a) Name	(b) Address	(o) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0		

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022 NAF 13-3480246 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (a) 2019 (b) 2020 (c) 2021(d) 2022 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e))

Schedule C (Form 990) 2022

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		
of the lobbying activity.	Yes	No	Amou	nt
<ul> <li>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:</li> <li>Volunteers?</li> </ul>		Х		
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>		X X		
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?		X X		
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	X	254	826.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	Х		739.
j Other activities? j Total. Add lines 1c through 1i	Α	Х		565.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  **Comparison of the incurred under section 4912**  **Comparison of the incurred under section				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A   Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	o), or sec	tion	
501(c)(6).			Yes	No
<ul><li>Were substantially all (90% or more) dues received nondeductible by members?</li><li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li></ul>				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section	e prior year'	? 3	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				, is
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)</li> </ul>		1		
expenses for which the section 527(f) tax was paid).  a Current year				
b Carryover from last year     Total				
<ul> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political</li> </ul>				
expenditures next year?  5 Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information		4 5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART II-B, LINE 1, LOBBYING ACTIVITIES:				
THE LOBBYIST ENGAGED WITH ACTIVE LEGISLATIVE ACTIVITY HIGH SCHOOL ACADEMIES, CAREER AND TECHNICAL EDUCATION,			г то	
WORKFORCE DEVELOPMENT TO SHARE NAF'S EXPERTISE IN HOW				
CHANGES COULD POSITIVELY OR NEGATIVELY EFFECT THE AVAI	LABILI	TY ANI	)	
QUALITY OF WORK-BASED LEARNING EXPERIENCES FOR HIGH SO	HOOL S		rs. le C (Form 9	

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	le or Accoun	15-3400240			
Га	organizations infamiliary borior Advised		is of Accoun	Complete if the			
	organization answered 165 on Form 330, Fatt IV, III		/b\ F	do and other accounts			
		(a) Donor advised funds	(b) Fun	ds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	_					
	are the organization's property, subject to the organization's			Yes No			
6	Did the organization inform all grantees, donors, and donor a		-				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	se conferring				
_							
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 99	0, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recreated	tion or education) Preservation	of a historically	important land area			
	Protection of natural habitat	Preservation	of a certified his	storic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a conservat	tion easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b							
С	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a						
_			2d				
3	Number of conservation easements modified, transferred, rele			during the tax			
Ū	year	oacea, extinguishea, er terriinatea ey t	ino organización	daming 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	· · · · · · · · · · · · · · · · · · ·	— of				
·	violations, and enforcement of the conservation easements it			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,						
Ū		inaming or moralisms, and ormeromig or		g and year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation easement	ts during the year			
-	,g,g,	g or riciations, and omoreing contest		io daimig ino you.			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)				
_				Yes No			
9							
_	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
	organization's accounting for conservation easements.						
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	t and balance sh	neet works			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	· · · · · · · · · · · · · · · · · · ·						
_	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	and the second s					
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
				\$ \$			
9		acures or other cimilar assets for finance					
2	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:						
_	· · · · · · · · · · · · · · · · · · ·	_		¢			
a h	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X			\$ \$			
	Assets included in Fulli 330, Fall A			Ψ			

232051 09-01-22

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

Schedule D (Form 990) 2022

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

	,	,	, ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		207,497.	206,842.	655.
<b>d</b> Equipment		470,288.	470,288.	0.
e Other		2,700,197.	2,697,215.	2,982.
Total. Add lines 1a through 1e. (Column (d) must equa	3,637.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 NAF		13	-3480246 Page <b>3</b>
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(b) Deelesseles
	Description		(b) Book value
(1) SECURITY DEPOSITS	AMENIC I DACE N	770	239,753.
	ATING LEASE, N	ET	4,671,541.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		1 011 201
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	? 15.)		4,911,294.
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	10 or 11f Soo Form 000 Part V line 25	
(a) Description of liability	on rolling 90, raitiv, line i	Te of TH. See Form 990, Fart X, line 23.	(b) Book value
			(b) Book value
(1) Federal income taxes (2) LEASE LIABILITY, OPERATING	ב ז.פאפפ		5,263,391.
	3 DEVOR		3,203,391.
(3)			
<u>(4)</u>			
(5) (6)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	05.)		5,263,391.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		J,4UJ,JJ1•

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

Par	TXI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Ι.	13,216,041.
1				1	13,210,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-584,642.		
a b	Net unrealized gains (losses) on investments  Donated services and use of facilities		41,018.	1	
C	Recoveries of prior year grants		41,010.	1	
d	Other (Describe in Part XIII.)	1 1	201,268.	1	
e	Add lines 2a through 2d			2e	-342,356.
3	Subtract line <b>2e</b> from line <b>1</b>			3	13,558,397.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			_	, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	13,558,397.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	24,807,930.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	44 040		
а	Donated services and use of facilities		41,018.	-	
b	Prior year adjustments			-	
С	Other losses		201,268.	-	
d	Other (Describe in Part XIII.)		-	-	242 286
е 3	Add lines 2a through 2d			2e 3	242,286. 24,565,644.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	21,303,011.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	24,565,644.
Par	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			; Part :	X, line 2; Part XI,
PAF	T IV, LINE 2B:				
NAE	' HOLDS FUNDS FOR SEVERAL ACADEMIES THAT PA	RTICII	PATE IN ITS	ED	UCATIONAL
PRO	GRAMS, TO BE USED FOR RELATED ACTIVITIES.				
PAF	T V, LINE 4:				
	ALDO PAPONE ENDOWMENT WAS ESTABLISHED BY			RES	S COMPANY
IN	1991 TO PROVIDE FUNDS FOR GRANT AWARDS TO	OUTST	ANDING U.S.	AC.	ADEMY
PRO	GRAM. ON AN ANNUAL BASIS, A MAXIMUM OF 7%	OF THI	E ALDO PAPO	NE	
ENI	OOWMENT'S ASSETS ARE AVAILABLE FOR DISBURSE	MENT.	THE JESSE	BLA	CKMAN
ENI	OOWMENT WAS ESTABLISHED IN 1994 WITH A CONT	RIBUT	ION FROM TH	E A	MERICAN
EXE	RESS COMPANY. THE PURPOSE OF THE JESSE BLA	CKMAN	ENDOWMENT	IS	TO PROVIDE

FUNDS FOR A SCHOLARSHIP TO AN OUTSTANDING STUDENT IN THE HOSPITALITY AND

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  NAF					1 -	yeride 3480	ntification number つれら
	Complete if the organization answer	wered "Y	es" or	n Form 990. Part IV. li			
required to complete this par							There are the
Indicate whether the organization rais     X Mail solicitations     N Internet and email solicitations	e X Solici s f X Solici	itation of itation of	non-g gover	overnment grants nment grants			
c Phone solicitations d In-person solicitations 2 a Did the organization have a written	g X Spec				toos or		
key employees listed in Form 990, F  b If "Yes," list the 10 highest paid indi  compensated at least \$5,000 by the	Part VII) or entity in connection with viduals or entities (fundraisers) pure	professi	onal fu	undraising services?	Ž	Yes is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount to (or retaine fundrais listed in co	ed by) er	(vi) Amount paid to (or retained by) organization
DS CONSULTING GROUP - 757		Yes	No				
THIRD AVENUE, 20TH FL, NEW THE PHOENIX PHILANTHROPY	ANNUAL BENEFIT		Х	1,086,150.	48	,000.	1,038,150.
GROUP, INC 3301 E.	FUNDRAISING STRATEGY CONSULTING		х	975,000.	113	,460.	861,540.
Total				2,061,150.	161	,460.	1,899,690.
3 List all states in which the organization or licensing.					•		
AL, AK, AZ, AR, CA, CT, CO,					,MI,MN,	MS,	MO,NV,NH
NJ, NM, NY, NC, ND, OH, OK,	OR, PA, RI, SC, TN, TX	, U.T. , V	Α,ν	IA,WV,WI			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

		e G (Form 990) 2022 NAL				3480246 Page 2
Pa	rt I					
		of fundraising event contributions and gro	(a) Event #1 ANNUAL	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
			BENEFIT (event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,086,150.	, ,,,	,	1,086,150.
	2	Less: Contributions	1,023,750.			1,023,750.
	3	Gross income (line 1 minus line 2)	62,400.			62,400.
	4	Cash prizes				
vo l	5	Noncash prizes				
bense	6	Rent/facility costs	54,886.			54,886.
Direct Expenses	7	Food and beverages	77,000.			77,000.
۵		Entertainment	2,500. 66,882.			2,500. 66,882.
	9	Other direct expenses	0: 1 (1)			201,268.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-138,868.
Pa	rt I	II Gaming. Complete if the organization				23070001
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
Se	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
٦	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
C.	Ent	ter the state(s) in which the organization condu	ucte gaming activities:			
		he organization licensed to conduct gaming ac	_			Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
	_					

232082 10-27-22

Schedi	ule G (Form 990) 2022 NAF 1.3	<u> </u>	<u> 40</u>	Page 3
<b>11</b> D	oes the organization conduct gaming activities with nonmembers?		Yes	☐ No
<b>12</b> Is	the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to	administer charitable gaming?		Yes	☐ No
<b>13</b> In	dicate the percentage of gaming activity conducted in:			
a Th	ne organization's facility	13a		%
b A	n outside facility	13b		%
<b>14</b> Er	nter the name and address of the person who prepares the organization's gaming/special events books and records:			
N	ame			
Ad	ddress			
<b>15a</b> Do	oes the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
<b>b</b> If	"Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	f gaming revenue retained by the third party \$			
	"Yes," enter name and address of the third party:			
Na	ame			
Ad	ddress			
<b>16</b> G	aming manager information:			
N	ame			
G	aming manager compensation \$			
De	escription of services provided			
_				
_				
	☐ Director/officer ☐ Employee ☐ Independent contractor			
<b>17</b> M	landatory distributions:			
<b>a</b> Is	the organization required under state law to make charitable distributions from the gaming proceeds to			
	tain the state gaming license?	. Ш	Yes	∟ No
	nter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	ganization's own exempt activities during the tax year \$			
Part	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, Iin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCHE	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:		
<u> </u>		-		
(I)	NAME OF FUNDRAISER: DS CONSULTING GROUP			
\				4 =
<u>(I)</u>	ADDRESS OF FUNDRAISER: 757 THIRD AVENUE, 20TH FL, NEW YORK, I	1Y	<u> 100</u>	<u> 17                                    </u>
/ T \	NAME OF FUNDDATCED. THE DUCENTY DUTY ANDUDODY COOLD THE			
<u>(I)</u>	NAME OF FUNDRAISER: THE PHOENIX PHILANTHROPY GROUP, INC.			
(I)	ADDRESS OF FUNDRAISER: 3301 E. GLENROSA AVENUE, PHOENIX, AZ	850	18	
PART	r T. LINE 2B. COLUMN (V):			

Schedule G (Form 990) NAF 13-3480246 Pag	је <b>4</b>
Part IV Supplemental Information (continued)	
PURSUANT TO THE AGREEMENT, NAF WAS CHARGED A BASE FEE FOR PROFESSIONAL	
SERVICES THAT DS CONSULTING GROUP, LLC ("DSCG") RENDERED. NAF IS BILLED	
DIRECTLY BY VENDORS AND SUPPLIERS FOR LETTERSHOP AND POSTAGE COSTS AND BY	
DSCG FOR IN-HOUSE WORD PROCESSING, POSTAGE AND MAILINGS. NAF IS BILLED	
SEPARATELY FOR REIMBURSEMENT OF EXPENSES SUCH AS LOCAL TRAVEL, TELEPHONE,	
FAXES, PHOTOCOPIES AND MESSENGER SERVICES. EXPENSES EXCEEDING \$5,000	
REQUIRE NAF'S WRITTEN APPROVAL.	
PURSUANT TO THE AGREEMENT, THE ORGANIZATION WILL REMIT A MONTHLY FEE TO	
THE PHOENIX PHILANTHROPY GROUP, INC. THE FEE DOES NOT INCLUDE	
ADMINISTRATIVE EXPENSES RELATED TO CLIENT PROJECT SUCH AS POSTAGE OR	
PRINTING FOR MEETINGS, WHICH WILL BE BILLED AT COST FOR REIMBURSEMENT. IF	
APPLICABLE, TRAVEL EXPENSES INCLUDING AIR TRAVEL, ACCOMMODATIONS,	
TRANSPORTATION, MEALS, MILEAGE, AND PARKING WILL ALSO BE BILLED AT COST	
FOR REIMBURSEMENT.	

#### **SCHEDULE I** (Form 990)

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

**Employer identification number** Name of the organization 13-3480246 NAF Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) FRIENDSHIP PUBLIC CHARTER SCHOOL. INC - 1400 FIRST STREET NW -TECHNOLOGY LAB EOUIPMENT 58-2398964 501(C)(3) RAYTHEON GRANT WASHINGTON, DC 20001 0 200,000. DC PUBLIC EDUCATION FUND 3407 14TH STREET NW TECHNOLOGY LAB 26-1607955 501(C)(3) EOUIPMENT/RAYTHEON GRANT WASHINGTON, DC 20010 200,000 0. READYCT 350 CHURCH STREET, 3RD FLOOR SUB-GRANT SPONSORED BY 27-4704040 501(C)(3) HARTFORD, CT 06103 150,000 0 RAYTHEON GRANT DALLAS EDUCATION FOUNDATION 9400 NORTH CENTRAL EXPRESSWAY, MAIL TECHNOLOGY LAB DALLAS TX 75231 20-5533398 501(C)(3) 118 250 0. EOUIPMENT/RAYTHEON GRANT NORTH CAROLINA STATE UNIVERSITY TRIO PROGRAM SUMMER COLLEGE EXPERIENCE IN CAMPUS BOX 7205 56-6000756 SECTION 115 STEM RALEIGH NC 27695 99 973. 0. DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT - 3011 WEST GRAND BOULEVARD, 11TH FLOOR - DETROIT, MI 48202 81-2847693 SECTION 115 75 000 0 FUND II STEM SUB-GRANT 15. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

13-3480246

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIT COMPUTER SCIENCE AND							
ARTIFICIAL INTEL - 32 VASSAR							
STREET - CAMBRIDGE, MA 02139	95-4893200	501(C)(3)	45,500.	0.			MIT APP INVENTOR PROGRAM
UWM FOUNDATION, INC							
1440 E NORTH AVENUE							FUTURE READY SCHOLARS
MILWAUKEE, WI 53202	23-7337744	501(C)(3)	35,000.	0.			SUMMER PROGRAM
GLOBAL INITIATIVES, INC.							
P.O. BOX 5146				_			GLOBAL TRAVEL AND TOURISM
WEST CHESTER, PA 19380	16-1501127	501(C)(3)	25,000.	0.			PARTNERSHIP
DALLAS INDEPENDENT SCHOOL DISTRICT							
3700 ROSS AVENUE							CAPITAL ONE STUDENT
DALLAS, TX 75204	75-6001278	SECTION 115	20,000.	0.			INTERN SALARIES
SCHOOL DISTRICT OF UNIVERSITY CITY							
8136 GROBY ROAD							FUTURE READY LAB STUDENT
UNIVERSITY CITY, MO 63130	43-6003857	SECTION 115	18,200.	0.			INTERN SALARIES
DC PUBLIC EDUCATION FUND							
3407 14TH STREET NW							SUB-GRANT SPONSORED BY
WASHINGTON, DC 20010	26-1607955	501(C)(3)	16,400.	0.			RAYTHEON GRANT
GOLDEN GATE HIGH SCHOOL							
2925 TITAN WAY X							DISTINGUISHED ACADEMY
NAPLES, FL 34116	59-6000557	SECTION 115	15,000.	0.			awards
PORTERVILLE PATHWAYS FOUNDATION							
600 W GRAND AVENUE							DISTINGUISHED ACADEMY
PORTERVILLE, CA 93257	82-2628309	501(C)(3)	10,000.	0.			AWARDS
CHARLOTTE-MECKLENBURG BOARD OF							
EDUCATION - P.O. BOX 30035 -							DISTINGUISHED ACADEMY
CHARLOTTE, NC 28230	56-6001074	SECTION 115	10,000.	0.			AWARDS

Schedule I (Form 990) 2022 NAF 13-3480246

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	3	14,000.	0.		
Part IV Supplemental Information. Provide the informat	ion required in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
NAF DISBURSES SEVERAL SCHOLARSH	IPS TO STUDE	NTS AND PF	ROGRAM ALUM	NI. IN	
ADDITION, PROGRAM GRANTS ARE DI	SBURSED TO T	HE ACADEMI	ES THEMSEL	VES TO	
ASSIST WITH PROGRAM EXPENDITURE	S. SCHOLARSH	IPS ARE AV	NARDED THRO	UGH A	
COMPETITIVE APPLICATION PROCESS	. DIFFERENT	SCHOLARSHI	P PROGRAMS	HAVE	
VARYING CRITERIA, BUT IN GENERA	L THE FOLLOW	ING APPLY:	STUDENTS	MUST BE	
ENROLLED IN OR ALUMNI OF AN ACA	DEMY. PROGRA	M GRANTS A	ARE AWARDED	BASED ON A	

COMPETITIVE PROCESS OR ACCORDING TO DONOR SPECIFICATIONS.

Tartiv Supplemental illiorination
NAF AND GRANTEES JOINTLY AGREE ON ALL PROGRAMMATIC GOALS AND EXPECTATIONS,
INCLUDING ESTABLISHING VARIOUS REPORTING OBLIGATIONS TO ENSURE
ACCOUNTABILITY. NAF STAFF IN TURN MONITOR GRANTEES' PROGRESS THROUGHOUT THE
REPORTING PERIOD TO ENSURE ADEQUATE PROGRESS IS MADE AS WELL AS TO PROVIDE
SUPPORT AS NECESSARY.

### SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury

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

NAF 13-3480246 **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 (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Independent compensation consultant 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: Х a Receive a severance payment or change-of-control payment? 4a Х 4b **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? 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 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on 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 6 contingent on the net earnings of: a The organization? 6a X **b** Any related organization? 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 nonfixed payments Х not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on 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.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA DUGHI	(i)	449,211.	0.	85,472.	49,595.	8,873.	593,151.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRENDA B. BARRY, CHIEF	(i)	240,172.	3,000.	40,480.	37,934.	33,117.	354,703.	0.
PROGRAM OFFICER THRU DEC. 2022	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) COLLEEN M. DEVERY	(i)	243,111.	3,000.	33,613.	37,050.	29,247.	346,021.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CRAIG W. LOVE	(i)	238,417.	3,000.	23,652.	24,539.	24,646.	314,254.	0.
CFO & TREASURER EFF. 09/2022	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH PEREZ	(i)	252,242.	3,000.	2,885.	23,030.	31,747.	312,904.	0.
CHIEF PARTNERSHIP OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TARAWHONA DAVIS BELLEVUE	(i)	153,703.	3,000.	15,150.	22,842.	17,191.	211,886.	0.
VP, IDEA STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) REEDY WADE	(i)	160,074.	3,000.	15,714.	23,394.	8,746.	210,928.	0.
VP, ACADEMY DEVELOPMENT & IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) WILLIAM TAYLOR, VP OUTREACH	(i)	159,939.	250.	13,726.	23,287.	12,800.	210,002.	0.
& PARTNERSHIP DEV. THRU DEC. 2022	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) UMANG BERI	(i)	131,522.	3,250.	18,625.	20,832.	30,822.	205,051.	0.
SR. DIR., SYSTEMS & DATA APPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARC A. LESSER	(i)	170,923.	3,000.	2,734.	16,199.	10,911.	203,767.	0.
VP, RESEARCH AND TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LINDSEY DIXON	(i)	153,586.	3,000.	11,848.	15,244.	17,011.	200,689.	0.
VP, PRODUCT & INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DEMETHOUS F. CHAMBLISS	(i)	130,230.	3,000.	13,256.	20,063.	31,821.	198,370.	0.
DIRECTOR, NETWORK EVALUATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SANDRA R. GREER-SANDERS	(i)	170,368.	3,000.	2,750.	15,970.	1,860.	193,948.	0.
VP, DEI & TALENT DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) HELEN S. BLANCH	(i)	151,640.	3,500.	7,629.	21,328.	9,209.	193,306.	0.
VP, CURRICULUM & INSTRUCTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KEISHA STEPHENSON TAYLOR, SR.	(i)	129,522.	3,000.	10,851.	19,264.	28,782.	191,419.	0.
DIR., ALUM. & POSTSECONDARY ENGAGE.	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BROOKE A. RICE, VP, WORK-BASED	(i)	123,729.	3,000.	14,292.	19,043.	20,813.	180,877.	0.
LEARNING & ADVISORY BOARD ACTIVATION	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) CAMILLE L. CURRIE	(i)	152,412.	2,000.	817.	14,279.	10,374.	179,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JAMES B. COLE	(i)	118,029.	3,000.	18,288.	18,111.	0.	157,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) VALAIDA DANIELLE WYNN, CHIEF	(i)	122,283.	2,000.	5,491.	11,754.	12,810.	154,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JONDEL HOYE	(i)	0.	0.	103,949.	13,501.	0.	117,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN MARYANNE BLOOMFIELD,
CHIEF ADVANCEMENT OFFICER'S, SEVERANCE AGREEMENT, THE ORGANIZATION PAID
SEVERANCE PAYMENT TO HER IN THE AMOUNT OF \$32,313 IN 2022. THIS PAYMENT WAS
TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.
PART I, LINE 7:
BONUSES WERE PAID BASED ON THE PERFORMANCE OF THE INDIVIDUALS AND WITHIN
THE APPROVED BUDGET. BONUSES WERE TAXABLE AND REPORTED ON THE INDIVIDUALS'
2022 FORMS W-2, AND REPORTED ON SCHEDULE J, PART II IN COLUMN B (II).

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 13-3480246

	NAF					13-34	180	246	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line		<b>(d)</b> Method of det noncash contribut		_	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	4	137,54	9. AVC	S. SELLING	; PI	RICI	<u> </u>
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions					
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement <b>29</b>				0	
								Yes	No
30a	During the year, did the organization receive by			•	•	that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be us	ed for	J			
	exempt purposes for the entire holding period?	?					30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.					l l			
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contr	ibutions?	·	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell nonce	ısh				
	contributions?						32a		<u>X</u>
b	If "Yes," describe in Part II.					[			
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is	checked,	I			
	describe in Part II.								

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

Schedule M (Form 990) 2022

232142 09-09-22

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

BUSINESS, AND COMMUNITY LEADERS TOGETHER TO TRANSFORM THE HIGH SCHOOL

DESCRIPTION OF ORGANIZATION MISSION:

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FORM 990, PART

NAF

LINE 1,

I,

**Employer identification number** 13-3480246

EXPERIENCE. FORM 990, PART I, QUESTION 5, AND PART V, QUESTION 2A: THE ORGANIZATION CONTRACTED WITH A PROFESSIONAL EMPLOYER ORGANIZATION INCLUDING BUT NOT LIMITED TO, (PEO) FOR SERVICES, PAYROLL, TIMEKEEPING, EMPLOYEE BENEFITS, HR ADMINISTRATION AND WORKFORCE REGULATORY COMPLIANCE NEEDS. AS THE EMPLOYER OF RECORD FOR TAX PURPOSES, FORMS W-2AND W-3 ARE ISSUED BY THE PEO AND FILED UNDER THE PEO'S FEDERAL EIN. IN THIS CO-EMPLOYMENT ARRANGEMENT, THE ORGANIZATION IS THE COMMON LAW ACCORDINGLY, COMPENSATION IS REPORTED ON FORM 990, EMPLOYER AND, SECTION A AND PART IX, LINES 5-10.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ACADEMY OF HEALTH SCIENCES, WHICH OPERATES 88 ACADEMIES, ADDRESSES THE CRITICAL ACHIEVEMENT GAP IN STEM FIELDS AND DEVELOPS A PIPELINE OF STUDENTS PREPARED TO PURSUE HEALTH-RELATED DEGREES AND PROFESSIONS IN ONE OF THE FASTEST GROWING SECTORS OF THE ECONOMY. COURSES INCLUDE CONTENT ON BIOTECHNOLOGY, ANATOMY, PHYSIOLOGY, AND GLOBAL HEALTH. ACADEMIES MAY USE BIOMEDICAL CURRICULUM FROM PROJECT LEAD THE WAY INC. OR THE HEALTH SCIENCES CAREERS CURRICULUM FROM PAXTON-PATTERSON. HOSAFUTURE HEALTH PROFESSIONALS ALSO PROVIDES OPPORTUNITIES FOR STUDENTS TO BUILD COLLEGE AND CAREER-READINESS SKILLS. THE NATIONAL CONSORTIUM FOR HEALTH SCIENCE EDUCATION PROVIDES AN ONLINE MODULE FOR

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization NAF Employer identification number 13-3480246

WORK-BASED LEARNING.

EXPENSES \$ 6,670,523. INCLUDING GRANTS OF \$ 552,193. REVENUE \$ 752,668.

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

THE BOARD MEMBER, SANFORD WEILL AND BOARD MEMBER, MARC WEILL HAVE A FAMILY RELATIONSHIP.

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

THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON

INFORMATION PROVIDED BY THE ORGANIZATION AND IN CONSULTATION WITH NAF STAFF

MEMBERS. THE RETURN PREPARED BY THE ACCOUNTING FIRM IS THEN REVIEWED BY THE

ORGANIZATION'S FINANCE DEPARTMENT, AS WELL AS THE FINANCE AND AUDIT

COMMITTEES OF THE BOARD OF DIRECTORS. THE ORGANIZATION'S FORM 990 IS THEN

PROVIDED ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS BEFORE SUBMISSION OF

THE RETURN TO THE INTERNAL REVENUE SERVICE.

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

NAF HAS A CODE OF ETHICS/CONFLICT OF INTEREST POLICY REQUIRING ALL

DIRECTORS, OFFICERS AND KEY PERSONS TO COMPLETE A CONFLICT OF INTEREST

POLICY LETTER ANNUALLY. THE LETTERS ARE REVIEWED BY THE AUDIT COMMITTEE WHO

DETERMINES IF A CONFLICT OF INTEREST EXISTS. IN THE EVENT OF A CONFLICT OF

INTEREST, THE BOARD OF DIRECTORS DETERMINES THE APPROPRIATE ACTIONS

REQUIRED, INCLUDING PREVENTING THE INDIVIDUAL FROM PARTICIPATING IN

DISCUSSION AND DECISIONS REGARDING THE MATTER.

MINUTES OF THE MEETINGS OF THE AUDIT COMMITTEE WILL RECORD THE NAMES OF THE

INTERESTED PERSONS, NATURE OF THE CONFLICT OF INTERESTS, AND THE FINAL

DECISIONS MADE REGARDING THE CONFLICT OF INTERESTS.

Schedule O (Form 990) 2022 Page **2** 

Name of the organization Employer identification number NAF 13-3480246

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

NAF HIRED AN INDEPENDENT COMPENSATION CONSULTANT TO PRODUCE A SALARY SURVEY IN 2021. NAF HAS SET COMPENSATION FOR SENIOR MANAGEMENT WITHIN THE RANGE OF THE GOING MARKET RATE FOR FUNCTIONALLY COMPARABLE POSITIONS HELD BY INDIVIDUALS WITH SIMILAR EXPERIENCE LEVELS AT SIMILARLY SITUATED ORGANIZATIONS. DOCUMENTATION IS MAINTAINED IN NAFS RECORDS. A COMPENSATION COMMITTEE AND THE ENTIRE BOARD OF DIRECTORS REVIEW AND APPROVE COMPENSATION FOR THE CEO, AS WELL AS ALL OTHER TOP MANAGEMENT AND KEY EMPLOYEES. THIS PROCESS WAS LAST UNDERTAKEN IN 2021.

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

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

WV

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

NAF MAKES ITS FORM 990 AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC

INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE; THE

FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, GUIDESTAR.ORG, AND

OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FORM 990 AS WELL AS THE

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, FORM 1023, AND CONFLICT OF

INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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

COMMUNITY IMPACT:

PROGRAM SERVICE EXPENSES 518,005.

MANAGEMENT AND GENERAL EXPENSES

0.

0.

FUNDRAISING EXPENSES

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization NAF	Employer identification number 13-3480246
TOTAL EXPENSES	518,005.
RESEARCH:	
PROGRAM SERVICE EXPENSES	1,072,328.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,072,328.
CURRICULUM DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	444,314.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	444,314.
CONSULTING AND PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	36,907.
MANAGEMENT AND GENERAL EXPENSES	95,955.
FUNDRAISING EXPENSES	116,673.
TOTAL EXPENSES	249,535.
PROGRAM SERVICE CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	1,283,244.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,283,244.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,567,426.
FORM 990, PART XII, LINE 2C:	
232212 10-28-22 5.5	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization NAF	Employer identification number 13-3480246
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEL	ECTION OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM T	HE PRIOR
YEAR.	