DLN: 93493031005006

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the 2014		ning 01-01-2014 $$, and ending 12-31-20	14			
	neck if applica	EDUCATION REPORT NOW ADVO	OCACY INC		D Emplo	yer iden	tification number
_	ldress change	2			26-05	96684	
	ame change	Doing business as					
	ıtıal return	Number and street (or P.O. box	If mail is not delivered to street address) Room/	suite	E Telepho	ne numb	per
┌ re	nal turn/termina		, , , , , , , , , , , , , , , , , , , ,				
☐ Ar	nended retur		country, and ZIP or foreign postal code				
	plication pen	BROOKLYN, NY 11201			G Gross r	eceıpts \$	6,921,447
		F Name and address of	orincipal officer	H(a) Is	this a group	return	
		JOE WILLIAMS 325 GOLD STREET STE	201	su	ıbordınates?		┌ Yes 🗸 No
		BROOKLYN,NY 11201		H(b) A	re all subordı	nates	┌ Yes ┌ No
	ax-exempt st	tatus	◀ (Insert no)		cluded?	- 1	(\ <u></u>
			(insert no) 4947(a)(1) or 527		No, attach	a list ((see instructions)
J V	/ebsite: ►	N/A		H(c) G	roup exempt	ion num	nber 🟲
		ration 🔽 Corporation 🗆 Trust 🗀 Associ	ation Other ►	L Year o	of formation 20	07 M :	State of legal domicile NY
Pa	art I S	Summary					
			sion or most significant activities MPAIGN FOR REFORM OF AMERICAN	V 12 DIIRIT	CEDUCATI	O N	STEMS INCLUDING
		DIA RELATIONS WORK	MPAIGN FOR REFORM OF AMERICAN	K 12 PUBLI	CEDUCATI	ON SYS	STEMS INCLUDING
<u> </u>							
<u>Ba</u>							
Governance	2 Che	ck this box দ if the organization	discontinued its operations or disposed	d of more tha	n 25% of its	net ass	sets
						_	_
Activities &			erning body (Part VI, line 1a) rs of the governing body (Part VI, line 1			3	5
Ě			in calendar year 2014 (Part V, line 2a)			5	12
ACI			if necessary)			6	4
			n Part VIII, column (C), line 12			7a	0
	b Net	unrelated business taxable incom	e from Form 990-T, line 34			7b	0
				F	Prior Year		Current Year
an	ı		, line 1 h)		4,966,	776	6,921,178
Revenue			, line 2g)			200	0
Нèў			mn (A), lines 3, 4, and 7d)		41,	289	269
			11 (must equal Part VIII, column (A), li	ine			
			· · · · · · · · · · · · · · · · · · ·		5,008,4	_	6,921,447
		, ,	art IX, column (A), lines 1-3)		1,370,9	950	2,500
	1		rt IX, column (A), line 4)				0
8		-10)	oyee belients (Fart 1x, column (A), illes	' <u> </u>	165,0	055	417,082
Expenses	16a Pr	rofessional fundraising fees (Part 1	(X, column (A), line 11e)				0
ੜੇ	b To	tal fundraising expenses (Part IX, column	(D), line 25) • 11,128				
_	17 0	ther expenses (Part IX, column (A	s), lines 11a-11d, 11f-24e)		2,870,	507	7,067,816
	18 To	otal expenses Add lines 13–17 (i	must equal Part IX, column (A), line 25)		4,406,		7,487,398
		evenue less expenses Subtract li	ne 18 from line 12		601,9		-565,951
Net Assets or Fund Balances				Begini	ning of Curre Year	nt	End of Year
SS of a	20 To	otal assets (Part X, line 16)			1,183,0	051	975,546
A E	21 To	otal liabilities (Part X, line 26) .			112,0	000	470,446
			ict line 21 from line 20		1,071,0	051	505,100
		Signature Block					
			examined this return, including accompa complete Declaration of preparer (other				
			ompiece Decidration of preparer (other	than officer,	, is bused on	uii iiiioi	mation of which
prep		ny knowledge					
—— huet					12045 42 22		
	arer has a	****** Signature of officer			2015-12-22 Date		
Sig	n e	****** Signature of officer JOSEPH COHEN BOARD DIRECTOR					
Sig	n e	***** Signature of officer JOSEPH COHEN BOARD DIRECTOR Type or print name and title					
Sig Her	n e	****** Signature of officer JOSEPH COHEN BOARD DIRECTOR	Preparer's signature P HAN MEI CPA		Date Check If	PTIN P00596	868
Sig Her —	n e	***** Signature of officer JOSEPH COHEN BOARD DIRECTOR Type or print name and title Print/Type preparer's name	Preparer's signature P HAN MEI CPA	2016-01-31	Date	P00596	

BROOKLYN, NY 11214

✓ Yes ☐ No

Form	990 (2014)					Page
Par		ent of Program Serv chedule O contains a res				
1	Briefly describe	the organization's missior	1			
	RENESS AND ED ATIONS WORK	UCATION CAMPAIGN FO	OR REFORM O	F AMERICAN K 12 PUB	LIC EDUCATION SYSTEMS	INCLUDING MEDIA
2	Did the organizat the prior Form 99	ion undertake any signific 90 or 990-EZ?	ant program s	ervices during the year w	hich were not listed on	┌ Yes ┌ No
	If "Yes," describ	e these new services on S	chedule O			
3	Did the organizat	ion cease conducting, or	make sıgnıfıcaı	nt changes in how it cond	lucts, any program	┌ Yes ┌ No
	If "Yes," describ	e these changes on Scheo	lule O			
4	expenses Section		l) organization	s are required to report tl	e largest program services, a he amount of grants and alloc	
4a	(Code) (Expenses \$	5,737,500	including grants of \$) (Revenue \$	3,500,900)
	SUPPORT CAN	DIDATES FOR OFFICE WHO SUF	PPORT K-12 EDUC	CATION REFORM POLICIES		
4b	(Code) (Expenses \$	1,413,247	ıncludıng grants of \$	2,500) (Revenue \$	3,420,547)
	ADVOCATE FO	R SYSTEMIC REFORM OR AMER	ICAN K-12 PUBLIC	C EDUCATION SYSTEMS		
4c	(Code) (Expenses \$	32,442	ıncludıng grants of \$) (Revenue \$)
		AL, STATE, AND LOCAL POLICYM TABILITY, AND PUBLIC SCHOOL		DE ON K-12 EDUCTION REFOR	RM ISSUES, INCLUDING PUBLIC SCH	OOL CHOICE, SCHOOL AND
4d	Other program :	services (Describe in Sch	edule O)			

) (Revenue \$

including grants of \$

7,183,189

(Expenses \$

4e

Total program service expenses ►

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
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^{\bullet}	3	Yes	
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		
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Par	t IV Checklist of Required Schedules (continued)			
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		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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
4	Entautho number reported in Boy 2 of Form 1006 Enter 0 if not applicable 1.1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 22 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ī	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
h	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	30		
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

000 11100 00001101		
Check if Schedule C	contains a response or note to any line in this Part VI	ァ

Se	ction 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	1a	5	;			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4				
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?						
3							
4	Did the organization make any significant changes to its governing documents since filed?	the p	prior Form 990 was	4		No	
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No	
6	Did the organization have members or stockholders?			6		No	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by) r	members, stockholders,	. 7b		Νo	
8	Did the organization contemporaneously document the meetings held or written active year by the following						
а	The governing body?			8a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No	
Se	ction B. Policies (This Section B requests information about policies not	requi	ired by the Internal I	Reven	ue Cod	e.)	
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		No	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes		
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give	12b	Yes		
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes		
13							
14							
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the						
а	The organization's CEO, Executive Director, or top management official			15a	Yes		
b	Other officers or key employees of the organization			15b	Yes		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsim	ılar arrangement with a	16a		Νo	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b			

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►JOE WILLIAMS
 - - 325 GOLD STREET STE 201

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 vear

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

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

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

Name and Title A verage hours per week (list any hours for related organizations below A verage hours per week (list any hours for related organizations below A verage hours per wore than one box, unless person is both an officer and a director/trustee) A verage hours per wore than one box, unless person is both an officer and a director/trustee) A verage hours per wore than one box, unless person is both an officer and a director/trustee) A verage hours per wore than one box, unless person is both an officer and a director/trustee) A verage hours per wore than one box, unless person is both an officer and a director/trustee) A verage hours per wore than one box, unless person is both an officer and a director/trustee) A verage hours per wore than one box, unless person is both an officer organization (W- 2/1099- WISC) A verage hours per wore than one box, unless person is both an officer organization (W- 2/1099- WISC) A verage hours per wore than one box, unless person is both an officer organization (W- 2/1099- WISC) A verage hours per wore than one box, unless person is both an officer organization (W- 2/1099- WISC) A verage hours per wore than one box, unless person is both an officer organization (W- 2/1099- WISC)			ı							1	
Comparization Comparizatio	ount of other ensation	eportable mpensation om related ganizations	Reportable compensation from the organization	ess er e)	c, unle offic ustee	not box h ar or/tr	one bot recto	than on is	more pers and	A verage hours per week (list any hours	
DIRECTOR	related nizations			Former	Highest compensated	key employee	Officei	Truste	Individual trustee or director	organizations below	
C2 BOYKIN CURRY	0	0	0						х		
DIRECTOR 0 00											
Name	0	0	0						Х		DIRECTOR
Name	0	0	o						х		
Name	0	0	0						Х		
Column C	0	301,500	33,500		х		х				
X 16,828 151,456		-									
X	0	151,456	16,828			Х					
X 16,700 150,300 MA STATE DIRECTOR 30 00 X 14,175 127,574 MJ STATE DIRECTOR 30 00 X 21,000 189,000 MA STATE DIRECTOR 30 00 X 15,137 136,237 MA STATE DIRECTOR 30 00 X 12,600 113,400 MA STATE DIRECTOR 30 00 X 12,600 MA STATE DIRECTOR 30 00 MA STATE DIRECTOR 30 00 X 12,600 MA STATE DIRECTOR 30 00 MA STAT	0	105,651	11,739			х					
(9) KATHLEEN NUGENT 3 00 X 14,175 127,574 NJ STATE DIRECTOR 30 00 X 21,000 189,000 (10) CHARLES BARONE 3 00 X 21,000 189,000 POLICY DIRECTOR 30 00 X 15,137 136,237 CALIF STATE DIRECTOR 30 00 X 15,137 136,237 (12) PATRICK VAN KEERBERGEN 3 00 X 12,600 113,400	0	150,300	16,700			х					
(10) CHARLES BARONE 3 00 X 21,000 189,000 POLICY DIRECTOR 30 00 X 21,000 189,000 (11) STEVEN BARR 3 00 X 15,137 136,237 CALIF STATE DIRECTOR 30 00 X 15,137 136,237 (12) PATRICK VAN KEERBERGEN 3 00 X 12,600 113,400	0	127,574	14,175			х				3 00	(9) KATHLEEN NUGENT
(11) STEVEN BARR 3 00 X 15,137 136,237 CALIF STATE DIRECTOR 30 00 X 15,137 136,237 (12) PATRICK VAN KEERBERGEN 3 00 X 12,600 113,400	0	189,000	21,000			х				3 00	(10) CHARLES BARONE
CALIF STATE DIRECTOR 30 00 1 12,600 113,400	0	136,237	15.137			×				3 00	(11) STEVEN BARR
			,							30 00	CALIF STATE DIRECTOR
	0	113,400	12,600			x					
(13) JOE KELLEY 3 00 X 12,000 108,000 DIRECTOR OF DEVELOPMENT 30 00 X 12,000 108,000	0	108,000	12,000			х				3 00	(13) JOE KELLEY
(14) SEAN ANDERSEN 3 00 X 10,351 93,158	0	93,158	10,351			х				3 00	(14) SEAN ANDERSEN
CHIEF OF STAFF 30 00 Form 990	90 (2014)				İ.		<u> </u>	<u> </u>		30 00	CUTEL OL PIALL

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	offic	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) JENNIFER L WALMERCOLORADO STATE DIRECTOR	3 00				х			13,399	120,588	0
(16) NATASHA KAMRANI TENNESSEE STATE DIRECTOR	3 00				х			17,221	154,989	0

1b	Sub-Total	•			
С	Total from continuation sheets to Part VII, Section A	Þ			
d	Total (add lines 1b and 1c)	►	194,650	1,751,853	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			165	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
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		No

Section	В.	Inde	pendent	t Contr	actors
---------	----	------	---------	---------	--------

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

(B) Description of services	(C) Compensation
GENERAL PROGRAM	350,928
	Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Total revenue Related or exempt function revenue 200 Page 120 Page	Part V	***	Statement of Revenue	any lie	e in this Book VIII			
December December			Check if Schedule O contains a response or note to	any im	(A)	Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections
Business Code Business Code Business Code	. se	1a	Federated campaigns 1a					
By b Total Add lines 1e-1f	###	b	Membership dues 1b					
Business Code Business Code Business Code	ום פר	c	Fundraising events 1c					
Business Code Business Code Business Code	ا <u>ک</u> نو			0.000				
Business Code Business Code Business Code	<u>.</u>	a						
Business Code Business Code Business Code	ğ, <u>E</u>	е	Government grants (contributions) 1e					
Business Code Business Code Business Code	<u>≅</u> %	f	All other contributions, gifts, grants, and 1f 6,661 similar amounts not included above	1,178				
Business Code Business Code Business Code	<u>≅</u> €	q	Noncash contributions included in lines		i			
Business Code Date	탈필				6 021 170			
2a b b c c c c c c c c c c c c c c c c c	ರ೯	h	Total. Add lines 1a-1f	►	6,921,178			
3 Investment income (including dividends, interest, and other similar a mounts)	<u>a</u>		Business Co	ode				1
3 Investment income (including dividends, interest, and other similar a mounts)	Ke L	2a						
3 Investment income (including dividends, interest, and other similar a mounts)	22	b						
Towestment income (including dividends, interest, and other similar a mounts) 260	956	С						
3 Investment income (including dividends, interest, and other similar a mounts)	SE	d						
Towestment income (including dividends, interest, and other similar a mounts) 260	Ē	е						
Towestment income (including dividends, interest, and other similar a mounts) 260	8	f	All other program service revenue					
and other similar amounts)	ΔŤ	g	Total. Add lines 2a-2f	▶				
A Income from invertisement of tax exempt bond proceeds Renation (i) Real (ii) Personal (ii) Personal (iii) Personal (iv) Real (iv) Personal (iv) Personal (iv) Real (iv) Personal (iv) Pers		3			269			269
The second secon		4			203			20.
(i) Personal (ii) Personal		-		· -				
6a Gross rents b Less rental expenses c Rental income or (10ss) d Net rental income or (10ss)		•		nal				
expenses c Rental income or (loss) d Net rental income (i) Securities (ii) Other 7a Gross amount from sales of than inventory b less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including sevents (not including) for contributions reported on line 1c) See Part IV, line 18 c Net income or (loss) from fundraising events See Part IV, line 19 c Net income or (loss) from gaming activities See Part IV, line 19 c Net income or (loss) from gaming activities See Part IV, line 19 d Gross sales of inventory, less returns and allowances returns and allowances d b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b C d All other revenue e Total Add lines 11a-11d b		6a						
Or Rental income or (loss) In Net rental income or (loss) In Net rental income or (loss) In Securities In S		b						
Total Add lines 11a-11d		c						
(i) Securities (ii) Other (iii) Other (iv) Other (i		_	· · · · · · · · · · · · · · · · · · ·					
Ta Gross amount from sales of assets other than inventory Less cost of continuous cost of c		u						
from sales of assets other than inventory be less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) See Part IV, line 18		7a		<u>'</u>				
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 of contributions reported on line 1c) 5 see Part IV, line 18								
other bass and sales expenses c Gam or (loss) d Net gan or (loss)		L						
A Net gan or (loss) A Net gan or (loss) A Net gan or (loss) A Gross income from fundraising events (not including sevents (not including) See Part IV, line 18 A D Less direct expenses		D	other basis and					
Sa Gross income from fundraising events (not including \$		С						
events (not including S		d	Net gain or (loss)	· ▶				1
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities	une	8a	events (not including					
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities	r Reve		See Part IV, line 18					
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities	<u>ਦ</u>	Ь	Less direct expenses b					
See Part IV, line 19	ō	c	Net income or (loss) from fundraising events	P				
c Net income or (loss) from gaming activities		9a	See Part IV, line 19					
c Net income or (loss) from gaming activities		b						
returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c All other revenue e Total. Add lines 11a-11d		c		· ▶				
b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b C d All other revenue		10a						
b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue								
c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue		h						
Miscellaneous Revenue Business Code to a All other revenue								
11a b c d All other revenue	}							
c d All other revenue e Total. Add lines 11a-11d	}	11a						
c d All other revenue e Total. Add lines 11a-11d								
d All other revenue e Total. Add lines 11a-11d								
e Total. Add lines 11a-11d		_	All other revenue					
				<u> </u>				
				<u> </u>				

orm	990 (2014)				Page 10
Part	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organızatı	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,500	2,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign 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	135,592	52,852	71,612	11,128
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	281,490	281,490		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	70,500		70,500	
С	Accounting	22,700		22,700	
d	Lobbying	32,442	32,442		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	47,146		47,146	
14	Information technology				
15	Royalties				
16	Occupancy	34,687		34,687	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	7,917		7,917	
19	Conferences, conventions, and meetings	2,759		2,759	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,726		2,726	
23	Insurance	15,760		15,760	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONTRACT SERVICE	1,080,405	1,076,405	4,000	
b	POLITICAL CONTRIBUTION	5,737,500	5,737,500		
С	TELEPHONETELECOMMUNICATION	4,970		4,970	
d	MEMBERSHIP & DUES	8,304		8,304	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,487,398	7,183,189	293,081	11,128
26	Joint costs. Complete this line only if the organization				

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,168,817	1	-110,344
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
<u>s</u>	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Assets				6	
AS	7	Notes and loans receivable, net		7	1,062,641
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,599	9	9,840
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	Ь	Less accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	_
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	7,270	14	4,544
	15	Other assets See Part IV, line 11	3,365	15	8,865
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,183,051	16	975,546
	17	Accounts payable and accrued expenses	12,000	17	17,000
	18	Grants payable		18	_
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø.	21	Escrow or custodial account liability $$ Complete Part IV of Schedule $$ D $$. $$.		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	100,000	25	453,446
	26	Total liabilities. Add lines 17 through 25	112,000	26	470,446
√n du		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	-82,324	27	328,986
<u>छ</u>	28	Temporarily restricted net assets	1,153,375	28	176,114
Fund Balance	29	Permanently restricted net assets	1,100,070	29	.,,,,,,
ŭ		Organizations that do not follow SFAS 117 (ASC 958), check here ► and			
or Fi		complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances	1,071,051	33	505,100
Z	34	Total liabilities and net assets/fund balances	1,183,051	34	975,546
		,	, ,		

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
	Total revenue (must equal Part VIII column (A) line 12)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,9	921,447
2	Total expenses (must equal Part IX, column (A), line 25)	2		7.4	487,398
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		- [565,951
7	Net assets of fully balances at beginning of year (must equal rait X, me 33, column (A))	4		1,0	071,051
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	_			
8	Prior period adjustments	7			
_		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		į	505,100
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	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	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493031005006

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

www.irs.gov/form990. If the organization answered "Yes" to 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

Part I-B Complete if the organization is exempt under section 501(c)(3).

- ◆ 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" to 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 th	ne organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate ir	ıstructions) oı	Form 990	0-EZ, Part V,
line	35c (Proxy Tax) (see separate instructions), then			
	Section 501(c)(4), (5), or (6) organizations Complete Part III			
	ame of the organization JUCATION REFORM NOW ADVOCACY INC	Employer ide	entificatio	n number
		26-059668	4	
Par	rt I-A Complete if the organization is exempt under section 501(c) or is	a section 52	7 organ	ization.
1	Provide a description of the organization's direct and indirect political campaign activities in l	Part IV		
2	Political expenditures	F	\$	5,737,50
3	Volunteer hours			

1	Enter the amount of any excise tax incurred by the organization under section 4955	►	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c), except section	n 50)1(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	•	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	۰	\$	5	,737,50C
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	٠	\$	5	,737,500

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
See Additional Data Table				

Did the filing organization file Form 1120-POL for this year?

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	rt II-B Complete if the organizatio filed Form 5768 (election u	n is exempt under section 501(c)(3) and has I nder section 501(h)).	· - •			
For e	each "Yes" response to lines 1a through 1i below, p	rovide in Part IV a detailed description of the lobbying	(ă	a)	(b))
activ			Yes	No	Amo	unt
1 a	legislation, including any attempt to influence through the use of Volunteers?	empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
b C	Paid staff or management (include compensat Media advertisements?	rion in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the public	c [?]				
e	Publications, or published or broadcast stater	ments?				
f	Grants to other organizations for lobbying pur	poses?				
g	Direct contact with legislators, their staffs, go	overnment officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, convention Other activities?	ns, speeches, lectures, or any similar means?				
j	Total Add lines 1c through 1i		_			
2a	Did the activities in line 1 cause the organization					
b	If "Yes," enter the amount of any tax incurred					
С		by organization managers under section 4912		,		
	If the filing organization incurred a section 49					
Par		n is exempt under section 501(c)(4), section !	501(c))(5), o	r secti	on
	501(c)(6).				Yes	s No
1	Were substantially all (90% or more) dues red	ceived nondeductible by members?		Г	1	No
2	Did the organization make only in-house lobby	•			2	No
3		ing and political expenditures from the prior year?			3	No
Par		n is exempt under section 501(c)(4), section ! BOTH Part III-A, lines 1 and 2, are answered "				
1	Dues, assessments and similar amounts from	members	1			
2	Section 162(e) nondeductible lobbying and poexpenses for which the section 527(f) tax wa	olitical expenditures (do not include amounts of political es paid).				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3		e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		e exceeds the amount on line 3, what portion of the excess e reasonable estimate of nondeductible lobbying and	4			
5	Taxable amount of lobbying and political expe	nditures (see instructions)	5			
P	art IV Supplemental Information	· · ·				
	ovide the descriptions required for Part I-A, line (see instructions), and Part II-B, line 1 Also, co	1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groumplete this part for any additional information	up list),	Part II-	-A, lines	1 and
	Return Reference	Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

Software ID: Software Version:

EIN: 26-0596684

Name: EDUCATION REFORM NOW ADVOCACY INC

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's own internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
STUDENTS FIRST	P O BOX 5280 SACRAMENTO, CA 95817	273659685	25000	
AZ DEM FOR EDUCATIN EQUITY	1100 E WASHINGTON STREET SUITE 10 PHOENIX,AZ 85034	465667841	36500	
JEFFCO FAMILY AND BUSINESS ALLIANCE	P O BOX 443 WHEAT RIDGE,CO 80034	465366323	80000	
LOCAL SCHOOLS LOCAL CHOICES	422 21ST STREET SUITE G DENVER,CO 80205	471204453	15000	
MAINSTREAM COLORADO	P O BOX 102776 DENVER,CO 80250	461396942	145000	
MAKEING COLORADO GREAT	P O BOX 370453 DENVER,CO 80237	471428947	650000	
PRESCHOOL MATTERS	1626 WAZEE ST 200 DENVER,CO 80202	471057507	10000	
DFER MA IEC PAC	P O BOX 140387 BOSTON,MA 02114	462288756	150000	
PRIORITIES FOR COLORADO	P O BOX 372217 DENVER,CO 80231	461401530	170000	
NEWARK FAMILIES FOR PROGRESS	P O BOX 32497 NEWARK,NJ 07102	465202953	348000	
RAISING COLORADO	7944 PENNSYLVANIA DR LITTLETON,CO 80122	470988839	465000	
NEWARK FIRST	357 PAPER MILL RD NEWARK, DE 19711	510111329	3050000	
SAVE JEFFCO SCHOOLS	98 WADSWORTH BLVD 127-251 DENVER,CO 80226	471716775	85000	
NEWARK FIRST ACTION FUND	455 MASSACHUSETTL AVE N WSUITE 600 WASHINGTON, DC 20001	465195016	300000	
DFER IL IEC	53 W JACKSON BLVD SUITE 726 CHICAGO,IL 60604	464692134	100000	
DFER WA PAC	603 STEWART STREET SUITE 819 SEATTLE,WA 98101	454347479	5000	
50CAN ACTION FUND INC	1112 16TH STREET SUITE 240 WASHINGTON, DC 20036	454698768	100000	
DFER IL PAC	53 W JACKSON BOULEVARD SUITE 726 CHICAGO,IL 60604	460736542	3000	

DLN: 93493031005006

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Inspection** Name of the organization **Employer identification number** EDUCATION REFORM NOW ADVOCACY INC 26-0596684 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -Number of states where property subject to conservation easement is located **\(\big_**_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet 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 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Ar	t, His	tori	cal Tr	easur	es, or O	the	Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck a	any of t	the follo	wing that a	re a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	aın hov	w they	/ furthe	r the or	ganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit								ılar	_ v	 .
Dai	assets to be sold to raise funds rather than rt IV Escrow and Custodial Arrang								oc" to Form	Yes	No
Гa	Part IV, line 9, or reported an ar						aliswele	u i	25 (0 1 0 1 1 1 1	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	for c	ontrıbu	tions or	other ass	ets r	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving t	able		г				
							-		Aı	mount	
С	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	ne 21,	for es	crow o	rcusto	dial accou	nt lıa	bility?	☐ Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	e expla	anatı	n has	been pr	ovided in F	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete							_			
- -	Daniming of warmhalana	(a)Current year	(b))Prior y	/ear	b (c) Two	o years back	(d)	hree years back	(e)Four y	years back
1a L	Beginning of year balance							┢		 	
b	Contributions							┢		 	
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	and programs							\vdash			
q	End of year balance							+			
_	,	rent was and halan	l (lin	. 1		n (a)) h	ald an	<u> </u>			
2	Provide the estimated percentage of the cur	rent year end balan	ice (iin	ie Ig,	colum	n (a)) ne	eid as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🗠										
С	Temporarily restricted endowment										
За	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		-ation 1	+6-+-	ra bala		ministara	1 60 -	th a		
Зa	organization by	ssion of the organiz	Zationi	LIIaL	ne nero	ı anu au	IIIIIIStere	וטו ג	uie	Yes	No
	(i) unrelated organizations								3a	(i)	
	(ii) related organizations								3a	(ii)	
b	If "Yes" to 3a(II), are the related organization							•	3	Bb	
4	Describe in Part XIII the intended uses of the							1 1 .	F 000 D	- 1 7) / 1	
Pa	rt VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		tne o	rgan	izatior	n answe	erea Yes	το	Form 990, P	art IV, II	ine
	Description of property				a) Cost o	or other estment)	(b)Cost or basis (ot		(c) Accumula depreciation		Book value
1a	Land			+						_	
	Buildings						1			\neg	
	Leasehold improvements									\neg	
	Equipment									\neg	
	Other									\dashv	
	I. Add lines 1a through 1e (Column (d) must e			ımn (l	3) line	10(c))					

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C		 on answered 'Yes' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.	omplete if the organization	manawered res to form 550, raitery, mie 11e.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org		-
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DUE TO ERN	453,446	
		1
		1
		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	452446	1
2 Labella for an action by master than 1990, Park A, COI (D) IIIIe 25	453,446	hha annananahanda 6mananalatatananatatkatan

Par	rt XI Reconciliation of Revenue per Audited Financial Statements With the organization answered 'Yes' to Form 990, Part IV, line 12a.	h Revenue	per Reti	urn Complete ıf
1	Total revenue, gains, and other support per audited financial statements		1	6,921,447
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12			· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities		1	
c	Recoveries of prior year grants		1	
d	Other (Describe in Part XIII) 2d		1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,921,447
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			
ь	Other (Describe in Part XIII) 4b		1	
c	Add lines 4a and 4b		4 _c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	6,921,447
Part	rt XIII Reconciliation of Expenses per Audited Financial Statements W		s per Re	
	ıf the organization answered 'Yes' to Form 990, Part IV, line 12a.	<u>-</u>	-	·
1	Total expenses and losses per audited financial statements		1	7,487,398
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a		」	
b	Prior year adjustments		」	
C	Other losses		」	
d	Other (Describe in Part XIII) 2d		」 │	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	7,487,398
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		_	
b	Other (Describe in Part XIII)			
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	7,487,398
Par	rt XIII Supplemental Information			
Part	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, rt V, line 4, Part X, line 2, Part XI, lines 2d and 4b Also compormation			any additional
	Return Reference Explanation			
	PART X, LINE 2 THE IRS GUIDANCE REQUIRES 501(TO PROMOTE SOCIAL WELFARE AS THE IRS HAS YE FOR PRIMARILY, MANAGEMENT TAKES THE POSITIO EXPENDITURES BE POLITICAL IN NATURE SINCE THE POLITICAL EXPENDITURES HAD BEEN BELOW 50% EXPENDITURES INCREASED AS A PERCENTAGE OF T (\$5 7 MIL POLITICAL EXPENDITURES OVER \$7 4 MIL WILL CONTINUE TO MONITOR FUTURE POLITICAL E COMPLIANCE WITH THE IRS GUIDELINES MEASUREI LIAB IS NOT REQUIRED, AS THE CORP, IF TREATED A LOSS AND NO TAX LIAB WOULD HAVE INCURRED	T TO PROVID N THAT NO M HE CORPS INC HOWEVER,20: OTAL EXPEN TOTAL EXPE XPENDITURE MENT OF THE	E A NUME ORE THAI CEPTION: 14 POLIT: DITURES NDITURE S TO ASC CORPS A	RICAL STANDARD N 50% OF ITS IN 2007,ITS ICAL TO OVER 50% S) MANAGEMENT ERTAIN SC740-10TAX

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493031005006

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public Inspection

Internal Revenue Service Name of the organization

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

Employer identification number

EDUCATION REFORM NOW ADVOCACY INC 26-0596684 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 JOE WILLIAMS, PRESIDENT AND DIRECTOR	(i) (ii)	29,500 265,500	4,000 36,000				33,500 301,500	
2 LEA CRUSEY, ACTING EXECUTIVE DIRECTOR	(i) (ii)	16,828 151,456					16,828 151,456	
3 LIAM KERR, MA STATE DIRECTOR	(i) (ii)	16,700 150,300					16,700 150,300	
4 CHARLES BARONE, POLICY DIRECTOR	(i) (ii)	21,000 189,000					21,000 189,000	
5 STEVEN BARR, CALIF STATE DIRECTOR	(i) (ii)	15,137 136,237					15,137 136,237	
6 NATASHA KAMRANI, TENNESSEE STATE DIRECTOR	(i) (ii)	17,221 154,989					17,221 154,989	

Schedule J (Form 990) 2014

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

ompiete tina pare for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

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DLN: 93493031005006

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization EDUCATION REFORM NOW ADVOCACY INC	Employer identification number
	26-0596684

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 governing body review Part VI line 11	
Conflict of interest policy compliance Part VI line 12c	ANNUAL DISCLOSURES FOR CONFLICTS OF INTEREST POLICY (DIRECTORS, OFFICERS AND KEY EMPLOYEES) ARE FILLED OUT AND REVIEWED BY THE FINANCE/AUDIT COMMITTEE ON ANNUALLY BASIS
CEO executive director top management comp Part VI line 15a	THE OFFICERS AND DIRECTORS COMPENSATION ARE REVIEWED AND DETERMINED BY THE BOARD MEMBERS
Other officer or key employee compensation Part VI line 15b	THE OFFICERS COMPENSATION ARE REVIEWED AND DETERMINED BY THE BOARD MEMBERS
Governing documents etc available to public Part VI line 19	OUR DOCUMENTS ARE AVAILABLE UPON REQUEST

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DLN: 93493031005006

OMB No 1545-0047

2014

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Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization	Employer identification number
EDUCATION REFORM NOW ADVOCACY INC	
	26-0596684

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.									
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity				

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	512(b) ntrolled
						Yes	No
	DEVELOP POLICY ALTERNATIVES IN EDUCATION	NY	501C 3	7	N/A		No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Pai	rt IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	' ر	(i)	(j)	, 📉	(k)
Name, address, and EIN of	Primary activity	y Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate'	Code V-UBI	Gener	al or	Percentage
related organization	· '	domicile	controlling	income(related,	total income	end-of-year	allocat	.ions? '	amount in box	. mana	ging	ownership
	· '	(state or	entity	unrelated,	1	assets	1	,	20 of	partne	er?	ŗ
	· '	foreign	,	excluded from	1	(1	,	Schedule K-1	1		ŀ
	(country)	,	tax under	1	1	1	ı	(Form 1065)	1		
	· '	1 1	,	sections 512-	1	(1	,	1 '	1		
	1	1 1	, '	514)	1 ,	1	<u> </u>	——'	٠ '	—		
	1	1	, '	1	1 '	(Yes	No	1 '	Yes	No	
			(-			$\overline{}$				
								-	1			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes No	

Part V	Transactions With Related Organizations Complete if the organization ar	nswered "Yes" on For	m 990, Part IV, line	e 34, 35b, or 36.			
Not	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or mor	re related organizations	listed in Parts II-IV?				
a Rec	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift	grant, or capital contribution to related organization(s)				1b		No
c Gıft	grant, or capital contribution from related organization(s)				1 c	Yes	
d Loa	ns or loan guarantees to or for related organization(s)				1d	Yes	
e Loa	ns or loan guarantees by related organization(s)				1e	Yes	
f Div	dends from related organization(s)				1f		No
	e of assets to related organization(s)			 	1g		No
_	chase of assets from related organization(s)			⊢	1h		No
	nange of assets with related organization(s)			<u> </u>	1i		No
	e of facilities, equipment, or other assets to related organization(s)			-	1j		No
, Lea	te of facilities, equipment, of other assets to related organization(s)						
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k		No
l Perf	ormance of services or membership or fundraising solicitations for related organization(s)				11		No
m Perf	ormance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Shai	ing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sha	ring of paid employees with related organization(s)				10	Yes	
p Rei	nbursement paid to related organization(s) for expenses				1p		No
q Rei	nbursement paid by related organization(s) for expenses				1q	Yes	
r Oth	er transfer of cash or property to related organization(s)			-	1r		No
s Oth	er transfer of cash or property from related organization(s)			L	1s		No
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including	covered relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	unt in	volved	

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

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

4 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	s 50 orgai	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		<u> </u>	514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	1
				\Box				,	\Box				ļ

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

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