efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## **Return of Organization Exempt From Income Tax**

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

2016

DLN: 93493157006019 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Inspection

A F	or th	e 2016 c	alendar year, or tax year begin:	ning 07-01-2016and endi	na 06-30	-2017					
		pplicable	C Name of organization	-	g 00-30	- 241/	D Employe	er identification number			
☐ Ad	dress	change	NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES	N.			23-7391	1796			
□ Na		- 1	Doing business as								
Fin Detur		minated	Number and shoot (so D.O. hours from		I D /	-	E Telephon	e number			
		d return	Number and street (or P O box if ma 444 N CAPITOL STREET NW SUITE 20	57	Room/suit	te	(202) 62	24-5300			
⊔ Ар	piicati	on pending	City or town, state or province, coun WASHINGTON, DC 20001	try, and ZIP or foreign postal code							
				- <del> </del>				ceipts \$ 19,211,733			
			F Name and address of principal   SCOTT PATTISON				this a group ret ibordinates?	turn for ☐Yes ☑No			
			444 N CAPITOL STREET SUITE 26 WASHINGTON, DC 20001	57		<b>Н(b)</b> А	e all subordinate				
I Ta:	x-exer	mpt status	<b>☑</b> 501(c)(3) <b>□</b> 501(c)( ) <b>◄</b> (1	nsert no )	527		cluded? "No," attach a li	ıst (see ınstructions)			
J W	ebsit	te:► WW	VW NGA ORG			<b>H(c)</b> G	roup exemption	number <b>&gt;</b>			
<b>K</b> Forr	n of o	rganızatıon	Corporation Trust Associ	ciation Other ►		<b>L</b> Year of f	ormation 1974	<b>M</b> State of legal domicile DC			
Pa			mary				I.				
nce	-	TO PROVI	scribe the organization's mission or DE TAILORED TECHNICAL ASSISTA AN INFORMATION CLEARINGHOUS	NCE FOR CHALLENGES FACING		TES, IDE	NTIFY AND SHAF	RE BEST PRACTICES, AND			
E	-										
Governance	,	Check thi	is box 🕨 🗌 if the organization disc	continued its operations or dispo	sed of m	ore than 2	25% of its net as	ssets			
	3	Number (	of voting members of the governing	g body (Part VI, line 1a)				3 4			
Activities &	l		of independent voting members of		•			4 4			
E E	l		mber of individuals employed in cal mber of volunteers (estimate if nec	, , , , ,	•		• •	<b>5</b> 154			
A	l		related business revenue from Part	• •				<b>7a</b> 0			
	l		lated business taxable income from	, ,,				7b			
							Prior Year	Current Year			
ā	l		tions and grants (Part VIII, line 1h)				14,519,3	386 14,518,817			
Ravenue	l	-	gram service revenue (Part VIII, line 2g)								
æ	l		ent income (Part VIII, column (A), i venue (Part VIII, column (A), lines	• •	•		168,6				
	l		renue—add lines 8 through 11 (mus		ne 12)		15,706,5				
			nd sımılar amounts paıd (Part IX, c					0			
	14	Benefits	paid to or for members (Part IX, co	olumn (A), line 4)				0			
\$	l		other compensation, employee bei		5-10)		9,361,2	9,639,515			
Expenses	l		onal fundraising fees (Part IX, colur		•			0			
EXP	l		raising expenses (Part IX, column (D), lir penses (Part IX, column (A), lines :	· ·			8,445,3	9,028,430			
	l		penses (Part 1x, column (A), lines : penses Add lines 13–17 (must equa	,	•		17,806,6				
	l	·	less expenses Subtract line 18 fro				-2,100,0				
رة <u>ح</u>			·			Beginn	ning of Current Ye	ear End of Year			
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)				27,168,0	D98 25,568,744			
t As	l		pilities (Part X, line 26)				327,0				
ξΞ	22	Net asset	ts or fund balances Subtract line 2	1 from line 20			26,841,0	25,197,904			
Par			ature Block perjury, I declare that I have exami	ned this return, including accom	משמח	rebodulos	and statements	and to the best of my			
knowl	edge	and belie	ef, it is true, correct, and complete								
any k	nowle	edge									
		* * * * * *	* cure of officer				2019-06-06 Date				
Sign Here		, -					Date				
IICIC	•		POLK INTERIM CFO or print name and title								
			Print/Type preparer's name	Preparer's signature		ate		PTIN			
Paid		L	THERESA HUTCHINSON	THERESA HUTCHINSON	20	19-06-06	self-employed	P00176056			
Pre		<u>-</u> ا	Firm's name COATES & HUTCHINSO Firm's address 2130 PRIEST BRIDGE D				Firm's EIN ► 52-:				
Use	On	ıly  ˈ	CROFTON, MD 211142				Phone no (410) 7	·ZI-3940			
May +	he TD	S discuss	this return with the preparer show			_		☐ Yes ☐ No			
			duction Act Notice, see the separate		• •	Cat N	o 11282Y	Form <b>990</b> (2016)			

Other program services (Describe in Schedule O )

) (Revenue \$

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Nο

Νo

Nο

No

Nο

Form 990 (2016)

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**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 . . . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

4 5

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

- Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9 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 🕏 . . . . . . .

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Nο Nο

29

No

Page 4

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Yes

Yes

20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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33

34

35a

35h

36

37

Yes

Yes

Form 990 (2016)

Nο Nο

Νo

Nο

Νo

Nο

orm	990 (2016)			Page <b>5</b>
Par	t 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		<u> </u>	✓
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 50			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	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)?	<b>4</b> a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5</b> -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
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?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
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?	8		
9a	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?	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			
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 )			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
			orm OD	m /2010

Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
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 4			
	body,	ere are material differences in voting rights among members of the governing, or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b 4			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No
3	Did th	the organization delegate control over management duties customarily performed by or under the direct supervision increase, or key employees to a management company or other person?	3		No
4		he organization make any significant changes to its governing documents since the prior Form 990 was filed?			
_			4		No No
5		he organization become aware during the year of a significant diversion of the organization's assets?	5	V	No
6 7-		he organization have members or stockholders?  he organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6	Yes	
	mem	bers of the governing body?	7a		No
	perso	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b	Yes	
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing			
а	The g	poverning body?	<b>8</b> a	Yes	
		committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code		
		Г		Yes	No
		he organization have local chapters, branches, or affiliates?	10a		No
	and b	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, pranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a		No
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Dıd tl	he organization have a written whistleblower policy?	13	Yes	
14	Dıd tl	he organization have a written document retention and destruction policy?	14	Yes	
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The c	organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	r officers or key employees of the organization	15b		No
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions)			_
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
b	ın joli	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	15:		
		· · · · · · · · · · · · · · · · · · ·	16b		
<u>Se</u> 17		I C. Disclosure  he States with which a copy of this Form 990 is required to be filed▶			
-,	LISELI	AK , AL , AR , CA , CT , DC , FL , GA , IL , K  ME , MI , MN , MS , NC , ND , NH , NJ , NM  PA , RI , SC , TN , UT , WA , VA , WI			
18	Section availa	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
		Own website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	policy	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest ,, and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records EVE POLK 444 N CAPITOL STREET NW SUITE 267 WASHINGTON, DC 20001 (202) 624-5300			

(15) JARED BILLINGS

(16) KELLY MURPHY

PROGRAM DIRE

PROGRAM DIRE

# 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
- 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

or reportable compensation from the organization	i and any relate	ed orga	nızatı	ons							
• List all of the organization's <b>former directo</b> organization, more than \$10,000 of reportable co	ompensation fro	m the	orgar	nizat	ion a	and ar	ny re	elated organizations	5		
List persons in the following order individual truscompensated employees, and former such perso		rs, ınst	itutio	nal t	rust	ees, c	office	ers, key employees	, highest		
Check this box if neither the organization no		ganıza	tion c	omp	ens	ated a	iny c	turrent officer, dire	ctor, or trustee		
( <b>A</b> ) Name and Title	(B) Average hours per week (list any hours	Position than of	on (d	(C o no ox, u in of	) t che unle: ficer	eck mess pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) GOVERNOR BRIAN SANDOVAL CHAIR	0 40	х		x				0	0	0	
(2) GOVERNOR TERRY MCAULIFFE BOARD MEMBER	0 20	х						0	0	0	
(3) GOVERNOR BILL WALKER BOARD MEMBER	0 20	Х						0	0	0	
(4) GOVERNOR JACK MARKALL BOARD MEMBER	0 20	X						0	0	0	
(5) SCOTT PATTISON EXEC DIR/ CE	40 00			x				302,212	0	37,223	
(6) STAN CZERWINSKI CHIEF OPER O	40 00			х				226,106	0	43,273	
(7) SUSAN GANDER DIVISION DIR	40 00				x			183,165	0	37,072	
(8) MARTIN SIMON DIVISION DIR	40 00				×			174,557	0	31,845	
(9) HEMI TEWARSON DIVISION DIR	40 00				×			165,972	0	36,425	
(10) KEVIN SILARD DIR OF CORP	40 00				x			163,174	0	32,679	
(11) JEFFREY MCLEOD DIVISION DIR	40 00				x			162,091	0	34,810	
(12) TIFFANY SHACKELFORD CHIEF STRATE	40 00				x			161,948	0	1,882	
(13) LAUREN BLOCK PROGRAM DIRE	40 00					х		149,063	0	22,655	
(14) SANDRA WILKNISS PROGRAM DIRE	40 00					х		147,456	0	16,097	

40 00

40 00

Χ

Х

118,661

116,155

0

33,836

13,560

Part VII

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

Page 8

238,470

235,000

160,000

Form **990** (2016)

Fell	Section A. Officers, Direct	Tors, Trustees	,, KC <b>,</b> .	<u>-111Pi</u>	<u> </u>	,	unu	9.	1030 001	препзи	ed Employees	(00)/1	ciriacu <sub>j</sub>		
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		one bo	ox, u n off	t che unles ficer	ss pers	son	Repo compe fror organiz	<b>D)</b> ortable ensation in the ation (W-		w-	Estima amount o compens from	ated f other sation the	
		for related organizations below dotted line)	individi or direk	In stitu:	Officer	key employee	Highes: employ	Former	2/1099	9-MISC)	2/1099-MISC	)	organization and related organizations		
			Individual trustee or director	Institutional Trustee		eeioldu	Highest compensati employee								
			ů.	Star			nsated								
						<u> </u>									
c T	oub-Total			<del></del>			•		2.0	70.560				241.257	
2	Total (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the		to thos			bove	e) who	rec		70,560 re than \$	100,000			341,357	
													Yes	No	
3	Did the organization list any former			ee, ke	ey er	mplo			ghest cor	npensate	d employee on				
	line 1a? If "Yes," complete Schedule 3			•	•	•			• •			3		No	
4	For any individual listed on line 1a, is organization and related organization individual										m the	4	Yes		
5	Did any person listed on line 1a receiv services rendered to the organization	i?If "Yes," compl										5		No	
	ction B. Independent Contract							414			- 4100 000 of				
1	Complete this table for your five higher from the organization Report comper											npen	isation		
	Name ;	(A) and business addre	955							Des	(B) cription of services		(C Compen		
CENTE	ER FOR LAW AND SOCIAL POLICY									PROJ CONS	SULT			463,549	
SUITE	18TH STREET NW : 200 IINGTON, DC 20036														
RSM U	JS PRODUCT SALES LLC									AUDIT SER	VICES			383,850	
	PAYSPHERE CIRCLE														

CHICAGO, IL 60675 WEBITUP LLC

CORPORATION FOR A SKILLED WORKFORCE

compensation from the organization ▶ 8

4249 GREELEY HOUSTON, TX 77066 PRICE WATERHOUSE COOPERS PUBLIC SEC

900 VICTORS WAY SUITE 350 ANN ARBOR, MI 48108

PO BOX 7247-6037 PHILADELPHIA, PA 19170

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

DIGITAL CONSULT

ACCT CONSULT

PROJ CONSULT

Part		<b>II</b> Statement of	Revenue								raye <b>y</b>
		<del></del>		a respo	onse or note to any	y line in th	nis Part VIII				🗆
				·		(,	A) evenue	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ns	1a				rev	enue		512-514
nts nts		<b>b</b> Membership dues		1b							
irai nou		c Fundraising events		1c							
s, C An		d Related organizatio		1d							
Gift		e Government grants (co		1e	4,648,725						
S. E		f All other contributions		1.6	4,640,723						
tior sr S		and similar amounts n		1f	9,870,092						
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution	ons included								
Contr and C		ın lınes 1a-1f \$									
<u>ت</u> ك		<b>n Total.</b> Add lines 1a-1	lf		<u> </u>	14	,518,817				
ŧ					Business	s Code					
ven		EMPLOYMENT/VOCATIO	NAL FEES					88,714	438,		
Service Revenue	b	REGISTRATION FEES					15	6,034	156,	034	
ي ج	c										
₹		I									
ran	e f	All other program se									
Program		Total.Add lines 2a-2f			_	594,748					
		Investment income (iii			nterest and other	. ]					
	,	sımılar amounts) .			,	<u> </u>	375,574				375,574
		Income from investme				<u> </u>					
	5	Royalties	(ı) Rea		(II) Personal	<u>▶ </u>					
	6a	Gross rents	(I) Rea		(II) Personal	$\dashv$					
						_					
	ŀ	<b>)</b> Less rental expenses									
	•	Rental income or				1					
		(loss)  Net rental income o	r (loss)			_					
	`	i Net Tental Income o	(i) Securit		(II) Other	+					
	7 <i>a</i>	Gross amount from sales of assets other than inventory	. ,	505,307							
	ŀ	<ul> <li>Less cost or other basis and sales expenses</li> </ul>	3,3	346,122							
		Gain or (loss)		159,185		Ц					
		d Net gain or (loss)			<u> </u>		159,185		159,185		
Other Revenue	88	Gross income from fi (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of							
Re		Less direct expense		b							
her		Net income or (loss)			ents 🕨	_					
5	98	Gross income from g See Part IV, line 19		ıes							
				а							
		Less direct expense		b							
		c Net income or (loss) aGross sales of invent		activit	ies •	7					
		returns and allowand	ces	a							
		Less cost of goods s		b							
	_	Net income or (loss) Miscellaneous		invent	Business Code						
	11	La ADMINISTRATIVE S			240111600 6646		155,075		155,075		
		OTHER INCOME					62,212		62,212		
							,		,		
	•	3									
	,	d All other revenue .				+		-			
		Total. Add lines 11a			🗲	1	a : =				
	12	<b>2 Total revenue.</b> See	Instructions				217,287				
							15,865,611		971,220		375,574 Form <b>990</b> (2016)

14 Information technology

**20** Interest . . .

23 Insurance . . .

a MISCELLANEOUS

**b** RECRUITMENT

e All other expenses

c EQUIPMENT

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 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 ▶ ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O )

d FILING & CREDIT CARD FEES

15 Royalties .

**17** Travel .

16 Occupancy .

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	inizations must comp	olete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX			<u>V</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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, line 15 and 16.				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,323,797	1,831,534	329,089	163,174
<b>6</b> 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	5,112,435	2,926,482	2,092,247	93,706
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	705,051	478,502	202,272	24,277
9 Other employee benefits	818,079	555,212	234,698	28,169
<b>10</b> Payroll taxes	680,153	461,604	195,129	23,420
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	25,732		25,732	
<b>c</b> Accounting	65,322	32,563	32,759	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	77,833		77,833	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,653,022	2,413,974	187,572	51,476
12 Advertising and promotion				
13 Office expenses	397,033	156,478	233,164	7,391

28,578

860,299

215,091

2,537,681

131,932

85,457

53,690

48,174

31,568

19,148

18,667,945

1,797,870

13,126

165,139

62,428

1,786

75,914

65,748

2,926

4,797

44,185

1,079

4,177

4,051,800

2,071

643,994

213,081

1,724,553

2,378,075

63,409

79,070

43,025

1,489

29,210

9,640

14,043,966

13,381

51,166

10,889

83,692

2,775

3,461

5,868

2,500

1,279

5,331

572,179

Form 990 (2016)

224

# Check if Schedule O contains a response or note to any line in this Part IX .

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	5,371,923	2	1,363,760
3	Pledges and grants receivable, net	1,258,874	3	
4	Accounts receivable, net	6,270,905	4	8,335,056
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
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		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
	F			

Page **11** 

140,858

370,840

16.095.899

9.102.005

25,197,904

25.568.744

Form **990** (2016)

18

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20

21

22 23

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25

26

27

28

29

30

31 32

33

34

96,670

327.087

15,500,928

11.340.083

26,841,011

27,168,098

Liabilities	

18

19

20

21

22

23

24

26

27

28

29

31

32

33

34

Fund Balances

Assets or 30

Net

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

<b>/</b> 0		voluntary employees' beneficiary organizations Part II of Schedule L	(see instruc	tions) Complete		0	
ets	7	Notes and loans receivable, net		7			
Ass	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			5,801	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	10b			<b>10</b> c	
	11	11 Investments—publicly traded securities .			14,260,595	11	15,869,928
	12	Investments—other securities See Part IV, line			12		
	13	Investments—program-related See Part IV, lin	e 11			13	

#### 14 Intangible assets . . 14 15 15 Other assets See Part IV, line 11 . 27,168,098 25.568.744 16 Total assets.Add lines 1 through 15 (must equal line 34) . . 16 17 Accounts payable and accrued expenses 230.417 17 229,982

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

Yes

Yes (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

Software Version:

**EIN:** 23-7391796

NATIONAL GOVERNORS ASSOCIATION

CENTER FOR BEST PRACTICES

Form 990 (2016)

### Form 990, Part III, Line 4a:

DURING FY17. THE EDUCATION DIVISION PROVIDED INFORMATION, RESEARCH, POLICY ANALYSIS, TECHNICAL ASSISTANCE ON KEY ISSUES RELEVANT TO GOVERNORS AND THEIR SENIOR STAFF, INCLUDING TRENDS IN STATE POLICIES IN THE AREAS OF EARLY CHILDHOOD, K-12, AND POSTSECONDARY EDUCATION SPECIFIC ACCOMPLISHMENTS INCLUDED -TECHNICAL ASSISTANCE -AIR K-12 TALENT DEVELOPMENT SITE VISITS -SCHOOL CHOICE WEBINAR -GOVERNORS' EDUCATION POLICY ADVISORS SPRING WEBINAR -SITE VISIT TO TENNESSEE FOR THE TENNESSEE TRANSFORMATIONAL LEADERSHIP ALLIANCE -TECHNICAL ASSISTANCE MEMO TO GOVERNOR IGE ON ECE FINANCING, ECE STRATEGIC PLANNING AND EFFECTIVE STATE SYSTEMS -PLANNING AND PRESENTATION ASSISTANCE FOR GOVERNOR IGE'S EARLY CHILDHOOD SUMMIT IN DECEMBER 2016 TO INCREASE AWARENESS AND SUPPORT FOR EARLY CHILDHOOD -TECHNICAL ASSISTANCE MEMO TO GOVERNORS' OFFICES IN MINNESOTA AND WASHINGTON ON FINANCING SOLUTIONS FOR SUPPORTING THE EARLY CARE AND EDUCATION WORKFORCE -PLANNING AND PRESENTATION ASSISTANCE FOR ALABAMA'S FARLY CHILDHOOD SUMMIT IN MAY 2017 -PLANNING AND PRESENTATION ASSISTANCE FOR KENTUCKY'S SCHOOL READINESS SUMMIT IN MARCH 2017 -PLANNING AND PRESENTATION ASSISTANCE FOR UTAH CONVENING ON EARLY LEARNING IN JANUARY 2017 -POLICY ACADEMIES

WORKFORCE POLICY ACADEMY - DEVELOPING A COMPREHENSIVE STRATEGY FOR FARLY CARE AND EDUCATION POLICY ACADEMY - CONVENINGS. K-12 BROADBAND AND DIGITAL POLICY ACADEMY -GOVERNORS' EDUCATION POLICY ADVISORS INSTITUTE -I EVERAGING WORKFORCE INVESTMENT STRATEGIES TO IMPROVE THE EARLY CARE AND EDUCATION WORKFORCE CROSS-STATE CONVENING -HUMAN CAPITAL SPRING LEARNING LAB. BUILDING ALIGNED TEACHER AND PRINCIPAL PIPELINE -GOVERNORS EDUCATION SYMPOSIUM -PUBLICATIONS -NGA PAPER - THE UNTAPPED POTENTIAL OF AN EARLY CHILDHOOD ASSESSMENT SYSTEM A STRATEGY FOR IMPROVING POLICIES AND INSTRUCTION FROM EARLY CHILDHOOD THROUGH 3RD GRADE -WHITE PAPER - PROMISING PRACTICES IN BOOSTING SCHOOL LEADERSHIP CAPACITY PRINCIPAL ACADEMIES

-K-12 BROADBAND AND DIGITAL LEARNING POLICY ACADEMY -LEVERAGING WORKFORCE INVESTMENT STRATEGIES TO IMPROVE THE EARLY CARE AND EDUCATION

### Form 990, Part III, Line 4b:

LEARNING

RELEVANT TO GOVERNORS AND THEIR SENIOR STAFF RELATED TO ECONOMIC DEVELOPMENT, HUMAN SERVICES, POSTSECONDARY EDUCATION AND WORKFORCE DEVELOPMENT. THIS INCLUDED STRATEGIES TO SCALE PARTICIPATION IN WORK-BASED LEARNING AND APPRENTICESHIP PROGRAMS. STRATEGIES FOR IMPROVING THE SAFETY OF CHILDREN AND YOUTH IN THE CHILD WELFARE SYSTEMS, AND TWO-GENERATION STATE STRATEGIES FOR ADDRESSING FAMILY AND COMMUNITY POVERTY. THE USE OF DATA AND EVIDENCE IN POLICYMAKING, AND WORKING WITH STATES TO IDENTIFY AND EXPLORE SOLUTIONS TO ADDRESSING BARRIERS TO PROFESSIONAL LICENSURE AND EDUCATIONAL INITIATIVES ON ENTREPRENEURSHIP SPECIFIC ACCOMPLISHMENTS INCLUDED -THE EO DIVISION DELIVERED A VARIETY

DURING FY 2017, THE ECONOMIC OPPORTUNITY DIVISION PROVIDED INFORMATION, RESEARCH, POLICY ANALYSIS, AND TECHNICAL ASSISTANCE ON KEY ISSUES

STATES PARTICIPATING IN THE PACTT 2GEN POLICY -CONVENED AND PROVIDED TECHNICAL ASSISTANCE AND SUPPORT TO STATE PARTICIPATING IN THE THREE

OF FOCUSED PROJECTS AND TECHNICAL ASSISTANCE ACROSS THE DIVISION'S FOUR PROGRAM AREAS. FCONOMIC DEVELOPMENT. -PLANNED FOR AN UPCOMING POLICY INSTITUTE FOR GOVERNORS ECONOMIC POLICY ADVISORS -SUPPORTED GOVERNORS' ECONOMIC DEVELOPMENT POLICY ADVISORS THROUGH INFORMATION SHARING. RESEARCH AND TECHNICAL ASSISTANCE HUMAN SERVICES INITIATIVES AND TECHNICAL ASSISTANCE -SUPPORTED GOVERNORS' HUMAN SERVICES ADVISORS WITH INFORMATION, RESEARCH, PEER-SHARING OPPORTUNITIES, AND COLLABORATING WITH NATIONAL HUMAN SERVICES PARTNERS -PROVIDED TECHNICAL ASSISTANCE

BRANCH INSTITUTE TO PREVENT CHILD MALTREATMENT FATALITIES -CONDUCTED THE 2017 POLICY INSTITUTE FOR GOVERNORS' HUMAN SERVICES ADVISORS POSTSECONDARY EDUCATION INITIATIVES AND TECHNICAL ASSISTANCE -SECURED FUNDING TO BUILD CAPACITY IN THE POSTSECONDARY PROGRAM -CONDUCTED RESEARCH ON VARIOUS POSTSECONDARY FINANCING STRATEGIES WORKFORCE DEVELOPMENT INITIATIVES AND TECHNICAL ASSISTANCE PROVIDED TECHNICAL ASSISTANCE TO STATE WORKFORCE BOARD CHAIRS AND AGENCY LEADERS TO SUPPORT IMPROVED FUNCTIONING OF STATE PUBLIC WORKFORCE SYSTEMS THROUGH THE WORKFORCE DEVELOPMENT TECHNICAL ASSISTANCE PROGRAM -PROVIDED SUPPORT AND TECHNICAL ASSISTANCE TO RECIPIENTS OF THE U.S. DEPARTMENT OF

LABOR'S AMERICAN APPRENTICESHIP INITIATIVE GRANT -CONDUCTED A POLICY ACADEMY WITH SIX STATES ON SCALING WORK-BASED LEARNING OPPORTUNITIES FOR YOUTH AND YOUNG ADULTS TO ENTER MIDDLE-SKILLS STEM JOBS. -CONDUCTED A POLICY ACADEMY WITH 14 STATES ON ALIGNING EDUCATION AND WORKFORCE SYSTEMS WITH THE NEEDS OF STATE ECONOMIES, JOINTLY WITH THE EDUCATION DIVISION -LAUNCHED A CONSORTIUM PROJECT WITH 11 STATES ON OCCUPATIONAL

LICENSING, INCLUDING REDUCING BARRIERS TO ENTERING LICENSED OCCUPATIONS AND INCREASING PORTABILITY AND RECIPROCITY OF LICENSES ACROSS STATES -ONGOING TECHNICAL ASSISTANCE FOR GOVERNORS' WORKFORCE POLICY ADVISORS AND STATE WORKFORCE OFFICIALS AND WORKING WITH FEDERAL AGENCIES AND NATIONAL WORKFORCE PARTNERS -POLICY ACADEMIES -THE ALIGNMENT OF EDUCATION, WORKFORCE AND ECONOMIC DEVELOPMENT - TALENT PIPELINE (JOINTLY WITH EDUCATION DIVISION) -POLICY ACADEMY ON STATE STRATEGIES TO SCALE HIGH-QUALITY WORK-BASED LEARNING -AMERICAN APPRENTICESHIP INITIATIVE

GRANTEES TA PROJECT (INCLUDING 12 STATES) -COLLABORATIVE NETWORK WITH 11 STATES ON REDUCING BARRIERS TO LICENSURE -GENERAL MEETINGS -POLICY

INSTITUTE FOR GOVERNORS' HUMAN SERVICES ADVISORS -WINTER AND SUMMER MEETINGS OF STATE WORKFORCE BOARD CHAIRS -WINTER AND SUMMER MEETINGS

OF STATE LIAISONS FOR WORKFORCE DEVELOPMENT PARTNERSHIPS -TWO-GENERATION STATE POLICY ACADEMY -WORK-BASED LEARNING POLICY ACADEMY TWO CROSS-STATE MEETINGS -AMERICAN APPRENTICESHIP INITIATIVE 2ND GRANTEE NATIONAL MEETING -TALENT PIPELINE POLICY ACADEMY LEADERS FORUM -PUBLICATIONS -PARENTS AND CHILDREN THRIVING TOGETHER ADVANCING TWO-GENERATION STATE POLICY AND SYSTEMS REFORMS -IMPROVING HUMAN SERVICES

PROGRAMS AND OUTCOMES THROUGH SHARED DATA -STATE STRATEGIES TO REDUCE CHILDHOOD HUNGER -PROMOTING PLACE-BASED STRATEGIES TO ADDRESS

POVERTY EXPLORING THE GOVERNOR'S ROLE -BUILDING A HIGH-PERFORMING STATE WORKFORCE BOARD -STATE STRATEGIES TO SCALE QUALITY WORK-BASED

#### Form 990, Part III, Line 4c:

HEALTH DIVISION DURING FY 2017, THE HEALTH DIVISION PROVIDED INFORMATION, RESEARCH, POLICY ANALYSIS, AND TECHNICAL ASSISTANCE, TO STATES ON KEY ISSUES RELEVANT TO GOVERNORS AND THEIR SENIOR STAFFS IN THE SIX CORE FOCUS AREAS OF (1) HEALTH SYSTEMS TRANSFORMATION (2) INNOVATION IN THE DELIVERY AND FINANCING OF MEDICAID SERVICES AND INNOVATIONS IN PRIVATE HEALTH INSURANCE COVERAGE (3) ADDRESSING STATES' HEALTH CARE WORKFORCE NEEDS (4) PUBLIC HEALTH, INCLUDING MATERNAL AND CHILD HEALTH AND OPIOID ADDICTION (5) HEALTH CARE DATA AND ANALYTICS AND (6) BEHAVIORAL HEALTH AND SOCIAL DETERMINANTS OF HEALTH, INCLUDING STRATEGIES TO IMPROVE THE HEALTH OF HIGH COST PATIENTS AND REDUCE THE COST OF CARING FOR THEM SPECIFIC ACCOMPLISHMENTS INCLUDED -TECHNICAL ASSISTANCE, PROJECTS AND RETREATS -ADVANCING SUSTAINABLE IMPROVEMENTS IN POPULATION HEALTH INTEGRATING POPULATION HEALTH INTO STATEWIDE SYSTEM TRANSFORMATION -CONNECTING MEDICAID TO STATE WORKFORCE NEEDS -DEVELOPING STATE-I EVEL CAPACITY TO IMPROVE HEALTH AND REDUCE COST OF POPULATIONS WITH COMPLEX CARE NEEDS -FOSTERING CROSS SECTOR COLLABORATION TO ADDRESS THE HEALTH AND SUCCESS OF CHILDREN AND FAMILIES -GETTING THE RIGHT INFORMATION TO THE RIGHT HEALTH CARE PROVIDERS AT THE RIGHT TIME - HOW STATES CAN IMPROVE DATA FLOW -GOVERNORS' BIPARTISAN HEALTH REFORM LEARNING NETWORK -HOUSING AS HEALTH CARE -LEARNING COLLABORATIVE ON FOCUSING AND

ACCELERATING STATEWIDE IMPROVEMENTS IN MATERNAL AND CHILD HEALTH ROUNDS 1, 2 AND 3 -LEARNING LAB ON STATE STRATEGIES FOR REDUCING OVERDOSE DEATHS FROM HEROIN AND ILLICIT FENTANYL LESSONS FROM RHODE ISLAND -OPIOID STATE ACTION NETWORK -PROJECT ECHO LEARNING LAB -CONVENINGS -BUILDING HEALTHY COMMUNITIES HOW TO SUPPORT STATES IN THE DEVELOPMENT OF COMMUNITY-BASED SOLUTIONS AND SUSTAINABLE INFRASTRUCTURE (RWJF ROUNDTABLE) -ESTABLISHING THE BUILDING BLOCKS FOR LIFELONG HEALTH AND SUCCESS SUPPORTING STATES IN ADVANCING MULTI-SECTORAL AND MULTI-

GENERATIONAL SOLUTIONS TO IMPROVE CHILDREN'S LIVES (RWJF ROUNDTABLE) -HEALTH POLICY LEADERS INSTITUTE -MAINTAINING MOMENTUM ON TRANSFORMATION FOR A HEALTHIER NEXT GENERATION. IDENTIFYING PRIORITY AREAS OF SUPPORT FOR STATE LEADERS TO SUCCESSFULLY TRANSFORM THEIR HEALTH SYSTEMS IN COMING YEARS (RWJF ROUNDTABLE) -RURAL HEALTH EXPERT ROUNDTABLE -STATE STRATEGIES FOR REDUCING OVERDOSE AND DEATHS FROM HEROIN AND ILLICIT FENTANYI. IMPROVING INFORMATION SHARING AND DATA ANALYSIS BETWEEN LAW ENFORCEMENT AND PUBLIC HEALTH -PUBLICATIONS. -BUILDING COMPLEX CARE PROGRAMS A ROAD MAP FOR STATES -FINDING SOLUTIONS TO THE PRESCRIPTION OPIOID AND HEROIN CRISIS A ROAD MAP FOR STATES -GETTING THE RIGHT INFORMATION TO THE RIGHT HEALTH CARE PROVIDERS AT THE RIGHT TIME. A ROAD MAP FOR STATES TO IMPROVE HEALTH INFORMATION FLOW BETWEEN PROVIDERS -HEALTH INVESTMENTS THAT PAY OFE A COMPREHENSIVE APPROACH TO TOBACCO CONTROL -HOUSING AS HEALTH CARE. A ROAD MAP FOR STATES -MEDICAID HIGH-NEED, HIGH-COST PROGRAMS PROMISING PRACTICES FOR EVALUATION METRICS -THE FUTURE OF MEDICAID TRANSFORMATION A PRACTICAL GUIDE FOR STATES -USING DATA AND EVALUATION IN POLICY DEVELOPMENT, IMPLEMENTATION AND MONITORING BUILDING SUCCESSFUL POLICIES TO REDUCE PRESCRIPTION OPIOID MISUSE -ZIKA IN THE STATES. WHAT YOU NEED TO KNOW

efile	GR/	APHIC prin	nt - DO NOT I		DLN: 9	3493157006019						
SCH	IED	ULE A		Public C	harity Statu	s and Pub	olic Sunn	ort	OMB No 1545-0047			
(For	n 990			ete if the org	ganization is a secti	ion 501(c)(3) c	organization o		2016			
990E	Z)			•		2010						
		the Treasury	▶ Inforn	nation about	Attach to Form S  Schedule A (Form			ıctions is at	Open to Public Inspection			
Name	of th	ue Service ne organiza			<u> </u>	<u> </u>		Employer identific	<u> </u>			
		VERNORS ASS BEST PRACTIC						23-7391796				
	tΙ				s (All organizations			See instructions.				
1 ne oi	ganız.		•		t is (For lines 1 thro	•	,	/A)/:)				
		•		•	ociation of churches			(A)(I).				
2					)(A)(ii). (Attach Sch	·	• • • • • • • • • • • • • • • • • • • •					
3		•	•	•	ce organization descr							
4	Ш		esearch organiza and state	ation operated	d in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5			ation operated fo (iv). (Complete		of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>			
6		A federal, s	tate, or local go	vernment or o	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	۱)(v).				
7	<b>✓</b>	section 17	'0(b)(1)(A)(vi	. (Complete l	Part II )		-	ınıt or from the gener	al public described in			
8		A communi	ty trust describe	d in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I )					
9					scribed in <b>170(b)(1)</b> e instructions Enter t			with a land-grant coll college or university	ege or university or a			
10		An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
11	П				exclusively to test for	public safety S	ee section 509	(a)(4).				
12		more public	ly supported or	ganızatıons de		<b>09(a)(1)</b> or <b>sec</b>	tion 509(a)(2	s of, or to carry out th ). See section 509(a s 12e. 12f. and 12g				
а		Type I. A so	supporting organ	ization opera o regularly ap	ted, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by of the supporting orga				
b		Type II. A manageme	supporting orga	nızatıon supe tıng organızat	ion vested in the san			organization(s), by ha ge the supported orga				
С		Type III fo	unctionally into	<b>egrated.</b> A su				nd functionally integra	ted with, its			
d		Type III n functionally	on-functionally integrated The	y integrated organization	. A supporting organi	zation operated i y a distribution i	ın connection wi	th its supported organ an attentiveness req				
e		Check this	box if the organi	zation receive	•	ation from the IF	RS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter		of supported or	-	g. area sapporting	gazation						
g				about the sup	ported organization(	s)		•				
(i)Na	ame of	f supported o	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Total			tion Act Notice			Cat No 11285	-		 90 or 990-EZ) 2016			

	(Complete only if you ch III. If the organization for	ecked the box o	on line 5, 7, 8, or	9 of Part I or if	the organization	n failed to qualify	
_	ection A. Public Support	ans to quanty un	ider the tests list	eu below, please	e complete Part	111. /	
	Calendar year	( )2042	(1)2012	( )2014	(1)2045	( )2046	
	(or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	<b>(f)</b> Total
_	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	13,478,170	15,320,542	20,292,399	14,519,386	14,518,817	78,129,314
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	13,478,170	15,320,542	20,292,399	14,519,386	14,518,817	78,129,314
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						6,082,129
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	<b>Public support.</b> Subtract line 5 from line 4						72,047,185
s	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2012	<b>(b)</b> 2013	(c)2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f)Total
7	Amounts from line 4	13,478,170	15,320,542	20,292,399	14,519,386	14,518,817	78,129,314
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	420,018	416,623	470,239	411,281	375,574	2,093,735
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 )	271,130	180,831	140,611	168,659	217,287	978,518
11	<b>Total support.</b> Add lines 7 through 10						81,201,567
12	Gross receipts from related activities,	etc (see instruction	ons)			12	3,075,276
	First five years. If the Form 990 is for			rd. fourth, or fifth	tax vear as a sect	ion 501(c)(3) organ	
	check this box and <b>stop here</b>	_					,
S	ection C. Computation of Publi						
	Public support percentage for 2016 (III			olumn (f))		14	88 730 %
	Public support percentage for 2015 Sc					15	89 590 %
	33 1/3% support test-2016. If the			on line 13, and line	14 is 33 1/3% or	more, check this b	
	and stop here. The organization qual 33 1/3% support test—2015. If the	ifies as a publicly s	supported organiza	tion			▶ ☑
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	t— <b>2016.</b> If the ord n meets the "facts	ganization did not o s-and-circumstance	check a box on line s" test, check this	box and stop her	e. Explain	▶□
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	zation meets the "i	facts-and-circumst	ances" test, check	this box and stop	here.	▶ □
18	supported organization <b>Private foundation.</b> If the organization	on dıd not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see	▶□

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	Section A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )  First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and <b>stop here</b>	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, <b>►</b> □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f	))	17	
18	Investment income percentage from 2			,(	••	18	
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V ) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	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 <b>Part VI</b> when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с	Ī

	below	3a	
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 <b>Part VI</b> when and how the organization made the		
	determination	3b	
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	$\Box$	

		30	l
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
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 <b>Part VI</b> what controls the organization used to ensure that all support		

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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)	5a	
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?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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		

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** 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 in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗀	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	<b>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 directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [	res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		T.	
	Did the appropriate provide to each of the growth of account to the last the cold of the cold of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 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 <b>Part VI</b> how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (	see instru	ictions)	)
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	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 <b>Part VI identify those supporte</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was	<b>3</b>		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of <b>3a</b>		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		
		,	1	

6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

1

Section C - Distributable Amount

instructions)

Adjusted net income for prior year (from Section A, line 8, Column A)

**Current Year** 

Schedule A (Form 990 or 990-FZ) 2016

Schedule A (Form 990 or 990-EZ) (2016)

c Excess from 2014.

d Excess from 2015. . . . . .

e Excess from 2016. . . .

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2016						
Part VI Supplemental Information.  Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test						
990 Schedi	990 Schedule A, Supplemental Information						
Retur	Return Reference Explanation						
PART II, LINE	II, LINE 10 978,518						

990 Schedule A, Supplemental Information					
Return Reference	Explanation				
SUPPLEMENTAL INFORMATION	GENERAL EXPLANATION PART II LINE 10 FOR THE FIVE YEAR PERIOD, MISCELLANEOUS INCOME TOTALS 53,904 ADMINISTRATIVE SERVICES FEES TOTALS 774,463 AND REIMBURSED PROGRAM EXPENSES TOTALS 150,151				

Schedule A (Form 990 or 990-F7) 2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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.

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

DLN: 93493157006019 OMB No 1545-0047

Open to Public Inspection Employer identification number

	me of the organization TONAL GOVERNORS ASSOCIATION			Employer identific	ation numb	er
	ITER FOR BEST PRACTICES			23-7391796		
Pa	Organizations Maintaining Donor Complete if the organization answere			or Accounts.		
		(a) Donor advised funds		(b)Funds and othe	r 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 funds are the organization's property, subject to t	advisors in writing that the asset he organization's exclusive legal	s held in donor a control?	advised	Yes	 □ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				☐ Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization answere	ed "Yes" on Fo	rm 990, Part IV, line	7.	
1	Purpose(s) of conservation easements held by the	organization (check all that app	oly)			
	$\square$ Preservation of land for public use (e g , rec	reation or education) 🔲 🛚 🛚	Preservation of a	an historically important	land area	
	Protection of natural habitat		Preservation of a	a certified historic structi	ure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	eld a qualified conservation conf	tribution in the f	orm of a conservation  Held at the	End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemen	s		2b		
С	Number of conservation easements on a certified		2c			
d	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, and not	on a historic	2d		
3	Number of conservation easements modified, trar tax year ▶	sferred, released, extinguished,	or terminated b	y the organization durin	g the	
4	Number of states where property subject to conse	rvation easement is located <b>&gt;</b>				
5	Does the organization have a written policy regard and enforcement of the conservation easements i	ding the periodic monitoring, ins : holds?	pection, handling	_	res 🗆 N	No
6	Staff and volunteer hours devoted to monitoring,  •	inspecting, handling of violations	, and enforcing	conservation easements	during the	year
7	Amount of expenses incurred in monitoring, insper	cting, handling of violations, and	l enforcing cons	ervation easements duri	ng the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirer	nents of section	170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?			□ <b>Y</b>	′es 🗆 N	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization				
Par	Complete if the organization answere			ther Similar Assets.	ı	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	ld for public exhibition, educatio	n, or research ir	n furtherance of public se	heet works o ervice,	of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items					
(	i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
(i	i)Assets included in Form 990, Part X			<b>▶</b> \$		
2	If the organization received or held works of art, following amounts required to be reported under			nancial gain, provide the		
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
b	Assets included in Form 990, Part X			<b>▶</b> \$		
For I	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat N	o 52283D <b>Schedule</b>	D (Form 99	90) 2016

Par	t IIII	Organizations Ma	aintaining Col	lections of Art	t, Histor	ical T	reas	ures, or	Other	Similar .	Assets (	continue	d)
3		the organization's acquired (check all that apply)	uisition, accessioi	n, and other recor	ds, check	any of	the f	following t	:hat are a	sıgnıfıcan	t use of its	collection	on
a		Public exhibition			d		Loa	n or excha	ange prog	rams			
b		Scholarly research			е		Oth	er					
С		Preservation for future	generations										
4	Provid Part X	de a description of the o	organızatıon's col	lections and expla	ain how th	ey furtl	her tl	he organız	ation's ex	empt pur	pose in		
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No												
Pai	rt IV	Escrow and Cust Complete if the org X, line 21.			Form 990	), Part	IV,	line 9, oi	r reporte	d an am	ount on F	orm 99	0, Part
1a		organization an agent led on Form 990, Part X		an or other interm	nediary foi	contri	butio	ns or othe	er assets i	not	☐ Ye	es 🗆	No
b	If "Ye	s," explain the arrange	ment in Part XIII	and complete the	e following	table					Amount		
С	Begin	ning balance							1c				<u> </u>
d	Addıtı	ons during the year							1d				
е	Dıstrıl	butions during the year	•						1e				
f	Endın	g balance							1f				
2a	Did th	ne organization include	an amount on Fo	orm 990, Part X, lii	ne 21, for	escrov	vorc	ustodial a	iccount lia	ibility?	□ Ye	es 🗆	No
b	If "Ye	s," explain the arrange	ment in Part XIII	Check here if the	e explanat	ion has	s bee	n provided	d in Part )	KIII		[	
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organizatio	n answe	red "Y	es" (	on Form	990, Par	t IV, line	10.		
				(a)Current year	(b)F	rıor yea	r	(c)Two ye	ears back	(d)Three	ears back	(e)Four	years back
1a	Beginn	ing of year balance .		14,260,59	94	14,890		1	14,293,395	1	.2,201,188		11,535,463
b	Contrib	outions					1,560				-380		-587
		estment earnings, gair	ns, and losses	1,685,69	91	-1/8	3,003		676,446		2,155,221		1,213,070
		or scholarships	•										
	and pro	expenditures for facilities ograms	es										470,600
		strative expenses .		76,3			7,833		78,851		62,634		76,158
g	End of	year balance		15,869,92	27	14,260	),594	1	14,890,990	1	.4,293,395		12,201,188
2	Provid	de the estimated percei	-	•	nce (line 1	g, colu	mn (	a)) held a	s				
а	Board	l designated or quasi-e	ndowment <b>&gt;</b>	100 000 %									
b	Perma	anent endowment 🟲											
С	•	orarily restricted endov											
_		ercentages on lines 2a,		•									
3a		nere endowment funds iization by	not in the posses	ssion of the organi	ization tha	t are h	eld a	nd admini	istered foi	r the		Ye	es No
	_	related organizations									3	a(i)	No
	(ii) re	elated organizations .									38	a(ii)	No
b		s" on 3a(11), are the rel	-	•			?.					3b	
4	Descr	ibe in Part XIII the inte			dowment	funds							
Pai	rt VI	Land, Buildings, Complete if the ord			orm 000	Dart	T\ /	ına 11a	Coo For	~ 000 B	art V lin	0.10	
	Descri	ption of property	(a) Cost or oth (investme	ner basis (b)C	ost or other				umulated d			<b>e 10.</b> ( <b>d)</b> Book v	alue
1-	اعمط												
								1					
	Building	- I											
		old improvements											
		nent											
	Other	· · · · lines 1a through 1e (Co	dump (d) must =	aual Form 000 D	art V col··	mr (D)	lina	10(c)			1		
iota	ıı. Ada	inies ta chrough te (Co	numm (a) must e	quai rorm 990, Pa	ail A, COIU	um (B)	, iine	: 10(c) ) .		<u> </u>			

Part VII		ganızatı	on answe	red 'Yes' on For	m 990, Part	IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(	<b>b)</b> Book value		Method of va end-of-year n	
	derivatives	:				
( <b>3)</b> Other (A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the or	rganizat	ion answ	ered 'Yes' on Fo	orm 990, Pa	t IV, line 11c.
	See Form 990, Part X, line 13.  (a) Description of investment	<b>(b)</b> Boo	k value		Method of va	
(1)				Cost or	end-of-year n	narket value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answered 'Yes'  (a) Description	on Form	990, Part	IV, line 11d See	Form 990, Pa	t X, line 15 (b) Book value
(1)	(L) Description					(b) book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.	· ·	· · · · · · · · · · · · · · · · · · ·	n 990, Part IV,	▶	1f.
1.	(a) Description of liability		<b>(b)</b> Boo	k value		
(1) Federal ı	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>				
	or uncertain tax positions In Part XIII, provide the text of the formula is in the formula in the formula in the formula is in the formula in the formula in the formula is in the formula in the formula in the formula is in the formula in					_
ga.n.cacioii		JUUN 11C		100111016		le D (Form 990) 2016

## Part XII 1

Other losses . . .

Add lines 4a and 4b .

Return Reference

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . .

Prior year adjustments . . . . .

Add lines 2a through 2d . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

**Supplemental Information** 

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Explanation

2

b

3

4

5

Part XIII

Schedule D (Form 990) 2016

2a

2b 2c

2d

4a

4b

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

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

2e

3

4c

5

Page 4

18,667,945

18,667,945

18,667,945

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015						
Part XIII	Supplemental Info					
Ret	urn Reference	Explanation				
			Schedule D (Form 990) 2016			

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DLN: 93493157006019

**Employer identification number** 

OMB No 1545-0047

# 2015

Open to Public Inspection

## Schedule J

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL GOVERNORS ASSOCIATION

(Form 990)

CENTER FOR BEST PRACTICES 23-7391796 **Questions Regarding Compensation** Part I Yes No 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 idemnification and gross-up payments Health or social club dues or initiation fees 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 Form 990 of other organizations 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 Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Νo 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а Νo 5h Any related organization? Νo 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 contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Νo Were any amounts reported on 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 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Schedule J (Form 990) 2015							Page Z		
Part II Officers, Directors	, Trustees, Key Er	nployees, and Hig	hest Compensate	<b>ed Employees.</b> Use	duplicate copies if	additional space is	needed.		
For each individual whose compensa instructions, on row (ii) Do not list a <b>Note.</b> The sum of columns (B)(i)-(iii)	ny individuals that are i	not listed on Form 990	, Part VII		-	·			
(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in									
	Base (ı) compensation	(ii) Bonus & incentive compensation	(ıiı) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990		

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See Additional Data Table

Schedule J (Form 990) 2015

Page <b>3</b>							
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							
Return Reference Explanation							
Return Reference	Explanation						

Software ID: Software Version:

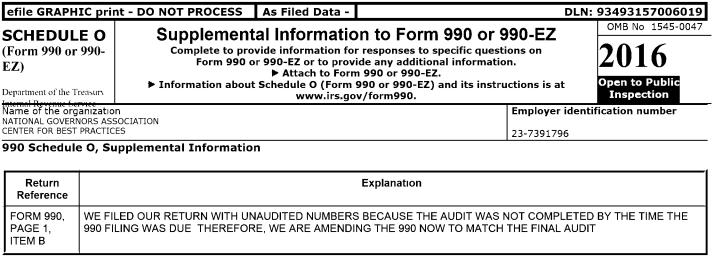
**EIN:** 23-7391796

Name: NATIONAL GOVERNORS ASSOCIATION

CENTER FOR BEST PRACTICES

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, P	art J							
(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	<b>(F)</b> Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation	benefits	(5)(1)-(5)	reported as deferred on prior Form 990
1SCOTT PATTISON EXEC DIR/ CEO	(1)	302,212			29,740	7,483	339,435	
EALE DITY CLO	(11)					-	-	
1STAN CZERWINSKI CHIEF OPER OFFICER	(1)	226,106			22,950	20,323	269,379	
CHEF OF EN OFFICER	(11)						-	
2SUSAN GANDER DIVISION DIRECTOR	(1)	183,165			18,147	18,925	220,237	
	(11)					-	-	
3MARTIN SIMON DIVISION DIRECTOR	(1)	174,557			17,322	14,523	206,402	
	(11)					-	-	
4HEMI TEWARSON DIVISION DIRECTOR	(1)	165,972			15,508	20,917	202,397	
DIVISION BINCE ION	(11)					-	-	
5KEVIN SILARD DIR OF CORP REL	(1)	163,174			17,534	15,145	195,853	
DAY OF COMMITTEE	(11)					-	-	
6JEFFREY MCLEOD DIVISION DIRECTOR	(1)	162,091			13,562	21,248	196,901	
DIVISION BINCE I ON	(11)					-	-	
7TIFFANY SHACKELFORD CHIEF STRATEGIC OFF	(1)	161,948			1,129	753	163,830	
CHEL SHARESTE ST	(11)					-	-	
8LAUREN BLOCK PROGRAM DIRECTOR	(1)	149,063			14,768	7,887	171,718	
PROGRAFI BIRECTOR	(11)					-	-	
9SANDRA WILKNISS PROGRAM DIRECTOR	(1)	147,456			14,609	1,488	163,553	
TROGRAM DIRECTOR	(11)							
10JARED BILLINGS PROGRAM DIRECTOR	(1)	118,661			10,637	23,199	152,497	
TROUMER BINECTON	(11)					-	-	



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	-SITE VISIT TO TENNESSEE FOR THE TENNESSEE TRANSFORMATIONAL LEADERSHIP ALLIANCE -TECHNICAL ASSISTANCE MEMO TO GOVERNOR IGE ON ECE FINANCING, ECE STRATEGIC PLANNING AND EFFECTIVE STATE SYSTEMS -PLANNING AND PRESENTATION ASSISTANCE FOR GOVERNOR IGE'S EARLY CHILDHOOD SUMMIT IN DECEMBER 2016 TO INCREASE AWARENESS AND SUPPORT FOR EARLY CHILDHOOD -TECHNICAL ASSISTANCE MEMO TO GOVERNORS' OFFICES IN MINNESOTA AND WASHINGTON ON FINANCING SOLUTIONS FOR SUPPORTING THE EARLY CARE AND EDUCATION WORKFORCE -PLANNING AND PRESENTATION ASSISTANCE FOR ALABAMA'S EARLY CHILDHOOD SUMMIT IN MAY 2017 -PLANNING AND PRESENTATION ASSISTANCE FOR KENTUCKY'S SCHOOL READINESS SUMMIT IN MARCH 2017 -PLANNING AND PRESENTATION ASSISTANCE FOR UTAH CONVENING ON EARLY LEARNING IN JANUARY 2017 -POLICY ACADEMIES -K-12 BROADBAND AND DIGITAL LEARNING POLICY ACADEMY -LEVERAGING WORKFORCE INVESTMENT STRATEGIES TO IMPROVE THE EARLY CARE AND EDUCATION WORKFORCE POLICY ACADEMY -DEVELOPING A COMPREHENSIVE STRATEGY FOR EARLY CARE AND EDUCATION POLICY ACADEMY - CONVENINGS K-12 BROADBAND AND DIGITAL POLICY ACADEMY -GOVERNORS' EDUCATION POLICY ACADEMY - CONVENINGS K-12 BROADBAND AND DIGITAL POLICY ACADEMY -GOVERNORS' EDUCATION POLICY ACADEMY -GOVERNORS INSTITUTE -LEVERAGING WORKFORCE INVESTMENT STRATEGIES TO IMPROVE THE EARLY CARE AND EDUCATION WORKFORCE CROSS-STATE CONVENING -HUMAN CAPITAL SPRING LEARNING LAB BUILDING ALIGNED TEACHER AND PRINCIPAL PIPELINE -GOVERNORS EDUCATION SYMPOSIUM -PUBLICATIONS -NGA PAPER - THE UNTAPPED POTENTIAL OF AN EARLY CHILDHOOD THROUGH 3RD GRADE -WHITE PAPER - PROMISING POLICIES AND INSTRUCTION FROM EARLY CHILDHOOD THROUGH 3RD GRADE -WHITE PAPER - PROMISING PRACTICES IN BOOSTING SCHOOL LEADERSHIP CAPACITY PRINCIPAL ACADEMIES

990	Schedule	Ο,	Supplemental	Information

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Return	Explanation
Reference	
FORM 990, PAGE 2, PART III, LINE 4B	SPECIFIC ACCOMPLISHMENTS INCLUDED -THE EO DIVISION DELIVERED A VARIETY OF FOCUSED PROJECT S AND TECHNICAL ASSISTANCE ACROSS THE DIVISION'S FOUR PROGRAM AREAS ECONOMIC DEVELOPMENT -PLANNED FOR AN UPCOMING POLICY INSTITUTE FOR GOVERNORS ECONOMIC POLICY ADVISORS -SUPPOR TED GOVERNORS' ECONOMIC DEVELOPMENT POLICY ADVISORS THROUGH INFORMATION SHARING, RESEARCH AND TECHNICAL ASSISTANCE HUMAN SERVICES INITIATIVES AND TECHNICAL ASSISTANCE -SUPPORTED GOVERNORS' HUMAN SERVICES ADVISORS WITH INFORMATION, RESEARCH, PEER-SHARING OPPORTUNITIES, AND COLLABORATING WITH NATIONAL HUMAN SERVICES PARTNERS -PROVIDED TECHNICAL ASSISTANCE S TATES PARTICIPATING IN THE PACTT 2GEN POLICY -CONVENED AND PROVIDED TECHNICAL ASSISTANCE AND SUPPORT TO STATE PARTICIPATING IN THE PACTT 2GEN POLICY -CONVENED AND PROVIDED TECHNICAL ASSISTANCE AND SUPPORT TO STATE PARTICIPATING IN THE THREE BRANCH INSTITUTE TO PREVENT CHILD MALTREAT MENT FATALITIES -CONDUCTED THE 2017 POLICY INSTITUTE FOR GOVERNORS' HUMAN SERVICES ADVISOR S POSTSECONDARY EDUCATION INITIATIVES AND TECHNICAL ASSISTANCE -SECURED FUNDING TO BUILD CAPACITY IN THE POSTSECONDARY PROGRAM -CONDUCTED THE SEARCH ON VARIOUS POSTSECONDARY FINAN CING STRATEGIES WORKFORCE DEVELOPMENT INITIATIVES AND TECHNICAL ASSISTANCE PROVIDED TECH NICAL ASSISTANCE TO STATE WORKFORCE BOARD CHAIRS AND AGENCY LEADERS TO SUPPORT IMPROVED FU NCTIONING OF STATE PUBLIC WORKFORCE BYSTEMS THROUGH THE WORKFORCE DEVELOPMENT TECHNICAL AS SISTANCE FROGRAM -PROVIDED SUPPORT AND TECHNICAL ASSISTANCE TO RECIPIENTS OF THE U.S. DEP ARTMENT OF LABOR'S AMERICAN APPRENTICESHIP INITIATIVE GRANT -CONDUCTED A POLICY ACADEMY WITH SIX STATES ON SCALING WORK-BASED LEARNING OPPORTUNITIES FOR YOUTH AND YOUNG ADULTS TO ENTER MIDDLE-SKILLS STEM JOBS -CONDUCTED A POLICY ACADEMY WITH 14 STATES ON ALIGNING EDUC ATION AND WORKFORCE SYSTEMS WITH THE NEEDS OF STATE ECONOMIES, JOINTLY WITH THE EDUCATION DIVISION -LAUNCHED A CONSORTIUM PROJECT WITH 11 STATES ON OCCUPATIONAL LICENSING, INCLUDING REDUCING BARRIERS TO ENTERING LICENSED OCCUPATIONS AN

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,
PAGE 2,
PART III,
LINE 4B

ND CHILDREN THRIVING TOGETHER ADVANCING TWO-GENERATION STATE POLICY AND SYSTEMS REFORMS IMPROVING HUMAN SERVICES PROGRAMS AND OUTCOMES THROUGH SHARED DATA -STATE STRATEGIES TO RE
DUCE CHILDHOOD HUNGER -PROMOTING PLACE-BASED STRATEGIES TO ADDRESS POVERTY EXPLORING THE
GOVERNOR'S ROLE -BUILDING A HIGH-PERFORMING STATE WORKFORCE BOARD -STATE STRATEGIES TO SCA LE
OUALITY WORK-BASED I FARNING

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	AND REDUCE THE COST OF CARING FOR THEM SPECIFIC ACCOMPLISHMENTS INCLUDED -TECHNICAL ASSISTANCE, PROJECTS AND RETREATS -ADVANCING SUSTAINABLE IMPROVEMENTS IN POPULATION HEALTH INTEGRATING POPULATION HEALTH INTO STATEWIDE SYSTEM TRANSFORMATION -CONNECTING MEDICAID TO STATE WORKFORCE NEEDS -DEVELOPING STATE-LEVEL CAPACITY TO IMPROVE HEALTH AND REDUCE COST OF POPULATIONS WITH COMPLEX CARE NEEDS -FOSTERING CROSS SECTOR COLLABORATION TO ADDRESS THE HEALTH AND SUCCESS OF CHILDREN AND FAMILIES -GETTING THE RIGHT INFORMATION TO THE RIGHT HEALTH CARE PROVIDERS AT THE RIGHT TIME - HOW STATES CAN IMPROVE DATA FLOW -GOVERNORS' BIPARTISAN HEALTH REFORM LEARNING NETWORK -HOUSING AS HEALTH CARE -LEARNING COLLABORATIVE ON FOCUSING AND ACCELERATING STATEWIDE IMPROVEMENTS IN MATERNAL AND CHILD HEALTH ROUNDS 1, 2 AND 3 -LEARNING LAB ON STATE STRATEGIES FOR REDUCING OVERDOSE DEATHS FROM HEROIN AND ILLICIT FENTANYL LESSONS FROM RHODE ISLAND -OPIOID STATE ACTION NETWORK -PROJECT ECHO LEARNING LAB -CONVENINGS -BUILDING HEALTHY COMMUNITIES HOW TO SUPPORT STATES IN THE DEVELOPMENT OF COMMUNITY-BASED SOLUTIONS AND SUSTAINABLE INFRASTRUCTURE (RWJF ROUNDTABLE) -ESTABLISHING THE BUILDING BLOCKS FOR LIFELONG HEALTH AND SUCCESS SUPPORTING STATES IN ADVANCING MULTI-SECTORAL AND MULTI-GENERATIONAL SOLUTIONS TO IMPROVE CHILDREN'S LIVES (RWJF ROUNDTABLE) -HEALTH POLICY LEADERS INSTITUTE -MAINTAINING MOMENTUM ON TRANSFORMATION FOR A HEALTH-HER NEXT GENERATION IDENTIFYING PRIORITY AREAS OF SUPPORT FOR STATE LEADERS TO SUCCESSFULLY TRANSFORM THEIR HEALTH SYSTEMS IN COMING YEARS (RWJF ROUNDTABLE) -RURAL HEALTH EXPERT ROUNDTABLE -STATE STRATEGIES FOR REDUCING OVERDOSE AND DEATHS FROM HEROIN AND ILLICIT FENTANYL IMPROVING INFORMATION SHARING AND DATA ANALYSIS BETWEEN LAW ENFORCEMENT AND PUBLIC HEALTH -PUBLICATIONS -BUILDING COMPLEX CARE PROGRAMS A ROAD MAP FOR STATES -FINDING SOLUTIONS TO THE PRESCRIPTION OPIOID AND HEROIN CRISIS A ROAD MAP FOR STATES -GETTING THE RIGHT INFORMATION TO THE RIGHT DATA HEALTH CARE A ROAD MAP FOR STATES -FOR STATES TO IMPR

990	Schedu	ıle O, S	Suppl	ement	tal Ir	ıforma	tion

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	ENVIRONMENT, ENERGY AND TRANSPORTATION DURING 2018, THE ENVIRONMENT, ENERGY AND TRANSPORTA TION DIVISION PROVIDED INFORMATION, RESEARCH, POLICY ANALYSIS AND TECHNICAL ASSISTANCE TO STATES ON KEY ISSUES RELEVANT TO GOVERNORS AND THEIR SENIOR STAFFS IN A RANGE OF AREAS, IN CLUDING INFRASTRUCTURE PLANNING, FINANCING, RESILIENCY AND INNOVATION, POWER SECTOR MODER NIZATION INCLUDING THE INTEGRATION OF DISTRIBUTED ENERGY RESOURCES AND ENERGY EFFICIENCY, CONNECTED, AUTONOMOUS AND ELECTRIC VEHICLES, SMART AND CONNECTED STATES, ENERGY ASSURANCE AND CYBERSECURITY, EXISTING AND FUTURE NUCLEAR ENERGY, AND STATE WATER RESOURCE MANAGEMENT SPECIFIC ACCOMPLISHMENTS INCLUDED. TECHNICAL ASSISTANCE OPPORTURITES AND PROJECTS. WATE R ENERGY NEXUS STATE RETREATS -STATE RESILIENCY RETREATS -POWER SECTOR MODERNIZATION POLIC Y ACADEMY -GRIDEX WORKSHOP -ELECTRIFICATION WEBINAR TRAINING SERIES -CONVENINGS -NGA CHAIR'S INITIATIVE AHEAD OF THE CURVE INNOVATION GOVERNORS - ENERGY AND TRANSPORTATION INNOVA TION SUMMITS -STATE LEAD BY EXAMPLE WORKSHOP -ANNUAL ENERGY POLICY INSTITUTE ENERGY POLIC Y INSTITUTE -FEERGY POLIC Y INSTITUTE ENERGY POLICY STATE OFFSHORE WIND OPPORTUNITIES -ANNUAL WATER POLICY INSTITUTE -FEERGY POLICY STATE OFFSHORE WIND OPPORTUNITIES -ANNUAL WATER POLICY INSTITUTE -FEERGY BOLD FOR A DVANCING THE USE OF ENERGY STORAGE -GRID SMARTS STATE CONSIDERATIONS FOR ADOPTING GRID MO DERNIZATION TECHNOLOGIES -NGA CHAIR'S INITIATIVE AHEAD OF THE CURVE INNOVATION GOVERNORS - STORYMAPS 2017 ENVIRONMENT, ENERGY AND TRANSPORTATION DURING 2017, THE ENVIRONMENT, ENERGY AND TRANSPORTATION DURING 2017. THE ENVIRONMENT, ENERGY AND TRANSPORTATION DURING 201

990	Schedule	Ο,	Supp	lemen	tal	Inforn	nation

Reference  FORM 990, PAGE 2, P
VIRGINIA GOVERNOR TERRY MCAULIFFE'S CHAIR'S INITIATIVE, MEE T THE THREAT STATES CONFRONT THE CYBER CHALLENGE -POLICY ACADEMIES -IMPROVING STATE CYBER SECURITY -POLICY ACADEMY ON ENHANCING EMERGENCY COMMUNICATIONS INTEROPERABILITY -GENERAL C ONVENINGS -GOVERNORS HOMELAND

Return Explanation
Reference

FORM 990, PAGE 2, PART III, CYBERSECURITY, AND VARIOUS OTHER RESOURCES FOR STATES ON CYBERSECURITY (WHITE PAPERS, POLICE AND WEBINARS)

FILED BY NATIONAL GOVERNORS ASSOCIATION

Return

Reference	·
FORM 990,	LINE 1A ALL VENDORS ARE PAID BY NATIONAL GOVERNORS ASSOCIATION (NGA), A RELATED ORGANIZATION
PART V	THEREFORE, NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES DID NOT FILE A FORM 1096 FOR
	2015 FORM 1096 WAS FILED BY NGA COVERING ALL VENDORS ENGAGED BY NGA AND NGA CENTER FOR BEST
	PRACTICES LINE 2A - NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES LEASES ALL OF ITS EMPLOYEES FROM NATIONAL GOVERNORS ASSOCIATION. A RELATED ORGANIZATION COMPENSATION IS
	ALLOCATED TO EACH ORGANIZATION BASED ON ACTUAL HOURS RECORDED CONTEMPORANEOUSLY ON BI-WEEKLY
	TIMESHEETS ALL EMPLOYEES ARE INCLUDED ON FORM W-3 " TRANSMITTAL OF WAGE AND TAX STATEMENTS"

Explanation

Return Explanation
Reference

LINE 6

FORM 990,	THE GOVERNORS OF THE FIFTY STATES AND FIVE U.S. TERRITORIES ARE MEMBERS OF THE ORGANIZATION
PAGE 6,	
PART VI.	

Return Explanation

FORM 990, AN AMENDMENT OF THE ARTICLES OF INCOPORATION REQUIRES APPROVAL BY THE MEMBERS
PART VI,
LINE 7B

Return Explanation
Reference

FORM 990,	THE IRS FORM 990 IS PREPARED BY THE CONTROLLER, REVIEWED BY SENIOR MEMBERS OF MANAGEMENT AND
PAGE 6,	REVIEWED AND SIGNED BY THE EXECUTIVE DIRECTOR THE IRS FORM 990 IS THEN AVAILABLE ON THE
PART VI,	ORGANIZATION'S WEBSITE, ON THE GUIDESTAR WEBSITE AND UPON REQUEST THIS PROCESS HAS BEEN
LINE 11B	APPROVED BY THE ORGANIZATION'S FINANCE COMMITTEE WHICH WAS APPOINTED BY THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	EMPLOYEES MUST PROVIDE WRITTEN NOTIFICATION TO THE EXECUTIVE DIRECTOR OF A CONFLICT OF INTEREST OR POTENTIAL CONFLICT INTEREST AS SOON AS IT OCCURS IN ADDITION, THE ORGANIZATION REQUIRES EMPLOYEES TO CERTIFY THAT THEY HAVE REVIEWED THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS OFFICERS AND KEY EMPLOYEES(AS DEFINED BY THE IRS) MUST ANNUALLY DISCLOSE THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST, SUCH AS A LIST OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS, AND OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS OR THOSE OF FAMILY MEMBERS OFFICERS AND EMPLOYEES FOUND TO BE IN VIOLATION OF CONFLICT OF INTEREST POLICY ARE SUBJECT TO DISCIPLINARY ACTION OR TERMINATION FOR DIRECTORS OF THE CORPORATION, THE ORGANIZATION RELIES ON EACH GOVERNOR'S COMPLIANCE WITH STATE ETHICS LAWS TO AVOID CONFLICTS OF INTEREST AND MAKE ANY REQUIRED DISCLOSURES ANY MEMBER OF THE ORGANIZATION MAY RAISE A POSSIBLE CONFLICT OF INTEREST WITH ANOTHER MEMBER AND ACT IN ACCORDANCE WITH THE ARTICLES AND BYLAWS OF THE ORGANIZATION TO TAKE ACTION

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR RECEIVES A PERFORMANCE EVALUATION ANNUALLY FOR CONSIDERATION OF MERIT PAY INCREASE EFFECTIVE ON JANUARY 1 OF EACH CALENDAR YEAR PERFORMANCE IS EVALUATED BY THE CURRENT NATIONAL GOVERNORS ASSOCIATION (NGA) CHAIR, CURRENT NGA VICE CHAIR AND THE IMMEDIATE PAST NGA CHAIR COLLECTIVELY IN PREPARATION FOR THE PERFORMANCE EVALUATION, THE EXECUTIVE DIRECTOR PROVIDES A SELF-EVALUATION TO THE CURRENT NGA CHAIR AND AN EXTERNAL MARKET BENCHMARKING ANALYSIS THAT SHOWS SALARIES FOR COMPARABLE POSITIONS FOR THE OTHER BIG 7 PUBLIC INTEREST GROUPS AS WELL AS FOR OTHER NOT-FOR-PROFIT EXECUTIVES TAKEN FROM SEVERAL SALARY SURVEYS THE CURRENT NGA CHAIR IS RESPONSIBLE FOR CONVENING THE PERFORMANCE DISCUSSION, WRITING THE PERFORMANCE EVALUATION AND COMMUNICATING THE PERFORMANCE FEEDBACK TO THE EXECUTIVE DIRECTOR AT THE CONCLUSION OF THIS EVALUATION PROCESS, THE CURRENT NGA CHAIR WRITES A MEMO TO THE NGA CHIEF OPERATING OFFICER OUTLINING THE SPECIFICS OF THE MERIT PAY INCREASE AND AUTHORIZING THE ACTION FOR PURPOSES OF PAYROLL PROCESSING

Return Explanation

FORM 990,
PAGE 6,
PART VI,
LINE 17

MAINE, MICHIGAN, MINNESOTA, MISSISSIPPI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY,
NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA,
TENNESSEE, UTAH, WASHINGTON, VIRGINIA, WISCONSIN

Return Explanation

Reference

LINE 19

FORM 990,	THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON
PAGE 6,	THE ORGANIZATION'S WEBSITE THE CONFLICT OF INTEREST POLICY IS DESCRIBED IN THE IRS FORM 990 WHICH IS
PART VI.	AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND ON THE GUIDSTAR WEBSITE

Return Explanation
Reference

CONSULTANTS, SUBGRANTS& OTHER 2.413.974 187.572 51.476

990 Schedule O, Supplemental Information

FORM 990.

PART IX, LINE 11G

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493157006019 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES 23-7391796 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax year	<b>tions</b> Comple	te if the org	anızatıon a	answered	"Yes" on Fo	orm 990	, Part IV	, line 34 be	cause it	had one or	more	
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		(d) Exempt Code section		(e) arity status n 501(c)(3))	(f) Direct controlling entity		Section (13) coi enti	ntrolled ity?
(1)NATIONAL GOVERNORS ASSOCIATION	NON PRO	FIT	D	C							Yes	No No
444 N CAPITOL STREET ST267  WASHINGTON, DC 20001 52-1020381									N/A			
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Cat	No 5013	35Y				Sched	lule R (Form	990) 20	)16

		(b)	1 1		1 45	1 40	1 .			1 ()		., 1	
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-					Code V-UBI amount in bot 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ener?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9	90, Part IV	, line	34	
Identification of Related Organiza because it had one or more related or  (a)  Name, address, and EIN of related organization		L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	of- Perce	, line  i)  ntage ership	Se (1	(I) ection 512 3) control entity
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3

Schedule K (Form 990) 2016		Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. 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 more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1р		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No

k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1р		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s. Other transfer of cash or property from related organization(s)	15		No

0 329,089 INDIRECT COST RATE

Schedule R (Form 990) 2016

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

<b>1</b>													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ng ?	<b>(k)</b> Percentage ownership
			514)	Yes	No	! i		Yes	No		Yes	No	
										Schedul	le R (Form	1 99	0) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016