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PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

Certified Public Accountants & Consultants 12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583-2600 ph 925.790.2600 fx 925.790.2601

					NDED TO NO				_		
	0	00			ganizatio					ŀ	OMB No. 1545-0047
For	m J	90	Under section 50							ns)	2015
		of the Treasury			cial security num			-	-		Open to Public Inspection
-		enue Service	ar year, or tax yea		out Form 990 and		s is at _{WW} nd ending	w.irs.gov	/form990.		Inspection
_			f organization	" beginning		a	nu enuing		Employer identifi	oatio	n numbor
D (beck if pplicat	ble:	organization						Employer identifi	cauc	n number
	Addr chan Name	ge NEW	SCHOOLS FU	UND							
	chan	ge Doing b	usiness as						94-3		1780
	returi Final	Number	and street (or P.0. BROADWAY	box if mail is	not delivered to stre	et address)	Room/s 350	uite E	Telephone numbe – 415		5-6860
	returi termi ated	in_	own, state or provi	ince country	and ZIP or foreig	on postal code		G	Gross receipts \$		70,519,647.
	Amer	nded ONET	AND, CA) Is this a group re		
	Appli		nd address of princ		STACEY CH	ILDRESS			for subordinates		
	pend		AS C ABOVI					H(b	Are all subordinates in		
11	Tax-e>	kempt status:	X 501(c)(3)	501(c) () 🗲 (insert n	o.) 4947(a)((1) or	527	If "No," attach a	list.	(see instructions)
			NEWSCHOOL	S.ORG				H(c) Group exemptio	n nu	mber 🕨
			X Corporation	Trust	Association	Other 🕨	LY	ear of for	mation: 1998	v Sta	ite of legal domicile: CA
Pa	art I	•									
e	1		e the organization'			activities: NEW	I SCH	OLS E	FUND'S MI	SSI	ION IS TO
anc			PUBLIC EI					<u> </u>			
ern	2	Check this bo					posed of I	re than	25% of its net as	sets. I	1 1
Š	3		ting members of th								<u> 11</u> 10
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		lependent voting m						<u>4</u> 5		0
Activities & Governance	5		of individuals empl of volunteers (estin								10
itivi	6		d business revenue								0.
Ac			business taxable ir				·····				0.
	<u> </u>	The amolated							Prior Year		Current Year
•	8	Contributions	and grants (Part V	III, line 1h)					,633,194.		55,434,035.
nu	9		ce revenue (Part VI				•		529,550.		653,868.
Revenue	10	Investment ind	come (Part VIII, col	umn (A), line				-	-613,717.		85,558.
£	11	Other revenue	e (Part VIII, column	(A), lines 5, 6	6d, 🔪 9c, 10c, ar	nd 11			62,347.		2,808.
	12	Total revenue	- add lines 8 throug	gh 11	<u>equai</u> + VIII, co	<u>A), line 12</u>	)		,611,374.		56,176,269.
			milar amounts paid					20	,756,885.	<u> </u>	41,244,318.
			to or for members						0.		0.
es	15	Salaries, othe	r compensation, e	loyee ben	efits (F IX, colu	mn (A), lines 5-10	D)	6	,310,760.		5,877,287.
ens	16a		undraising fees (Pa			100	055		0.		0.
Expenses	b		ing expenses (Part			489,		1	,617,725.		7,234,137.
_			es (Part IX, column						,685,370.		<u>7,234,137</u> 54,355,742.
	18 19		s. Add lines 13-17 expenses. Subtrac						,073,996.	<u> </u>	1,820,527.
or		nevenue less	expenses. Subtrac						ng of Current Year		End of Year
ets c	20	Total assets (F	Part X. line 16)						,671,976.		37,959,589.
Assets Ralanc	21	•	(Part X, line 26)						,153,868.		892,951.
-Ind	22		fund balances. Sub						,518,108.		37,066,638.
Pa	art II										
Und	er pen	alties of perjury,	I declare that I have e	examined this	return, including acc	companying sched	ules and sta	tements, a	and to the best of my	/ knov	wledge and belief, it is
true	, corre	ct, and complete	. Declaration of prepa	rer (other thar	n officer) is based o	n all information of	f which prep	arer has a	ny knowledge.		

Sign Here	Signature of officer STACEY CHILDRESS, CEO			Date							
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	JOHN PANETTA			self-employed P00365375							
Preparer	Firm's name <b>ARMANINO LLP</b>			Firm's EIN <b>94-6214841</b>							
Use Only	Firm's address 12657 ALCOSTA BL	VD, STE. 500									
	SAN RAMON, CA 94	583-4600		Phone no. 925 – 790 – 2600							
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No							
532001 12-1	532001       12-16-15       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2015)										

Form	1990 (2015) NEW SCHOOLS FUND	94-3281780	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO IMPROVE PUBLIC EDUCATION BY IDENTIFYING AND SUPPORTING	J THE MOST	
	PROMISING EDUCATION VENTURES IN THE COUNTRY, AND CREATING		DE
	NETWORK OF EDUCATION ENTREPRENEURS COMMITTED TO CLOSING T		
	ACHIEVEMENT GAP.		
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	Ves	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
5	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	nonsured by expenses	
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, an	nu
4-	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 24,348,632. including grants of \$ 16,334,168. ) (Revenue	. 224	225.)
4a	(Code:) (Expenses \$ 24,348,632. including grants of \$ 16,334,168. ) (Revenu         VENTURE BUILDING: NEWSCHOOLS INVESTS IN ENTREPRENEURIAL		/
	AND FUELS THEIR SUCCESS BY COACHING AND SUPPORTING THEIR		112
			AND
	CONDUCTS FULL DILIGENCE ON MORE THAN 100 POTEN IAL INVEST	· · ·	-
			<u>e</u>
		E LEADERSHIP	OF
	OUR PORTFOLIO COMPANIES, CONNECTING THEM TO CUS MERS, FU		<del></del>
	EACH OTHER. THE GOAL OF THIS SUPPORT TO PROPL RAPID		
	QUALITY, AND ENABLE OUR ENTREPRENEY S TO AKE TRANSFORMAT	IVE IDEAS F	OR
	IMPROVING PUBLIC EDUCATION TO SCA .		
	1 100 010		0 - 0
4b	(Code:) (Expenses \$1,162,012 including of \$) (Revenue (Code:)) (Revenue (Code:		<b>850.</b> )
		KING TO	
	TRANSFORM THE PUBLIC EDUCA ION SYSTE SO THAT EVERY CHILI		
	EXCELLENT EDUCATION. THRO YH OUR FI LD BUILDING WORK, IN		
		NIZE EDUCATO	RS,
		OST FREQUENT	
	COMMUNITY OF PRACT CE MEETINGS THAT BRING OUR PORTFOLIO E		S
	TOGETHER WITH OTHE 5 TO SHALLESSONS LEARNED, DISCUSS NE		
	FROM THE FIELD, DE\ LOP PART ERSHIPS, AND EXPLORE NEW IDE		
	IMPROVING PUBLIC EDU TION ESPECIALLY FOR THE MOST UNDER	\SERVED	
	CHILDREN.		
4c	(Code: ) (Expenses 24,910,150. including grants of 24,910,150. ) (Revenue	.e \$	)
	FISCAL SPONSORSHIPS: NEWSCHOOLS HAS PARTNERED WITH OTHER		
	ENTREPRENEURIAL EDUCATION ORGANIZATIONS IN FISCAL SPONSOF		
	ARRANGEMENTS, NEW SCHOOLS WILL ACCEPT RESTRICTED CONTRIBU		
	THESE PROJECTS, AND THEN SUPPORT THOSE ORGANIZATIONS AS T	HEY LAUNCH	
	INTO NEW 501(C)(3) ORGANIZATIONS.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 50,420,794.		
E20000		Form 9	<b>90</b> (2015)
532002	2 46		

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 Form 990 (2015)
 NEW SCHOOLS FUND

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liab lity, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily resulted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Scheduk Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part. ine 10? If "Yes," complete Schedule D,		х	
	Part VI	<u>11a</u>	Δ	
a	Did the organization report an amount for investments - other securities Provide line 12 that is 5% or more of its total	11b	х	
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule Part VI</i> , Did the organization report an amount for investments program report of in Part X, line 13 that is 5% or more of its total		<u></u>	
C	assets reported in Part X, line 16? If "Yes," complete chedule D, Part, U	11c	х	
Ь	Did the organization report an amount for other association Part X, line 15 at is 5% or more of its total assets reported in			
	Dart V. line 162 (Clink - H	11d		x
е	Did the organization report an amount for the mability Part X, line 3? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or corputated financial successful or the tax year include a footnote that addresses			
	the organization's liability for uncertant ax positions uprier FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate independent aud al financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consol. ed, inder Jent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b>v</b>
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	19		x
	complete Schedule G. Part III	19		<u> </u>

Form **990** (2015)

Form	aan	(2015)
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 Form 990 (2015)
 NEW SCHOOLS
 FUND

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	· · · · · · · · · · · · · · · · ·			
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage is an excess benefit	2.10		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part L	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified erson in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forman Construction and EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for reconciliant or more payables any current or	200		
20	former officers, directors, trustees, key employees, highest compense d employ s, or disqualified persons? <i>If</i> "Yes,"			
		26		x
27	complete Schedule L, Part II	20		
21	contributor or employee thereof, a grant selection committee to an oncer, a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule rart III	27		x
28	Was the organization a party to a business transaction with one of the lowing arties (see Schedule L, Part IV	1		
20	instructions for applicable filing thresholds, condition and exceptions)			
а	A current or former officer, director, trustee, or key e. loyee? If "Yes," implete Schedule L, Part IV	28a		x
b	A family member of a current or former of the byce: If the byce: If the provide the schedule L, Part IV	28b		X
	An entity of which a current or former incer, director, trus employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect wher? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more tr \$25,000 in non-sh contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historial treasures, or other similar assets, or qualified conservation	25		
00		30		x
31	Did the organization liquidate, terminate, or use and cease operations?			
0.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
		1 00		1

Form 990 (2015)

Form	990 (2015) NEW SCHOOLS FUND		94-3281	780	Р	age 5
Pa						4
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	44			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		aamina			
-	(gambling) winnings to prize winners?			1c	Х	
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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	· · · ·		2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions					
3a				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
h	If "Yes," enter the name of the foreign country:	1000011171		-14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (	FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tail year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax she r transaction and the party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction that it was or is a party to a prohibited tax she r transaction ta			5b		x
				5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, a did th					
ou	any contributions that were not tax deductible as charitable contributions?	le organiz		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such co. buti	ions or aif	 Ts	ou		
D.	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under s ion 170(c			0.0		
	Did the organization receive a payment in excess of \$75 made partly as a current button and the truth for goods and ser	vices prov	ided to the navor?	7a		x
			luou to the puyor.	7b		
	Did the organization sell, exchange, or otherwise dispose of the value of the good set of property for which it was			10		
U	to file Form 8282?	as require	.u	7c		x
Ь		7d		10		
e	It "Yes," indicate the number of Forms 8282 filed duing the year	· · · · ·		7e		X
f	Did the organization, during the year, pay premiums, rectly or indirect on a personal benefit contra-			7f		x
g	If the organization received a contribution fifed in "ectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, and other vehicles, did the organization mere			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		10111103001	/11		
U	openaging examination have every subjects helding at any time during the year?			8		
9	Sponsoring organizations maintain donor advise unds.			<u> </u>		
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:			0.0		
a	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:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · · ·		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12-0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D.	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	130 13c				
		<u> </u>		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		<u> </u>
				UT I		1

Form	990 (2015) NEW SCHOOLS FUND		94-3281			age <b>6</b>				
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	rough	7b below, and for a '	No" re	spons	se				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	structions.							
	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
_		Ι.	11		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	11							
	If there are material differences in voting rights among members of the governing body, or if the governing									
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	46	10							
ь 2	Enter the number of voting members included in line 1a, above, who are independent 1b   10     Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
2				2		x				
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the									
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?		-	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		x				
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		x				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) me bers, sto	ockho	lders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Sectors, who cannot be	hed a	t the							
	organization's mailing address? If "Yes," provide the names and address in Sch ule O			9		X				
Sec	tion B. Policies (This Section B requests information about policy not required by the Internal Rev	/enue	Code.)							
					Yes	No				
	Did the organization have local chapters, branches, or affiliate			10a		X X				
b	If "Yes," did the organization have written policies and scedures, erning activities of such cha									
				10b	77					
	Has the organization provided a complete copy of the Form 990 to all rembers of its governing body	befor	e filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by organization to view this Form 990.			10	v					
				12a	X X					
	Were officers, directors, or trustees, and k employees required to annually interests that could give rise			12b	<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		12c	х					
12	in Schedule O how this was done			13	X					
13 14	Did the organization have a written we deblower policy Did the organization have a written documpt retention and destruction policy?			14	X					
15	Did the process for determining compensation and destruction policy:			17						
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	dependent							
а	The organization's CEO, Executive Director, or top management official			15a	х					
b	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			10.0						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a							
	taxable entity during the year?			16a	Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	ı's							
	exempt status with respect to such arrangements?			16b	Х					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA , MA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) av	ailable	9					
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	f interest policy, and	financi	al					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records: 🕨							
	<u>AMY OMAND - 415-615-6860</u>									
	1970 BROADWAY, NO. 350, OAKLAND, CA 94612				000					

Form 990 (2		94-3281780	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

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

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more the					Reportable	Reportable	Estimated	
	hours per	box, unless officer and		ss per	son i	s both	n an	compensation	compensation	amount of
	week					1711 US		om	from related	other
	(list any hours for	lirecto						ાe orga zation	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated		(W-2/1( )-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	st compensated vee				and related
	below	Individual trustee or director	Institutional trustee	er	v employee	st cc vee	er			organizations
	line)	Indiv	Insti	Officer	À	<u> </u>				
(1) BROOK BYERS	1.00									
BOARD MEMBER	1.00	Х	-	′				0.	0.	0.
(2) L JOHN DOERR III	1.00									
BOARD MEMBER	1.00	Y						0.	0.	0.
(3) CHRISTOPHER GABRIELI	1.0									
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(4) LAURENE POWELL JOBS	1.0									
BOARD MEMBER	1. 🤉	Х						0.	0.	0.
(5) JON SACKLER	1.0									
BOARD MEMBER	1.00							0.	0.	0.
(6) KIM SMITH	1.00									
BOARD MEMBER	1.0	Х						0.	0.	0.
(7) ROB STAVIS	1.0									
BOARD MEMBER	1.	Х						0.	0.	0.
(8) JOANNA REES (THROUGH 6/15)										
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) DAVE WHORTON(THROUGH 6/15)	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) DAVE GOLDBERG(THROUGH 5/15)	1.00									
BOARD MEMBER	1.00	х						0.	0.	0.
(11) CHILDRESS, STACEY	40.00									
CEO	1.00	Х		X				489,278.	0.	10,126.
(12) AMROFELL, MEGHAN	40.00									
<u> </u>		Х		X				220,715.	0.	14,796.
(13) MESSANO, FRANCES	40.00									
CHIEF OF STAFF				X				204,739.	0.	6,813.
(14) BECKER, SANDRA(THROUGH 1/15)	40.00									
CFO				Х				101,545.	0.	8,067.
(15) BENSON, SCOTT	40.00									
MANAGING PARTNER					X			203,825.	0.	21,499.
(16) CHEEK CLAYTON, TONIKA	40.00							100 010	<u> </u>	4 - 004
MANAGING PARTNER	40.00				X			175,845.	0.	15,031.
(17) MCGRIFF, DEBORAH	40.00								•	00 076
MANAGING PARTNER					Х			263,916.	0.	20,276.

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	SCHOO	LS FUND	)						94-32	2817	80	Page <b>8</b>
Part VII Section A. Officers, Direct	ctors, Truste	es, Key Emp	loye	ees,	and H	lighe	st C	ompensated Employee	s (continued)			
(A)		(B)			(C)			(D)	(E)		(	F)
Name and title		Average	(do		Positio		one	Reportable	Reportable		Estin	nated
		hours per	box, unless person is both an officer and a director/trustee)				h an	compensation	compensatio	n	amou	unt of
		week		er and	d a direc	lor/tru	stee)	from	from related			ner
		(list any	rector					the	organizations		•	nsation
		hours for related	or di	ee		ated		organization	(W-2/1099-MIS	,C)		n the
		organizations	ustee	trust	a	bens		(W-2/1099-MISC)			•	ization
	ľ	below	ual tr	ional	avo lo	t con						elated zations
		line)	Individual trustee or director	Institutional trustee	Officer Kev em nlovee	Highest compensated	Former				organi	Zations
(18) MARINO, MAURA		40.00	<u>n</u>	<u> </u>	0 3		; E					
MANAGING PARTNER	F	<b>±0.00</b>			X	-		238,255.		0.	18	935.
(19) LEE, GLORIA (THROUGH 6/1	5)	40.00						230,233.		<u> </u>	10,	
MANAGING PARTNER	-				X			163,607.		0.	21	241.
(20) ARNEY, ELIZABETH		40.00									,	
PARTNER	F	10.00				x		160,750.		0.	13	346.
(21) RITTVO KINDER, ARIELLE		40.00				1	-	100,750.			15,	, 5 - 0 -
PARTNER	-	40.00				x		144,680.		0.	10	765.
(22) OMAND, AMY		40.00				1~	-	1.4,000.		<u>••</u>	10,	, 105.
,	ŀ	40.00							140 03		1 5	17/
DIRECTOR		40 00				X	_	0.	142,03	<u>, , , , , , , , , , , , , , , , , , , </u>	15,	174.
(23) SEARS, LIZABETH	ŀ	40.00						13,933.		0.	6	105
DIRECTOR (24) KIM, MELISSA (THROUGH 9/	(15)	40.00			_	X		,955.		<u> </u>	0,	485.
DIRECTOR		40.00						129, 00.		0.	12	877.
DIRECTOR					-		<del>A</del>	125, 0.			12,	.077.
	F											
				$\square$			Ł	1				
	F											
1b Sub-total					-	-	$\leftarrow$	2,633,378.	142,03	30.	195	431.
c Total from continuation sheets								0.	142,00	0.	175,	0.
								2,633,378.	142,03	• •	195	431.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (inclusion)</li> </ul>				liotor	d abç			ceived more than \$100,0	•		1)),	<u></u>
compensation from the organiza	0		036	IISLEU	Jabe	) 🗤	10 16	eceived more than \$100,				17
compensation norm the organiza											V	es No
2 Did the executivation list on (for		live of an inter	otor	ke			<b>.</b>	highest sempenseted on			-	
3 Did the organization list any for			stee	e, key	y emp	oyee	, or	nignest compensated en	npioyee on		•	X
line 1a? If "Yes," complete Sche										····  -	3	
4 For any individual listed on line 1												7
and related organizations greate										-	4 2	K
5 Did any person listed on line 1a		-				-		•				
rendered to the organization? If		lete Schedule	e J fo	or su	<u>ch pe</u>	rson					5	X
Section B. Independent Contractor												
1 Complete this table for your five	-	-								ensatio	on from	
the organization. Report compe		ie calendar ye	ear e	ndin	g with	or w	ithin		ear.			
Nama an	(A) Id business a	ddroop						<b>(B)</b> Description of s	onviooo	60	(C) mpensa	otion
		luuress						Description of s	ervices		mpensa	
CHERRY PRODUCTIONS	a			~-	~ 4						400	680
1140 GREEN STREET,						109		EVENT PRODUCT	I'TON		400,	670.
CAMPBELL & COMPANY	-		SI	PP:	Ι							
AVENUE SE, WASHINGT								PROJECT CONSU	JLTING		248,	,562.
270 STRATEGIES, 626		KSON BL	VD	, :	SUI	ΓE						
600, CHICAGO, IL 60								PROJECT CONSU	JLTING		207,	,585.
ED-VOLUTION EDUCATI												
STREET NW, SUITE 2,		IGTON,	DC	20	000	9		PROJECT CONSU	JLTING		178,	850.
SPARK EDUCATION LLC			~ ~	• • •	•							<b>E</b> 0 1
642 E STREET NE, WA								PROJECT CONSU			162,	791.
2 Total number of independent co	-	-	ot lin	nited			sted	above) who received mo	ore than			
\$100,000 of compensation from	the organiza	ation 🕨				5						

-

<u>m 990</u> art VI			TUND			94-3283	L780 Page
	••••						
		Check if Schedule O contains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
<u>ა</u> 1 ა	а	Federated campaigns 1a					
<b>_</b>		Membership dues 1b					
e i		Fundraising events 1c					
ē )		Related organizations					
		Government grants (contributions) <b>1e</b>					
er i		All other contributions, gifts, grants, and	EE 424 025				
E C		similar amounts not included above	55,434,035.				
pc (	-	Noncash contributions included in lines 1a-1f: \$	8,300,987.				
1 5	h	Total. Add lines 1a-1f		55,434,035.			
			Business Code				
2 8	-	PROGRAM SERVICE FEES	900099	419,850.	419,850.		
<b>a</b> I	b	INTEREST ON PRI	900099	234,018.	234,018.		
Revenue	с						
eve o	d						
۳ e	е						
1	f	All other program service revenue		-			
	g	Total. Add lines 2a-2f		£			
3		Investment income (including dividends, inter					
		other similar amounts)	· •	465.			131,46
4		Income from investment of tax-exempt bond					
5		Royalties					
		(i) Real	(ii) Personal				
6 8	2	007.010					
		Gross rents     207,012       Less: rental expenses     207,012					
		Rental income or (loss) 0					
		Net rental income or (loss)					
/ 3	а	Gross amount from sales of (i) Securities	(ii) Other . 440,719.				
	D	Less: cost or other basis	1 452 220				
		and sales expenses					
		Gain or (loss)33,306	-12,601.				
		Net gain or (loss)	····· •	-45,907.	-12,601.		-33,30
8 8		Gross income from fundraising ev (not					
		including \$0.	1				
		contributions reported on line 1c). See					
		Part IV, line 18	a				
			b				
'  (		Net income or (loss) from fundraising events	►				
		Gross income from gaming activities. See					
		Part IV, line 19	a				
			b				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	-	and allowances					
.	h		b				
<b>–</b>	C	Net income or (loss) from sales of inventory					
4.4	_	Miscellaneous Revenue MISCELLANEOUS REVENUE	Business Code 900099	2 000	2 000		
			300033	2,808.	2,808.		
	b						
	С						
		All other revenue					
6	е	Total. Add lines 11a-11d		2,808.			
		Total revenue. See instructions.		56,176,269.	644,075.	0	. 98,15

 Form 990 (2015)
 NEW SCHOOLS FUND

 Part IX
 Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must com		•	nplete column (A).	
	Check if Schedule O contains a respor		this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 $\dots$	41,113,318.	41,113,318.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	56,000.	56,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	75,000.	75,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,858,339.	1,087,968.	770,371.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,884,696.	1,973,1 2.	662,143.	249,411.
8	Pension plan accruals and contributions (include	, ,	, ,	,	<i>,</i>
5	section 401(k) and 403(b) employer contributions)	64.430.	47.6	13.997.	2.826
9	Other employee benefits	64,430. 701,420.	47,60	13,997. 241,262.	2,826. 116,072.
9 10		368,402.	223,71	124,212.	20,475
11	Payroll taxes Fees for services (non-employees):	500,402.			20, 17
	Management	11,5 5.	2,000.	9,946.	
		191,99	2,000.	191,994.	
	Accounting	191,99		191,994.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		757 240	2 212 246	442 171	0.2.2
	column (A) amount, list line 11g expenses on Sch 0.)	. <u>757,349</u> 84,213	3,313,346.	443,171.	832.
12	Advertising and promotion		12,981.	69,488.	1,744.
13	Office expenses		16,796.	73,270.	6,591.
14	Information technology	328,074.	8,572.	318,329.	1,173.
15	Royalties				
16	Occupancy	338,842.		338,842.	
17	Travel	292,364.	229,878.	59,614.	2,872.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61,345.	51,644.	6,129.	3,572.
20	Interest	483.		483.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,765.		54,765.	
23	Insurance	12,355.		12,355.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER FEES/EXPENSES	1,257,089.	1,250,000.	7,089.	
b	EVENTS	734,772.	614,741.	36,544.	83,487.
c	UTILITIES	11,889.	,	11,889.	·
d		,		,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	54,355,742.	50,420,794.	3,445,893.	489,055.
<u>25</u> 26	Joint costs. Complete this line only if the organization			-,,	_00,000
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	l			Form <b>990</b> (2015

Form 990 (2	2015) NEW SCHOOLS FUND
Part X	Balance Sheet
	Check if Schedule O contains a response or note to any line in this Part X
4	Cook non-interest bearing

		Check if Schedule O contains a response or not	e to any line in tr	IS Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	5,703,107.	2	12,626,997.		
	3	Pledges and grants receivable, net			9,242,742.	3	3,275,346.
	4	Accounts receivable, net			18,417.	4	39,297.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted employees.	Complete			
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disqualif	ied persons (as o	defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), an	d contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) volu	Intary			
Ś		employees' beneficiary organizations (see instr).	Complete Part II	of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			41,595.	9	68,063.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	804,718.			
	b	Less: accumulated depreciation	10b	736,713.	136,519.	10c	68,005.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			135,171.	12	9,796,674.
	13	Investments - program-related. See Part IV, line -			12, 27,588.	13	11,996,497.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			56,837.	15	88,710.
	16	Total assets. Add lines 1 through 15 (must equa			41,671,976.	16	37,959,589.
	17	Accounts payable and accrued expenses			1,216,673.	17	534,284.
	18	Grants payable	2,937,195.	18	358,667.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		· ·		20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current mer					
Liabilities		key employees, highest comper and employee	s, an me	ed persons.			
lide		Complete Part II of Schedule				22	
Ë	23	Secured mortgages and notes ayable to unrela				23	
	24	Unsecured notes and loans pay le to unrelated	rd parties			24	
	25	Other liabilities (including federal ). me tax, n	ables to related	third			
		parties, and other liabilities not include.	17-24). Complet	e Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,153,868.	26	892,951.
		Organizations that follow SFAS 117 (ASC 958)	), check here 🕨	► X and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
nce	27	Unrestricted net assets			24,973,681.	27	24,389,186.
ala	28	Temporarily restricted net assets			12,544,427.	28	12,677,452.
ЧB	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check	here 🕨 🗌			
orF		and complete lines 30 through 34.					
ŝts	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq	uipment fund			31	
et A	32	Retained earnings, endowment, accumulated in	come, or other fu	inds		32	
ž	33	Total net assets or fund balances			37,518,108.	33	37,066,638.
	34	Total liabilities and net assets/fund balances			41,671,976.	34	37,959,589.

Form **990** (2015)

Form	990 (2	2015) NEW SCHOOLS FUND	94-	-3281	780	Pag	_{ge} 12
Par	t XI	Reconciliation of Net Assets					
		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		<u>,176</u>		
2	Total	expenses (must equal Part IX, column (A), line 25)	2		,355	<u> </u>	
3	Reve	nue less expenses. Subtract line 2 from line 1	3		,820	-	
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,518		
5	Net u	Inrealized gains (losses) on investments	5		-251	, 3	92.
6	Dona	ted services and use of facilities	6				
7	Inves	tment expenses	7				
8	Prior	period adjustments	8				
9	Othe	r changes in net assets or fund balances (explain in Schedule O)	9	-2	,020	, 6	05.
10	Net a	issets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	colun	nn (B))	10	37	<u>,066</u>	, 6	<u>38.</u>
Par	t XII	Financial Statements and Reporting					
		Check if Schedule O contains a response or note to any line in this Part XII					X
						Yes	No
1	Acco	unting method used to prepare the Form 990: 🗌 Cash 🛛 🗶 Accrual 📃 Other					
		organization changed its method of accounting from a prior year or checked "Other," plain in Schedule					
2a		the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
		es," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	sepa	rate basis, consolidated basis, or both:					
		Separate basis Consolidated basis Both consolidated and separate sis					
b	Were	the organization's financial statements audited by an independent count?			2b	Х	<u> </u>
		es," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	conse	olidated basis, or both:					
		Separate basis I Consolidated basis Both o olider d and separate basis					
С		es" to line 2a or 2b, does the organization have a committee that assess responsibility for oversight of the					
	reviev	w, or compilation of its financial statements and solution of a dependent accountant?			2c	Х	<u> </u>
		organization changed either its oversight proce or selection process during the tax year, explain in Sche					
3a		result of a federal award, was the organization quired to undergo audit or audits as set forth in the Sin	gle Aud	dit			
		nd OMB Circular A-133?			3a		X
b		es," did the organization undergo the second aud saudits? If the organization did not undergo the require	red auc	lit			
	or au	dits, explain why in Schedule O	<u></u>		3b		
					Form 9	990	(2015)

(Form	990	or	990-	EZ)
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## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. n 990 or Form 990-F7 A++ h to Fo

2015	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Nam	lame of the organization Employer identification number									
NEW SCHOOLS FUND								9	4-3281780	
Par	rt I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The c	organ	ization is not a private found	ation because it is: (I	For lines 1 through 11, cl	heck only	one box.)				
1 [		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative					i).			
4		A medical research organization						(iii). Enter	the hospital's name.	
		city, and state:		, ,				. ,	, , , , , , , , , , , , , , , , , , ,	
5		An organization operated for	or the benefit of a col	leae or university owned	l or operat	ed by a go	vernmental u	nit describe	d in	
- 1		section 170(b)(1)(A)(iv). (C		5		, ,				
6		A federal, state, or local gov		ental unit described in	section 17	70(h)(1)(A)	(v)			
	X	An organization that norma	•				. ,	no donoral r	whic described in	
• •		section 170(b)(1)(A)(vi). (C	•		onna gove			ie general p		
8		A community trust describe		1)(A)(vi) (Complete Par	+ 11 \					
9	=	An organization that norma				onti utio	ne momborsk	nin foos an	d gross rocoints from	
9		activities related to its exem	•					-	•	
				• •					•	
		income and unrelated busin		(less section 511 tax) ind			red by the org	anization a	fter June 30, 1975.	
10		See section 509(a)(2). (Con		under die die eit dem mit de li			MAX			
10		An organization organized a	-				<b>—</b>			
11		An organization organized a								
		more publicly supported or							heck the box in	
		lines 11a through 11d that								
а		<b>Type I.</b> A supporting orga	-			-				
		the supported organization			Plority c	of the direc	tors or truste	es of the su	pporting	
		organization. You must o								
b		<b>Type II.</b> A supporting org					•		•	
		control or management o			ame perso	ns that cor	ntrol or manag	ge the supp	orted	
		organization(s). You mus								
с		<b>Type III functionally inte</b>					and functional	ly integrate	d with,	
		its supported organization								
d		Type III non-functionally	vint rated. A supp	or g organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)	
		that is not functionally int	egra. The organiz	at generally must sat	isfy a distr	ibution req	uirement and	an attentiv	eness	
		requirement (see instructi	ions). Y must cor	ete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization reco.	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.				
		er the number of supported o	•							
g		vide the following information			( ) )				( ) ) ) (	
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of	,	(vi) Amount of	
		organization		above (see instructions))	governing	document?	support instruct		other support (see instructions)	
					Yes	No		.0.1.0)		

Total

#### Schedule A (Form 990 or 990 EZ) 2015 NEW SCHOOLS FUND

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	3943560.	24124201	30059455.	23633194.	55434035.	137194445
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3943560.	24124201	30059455.	23633194	55434035.	137194445
	The portion of total contributions	55455000	<u> </u>	500554550	230331940	55151055.	19/194449
5	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						40543160.
~							96651285.
	Public support. Subtract line 5 from line 4.						90051205.
	••	(-) 0011	(1-) 0010		(1) 2014	(-) 0015	(0) Tabal
	ndar year (or fiscal year beginning in) 🕨	(a) 2011 3943560.	(b) 2012	(c) <u>13</u> 3005 455.	(d) 2014 23633194.	(e) 2015	(f) Total
-	Amounts from line 4	5945500.	241242 .	500 455.	23033194.	55454055.	13/194443
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	16 720	204 77	20 425	210 672	220 477	1110005
	and income from similar sources	46,739	204,771	20. 425.	318,672.	338,477.	1110085.
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		CC 100	115 001	60.045		0.45 0.1.6
	assets (Explain in Part VI.)	500.	66,170.	115,991.	62,347.	2,808.	247,816.
	Total support. Add lines 7 through 10	· · · · · · · · · · · · · · · · · · ·					138552346
	Gross receipts from related activities,		ns)			· · · · ·	,859,410.
13	First five years. If the Form 990 is for	the organizan's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
0	organization, check this box and stop	here					
	tion C. Computation of Publi						
	Public support percentage for 2015 (li		•	(1)		14	<u>69.76</u> %
	Public support percentage from 2014					15	66.29 %
16a	33 1/3% support test - 2015. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2014. If the c	organization did no	t check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali		•••				
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b>	<b>nere.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization o	ualifies as a public	ly supported orgai	nization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	₅ ▶□

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 NEW SCHOOLS FUND Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	015	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
-	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
~								
	Total. Add lines 1 through 5						+	
/ 8	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
r	Amounts included on lines 2 and 3 received from other than disqualified persons that				Ť			
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 20	015	<b>(f)</b> Total
9	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
Ŀ	Unrelated business taxable income							
L								
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975						<del>_</del>	
	Add lines 10a and 10b							
11	Net income from unrelated business 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.)							
	<b>First five years.</b> If the Form 990 is for	the organization'	s first second thir	d fourth or fifth t	ax vear as a sectio	n 501(c)(3)	organizat	tion
	check this box and stop here	-			•		organizat	
Se	ction C. Computation of Public	c Support Per	rcentage					·····
	Public support percentage for 2015 (li			column (f))		15		%
	Public support percentage from 2014					16		%
	ction D. Computation of Invest							70
	•			20.12. column (f)		47		0/
	Investment income percentage for 20		'			17		<u>%</u>
	Investment income percentage from 2			an line 14 and lin		<b>18</b>		ie pot
198	<b>33 1/3% support tests - 2015.</b> If the	-					iu line 17	
-	more than 33 1/3%, check this box an	-	-					▶∟
k	<b>33 1/3% support tests - 2014.</b> If the							
	line 18 is not more than 33 1/3%, chec							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	<u></u>	

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		

10b

			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		
Sec	tion 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 or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s ¹ that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year all the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part V. www.control			
	or management of the supporting organization was vested in the same process. controlled or non-ged			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the st day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and the provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recer filed as of the set of non-cation, and (iii) copies of the			
	organization's governing documents in effect on the ate of notification the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or estees either (i) are binted or elected by the supported			
	organization(s) or (ii) serving on the government by of proported or plization? If "No," explain in Part VI how			
	the organization maintained a close ar continuous working unip with the supported organization(s).	2		
3	By reason of the relationship descrited in (2), did the organization's supported organizations have a			
	significant voice in the organization' envestment policie and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yee" describe in Part VI the role the organization's			
	supported organizations played in this re	3		
Sec	tion E. Type III Functionally-Integrations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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 of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

	Check here if the organization satisfied the Integral Part Test as a qualifyir other Type III non-functionally integrated supporting organizations must contact the support of the support	•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets			
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 for any ster any			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 f _m 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)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (t n Section A, line Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (ft. Section P e 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
_				

instructions).

Schedule A (Form 990 or 990-EZ) 2015

 Schedule A (Form 990 or 990-EZ) 2015
 NEW
 SCHOOLS
 FUND

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

Schedule A	(Form 990 or 990-EZ	) 2015	NEW	SCHOOLS	FUND

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	8		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior ars			
	Applied to 2015 distributable amour			
	Remainder. Subtract lines 4a and 4l om 4.			
5	Remaining underdistributions for year prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
<u>a</u>				
<u>b</u>	Evenes from 2012			
	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NEW SCHOOLS FUND	94-3281780 Page #
Part VISupplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17aPart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lineline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; PartSection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi(See instructions.)	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
SCHEDULE A, PART II, SECTION A, LINE 1C	
THE ORGANIZATION CHANGED ITS FISCAL YEAR END FROM AUGUST 31	TO DECEMBER
31 DURING 2011, MAKING ITS 2011 TAX YEAR A SHORT PERIOD OF	FOUR MONTHS.

Schedule B (Form 990, 990-EZ.

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### ** PUBLIC DISCLOSURE COPY **

## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2015

Employer identification number

94-3281780

NEW	SCH	OOLS	FUND

or (ii) Form 990-EZ, line 1. Complet

	MEM DCHOOLS FOND 94-5261780	
Organization type (che	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private four attion	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule	
Note. Only a section 50	1(c)(7), (8), or (10) organization can check boxes from oth the General Rule and a Special Rule. See instructions.	
General Rule		
	ation filing Form 990, 990-EZ, or 990 at that receive during a year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Pare /I and II. See insuections for determining a contributor's total contributions.	
Special Rules		
	ation described in so don 501(c)(3) filing Formesso or 990-EZ that met the 33 1/3% support test of the regulations under	
	(1) and 170(b)(1)( <i>A</i> i), that checked hedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from putor, during the year total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1	n,

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

arts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B	(Form	990,	990-EZ,	or S	990-PF)	(2015)
------------	-------	------	---------	------	---------	--------

Name of organization

Employer identification number

NEW SCHOOLS FUND

94-3281780

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$3,029,180.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>4,160,080.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	) Total contributions	(d) Type of contribution
3		\$ <u>26,700,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, adress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,107,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,216,328.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

#### Name of organization

Employer identification number

NEW SCHOOLS FUND

94-3281780

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>1,435,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, dress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule	в	(For	m 99	90, 990	D-EZ,	or	990-PF)	(2015)
			-					

Name of organization

Employer identification number

94-3281780

### NEW SCHOOLS FUND

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	STOCK DONATION, 281,000 SHARES OF RPX CORP	\$3,029,180.	12/21/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	STOCK DONATION, 280,000 SHARES OF RNG RING CENTRAL INC; AND 2,400 SHARES OF JD	4,160,080.	10/28/15
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

ame of orga	inization		Employer identification number
EW SC	HOOLS FUND	ntributions to organizations described i	94-3281780 in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complet completing Part III, enter the total of exclusively religio	e columns (a) through (e) and the follow	WING LINE EDITY. For organizations
	Use duplicate copies of Part III if additio	nal space is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	· · · · · · · · · · · · · · · · · · ·		
-	NN	(E, ansfer c , if	ft
	Transferee's name, address,	and ZIP	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	se of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee
	· · · · · · · · · · · · · · · · · · ·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	·····		
		-	
F		(e) Transfer of gi	ift
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C	P	olitical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047	
(Form 990 or 990-EZ)							
	► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.						
Department of the Treasury Internal Revenue Service							
If the organization answ	wered "Yes," or	n Form 990, Part IV, line 3, or Form	n 990-EZ, Part V, line	e 46 (Political Campa	aign Activ	vities), then	
		plete Parts I-A and B. Do not comp					
		01(c)(3)) organizations: Complete Pa	arts I-A and C below. I	Do not complete Part	I-B.		
Section 527 organization and		,	n 000 EZ Dort VI. lin	o 47 (Lobbying Activ	(ition) th	on	
		<b>1 Form 990, Part IV, line 4, or For</b> nave filed Form 5768 (election unde					
		have NOT filed Form 5768 (election		•			
If the organization ans	wered "Yes," or	Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form	990-EZ, I	Part V, line 35c (Proxy	
Tax) (see separate inst	ructions), then						
	, or (6) organizat	tions: Complete Part III.			<b>F</b>	u identification number	
Name of organization	NEW CCU	OOLS FUND				r identification number 94-3281780	
Part I-A Compl	ete if the org	anization is exempt under	section 501(c) o	r is a section 52	7 organ	nization.	
		·····		A	<b>J</b>		
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	urt IV.			
2 Political expenditur	es	·····			▶\$		
<b>3</b> Volunteer hours							
		eninetien is successfunder					
		anization is exempt under			•		
		incurred by the organization under incurred by organization manager					
		n 4955 tax, did it file Form 4720				Yes No	
-		<i>`</i>				Yes No	
b If "Yes," describe ir	n Part IV.				<u> </u>		
		unc unc عر anization is exe					
		by the filing organization for section			▶\$		
2 Enter the amount o exempt function ac		ization's funds cc ributed to othe			▶\$		
•		. Add Ji nd 2. er here and			••		
			,,		▶\$		
		1 0-POL for this year?				Yes No	
		np ver identification mber (EIN)					
made payments. Fo contributions receiv			rom the filing organiza eparate political orgar				
political action com	•		e information in Part IV	,	parate se	gregated fund of a	
(a) Name		(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political	
				filing organization		promptly and directly	
				funds. If none, ente		delivered to a separate	
						political organization. If none, enter -0	
		1	1	1			

Schedule C (Form 990 or 990-EZ) 2015 Part II-A Complete if the organization 501(h)).	NEW SCHOOLS	5 FUND mpt under section	1 501(c)(3) and file	94-3 ed Form 5768 (ele	281780 Page 2 ection under
A Check ► if the filing organizat expenses, and share	e of excess lobbying	filiated group (and list in expenditures). and "limited control" pro		group member's name	e, address, EIN,
Limit	ts on Lobbying Expe	· · · ·		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ	-	• • • •		-	
c Total lobbying expenditures (add lir	nes 1a and 1b)			0.	
d Other exempt purpose expenditure					
e Total exempt purpose expenditures	•	· · · · · · · · · · · · · · · · · · ·		0.	
f Lobbying nontaxable amount. Ente				0.	
If the amount on line 1e, column (a) of		bbying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.	<b></b>		
Over \$500,000 but not over \$1,000		00 plus 15% of the exce			
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exces	ss over \$1,5 ,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)	4		0.	
h Subtract line 1g from line 1a. If zero	,				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer			atil file Form 4720		
reporting section 4911 tax for this		und n, and enganned		Γ	Yes No
(Some organizations th	4-Year A nat made a section See the sepa	o mou lons fo	nave to complete all c res 2a through 2f.)	f the five columns be	low.
	Lobbying E	enditures Dur. 4-Yea	veraging Period	<b>I</b>	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 201;	(c) 2014	( <b>d)</b> 2015	<b>(e)</b> Total
2a Lobbying nontaxable amount	<u>,000,000</u>	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	4	46,861.	0.	0.	93,816.
d Grassroots nontaxable amount	250,000	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount					,,
(150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	0	0.	0.	0.	

Schedule C (Form 990 or 990-EZ) 2015

#### 94-3281780 Page 3

# Schedule C (Form 990 or 990-EZ) 2015 NEW SCHOOLS FUND 94-32817 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(1	<b>ɔ</b> )
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under succession				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under sec. 71(c)(4), sec. 1	າ 501(c)( <del>ໂ</del>	5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by https://www.user.com/documents/		1		
2	Did the organization make only in-house lobbying expenditure \$2,000 ess?		2		
3	Did the organization agree to carry over lobbying and raical experimentation the prior year?		3		
Par	t III-B Complete if the organization is e mpt under ction. 01(c)(4), section				0 :-
	501(c)(6) and if either (a) BOTH F t III-A, lines and 2, are answered " answered "Yes."	NO," UR	(b) Part	III-A, IINe	e 3, IS
1	Dues, assessments and similar amounts for more than the second seco				
2	Section 162(e) nondeductible lobbying and political expension on the include amounts of political	al			
	expenses for which the section 52 i) tax was paid)				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(c, notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

				OMB No. 1545-0047
	HEDULE D		al Financial Statements	<b>201</b> 5
(Forr	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	
	ment of the Treasury I Revenue Service	► Information about Schedule D (For	Attach to Form 990. m 990) and its instructions is at www.irs.gov/fo	Open to Public Inspection
-	e of the organizatio	Employer identification number		
	-	NEW SCHOOLS FUND		94-3281780
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds (l	b) Funds and other accounts
1		nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5	-		writing that the assets held in donor advised fund exclusive legal control?	
6			dvisors in writing that grant funds can be used or	
0			or donor advisor, or for any other purpose conferri	
	impermissible priva			
Pa			ganization answered "Yes" on Form 990, Part IV,	
1		servation easements held by the organization		
		of land for public use (e.g., recreation or e		important land area
	Protection o	f natural habitat	Preservatic of a certified his	storic structure
	Preservation	of open space		
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in a form of a cor	nservation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b	Total acreage restr			2b
с	Number of conserv	vation easements on a certified historic stru	ucture in led / _a)	2c
d	Number of conserv	vation easements included in (c) acquired	8/17/06, d not on a historic structure	
	listed in the Nation	nal Register		2d
3	Number of conserv	vation easements modified, transfeed, rel	eased, expuishes or terminated by the organiz	zation during the tax
	year 🕨			
4		where property subject to conserve on eas		
5		tion have a written polician ding to per	riodic motoring, inspection, handling of	
		orcement of the corporation easements		
6	Staff and voluntee	r hours devoted to nonitoring, inspecting,	handling of violations, and enforcing conservation	n easements during the year
_		<u> </u>		
7	• ·	es incurred in monit ling, inspecting and	lling of violations, and enforcing conservation eas	sements during the year
•	►\$		e satisfy the requirements of section 170(h)(4)(B)(	
8				
9			on easements in its revenue and expense stateme	
5		<b>c</b> .	tion's financial statements that describes the orga	
	conservation ease			
Pa			f Art, Historical Treasures, or Other Si	imilar Assets.
	Complete if	the organization answered "Yes" on Form	1990, Part IV, line 8.	
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement and	d balance sheet works of art,
	historical treasures	s, or other similar assets held for public ext	nibition, education, or research in furtherance of p	public service, provide, in Part XIII,
	the text of the foot	note to its financial statements that descri	bes these items.	
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and ba	lance sheet works of art, historical
	treasures, or other	similar assets held for public exhibition, ea	ducation, or research in furtherance of public serv	vice, provide the following amounts
	relating to these ite	ems:		
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets include	ed in Form 990, Part X		▶ \$
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial gain, p	provide
		unts required to be reported under SFAS 1		
а	Revenue included	on Form 990, Part VIII, line 1		▶ \$
b	Assets included in	Form 990, Part X		▶ \$

LHA	For	Paperwor	k Reduction	Act Notice,	see the	Instructio	ons for Fo	rm 990.
532051 11-02-1								

Schedule D (Form 990) 2015

		OOLS FUND							Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Art,	, Historical Tre	easures, or	r Other	Similar	Assets	(contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	following that	are a sigi	nificant us	e of its co	ollection i	tems
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ams				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exem	pt purpose	e in Part 3	XIII.	
5	During the year, did the organization solicit of	or receive donations of	art, historical treas	sures, or othe	er similar a	assets		_	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "	'Yes" on F	Form 990,	Part IV, li	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi							-	
	on Form 990, Part X?						L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:						
								Amount	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		1	
	Did the organization include an amount on F					y?	L	Yes	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete					<u></u>			
T ai		I I I			IV, line 10		ana kaali	() [	
4.	De sienie e fan en helene	(a) Current year	(b) Prior vear	(c) Two	S DACK (	a) Three ye	ars dack	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
C -	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
T	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr Board designated or guasi-endowment	ent year to balance		)) neiù as.					
a ⊾	Permanent endowment	%	_%						
b	Temporarily restricted endowment	%							
C	The percentages on lines 2a, 2b, an ² / ₂ c sho								
32	Are there endowment funds not in the osse		ion that are held ar	nd administer	ad for the	organizat	ion		
ou	by:	Joshoff of the organizat				organizat		Г	Yes No
	(i) unrelated organizations							3a(i)	
	(m)							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990.	Part IV. line 11a. S	ee Form 990	. Part X. li	ne 10.			
	Description of property	(a) Cost or ot		or other		cumulated	4	(d) Book	value
		basis (investm	• • •	(other)	• •	reciation		(4) 2000	, and o
1a	Land	· · · · ·							
	Buildings								
	Leasehold improvements		1	2,764.		12,76	4.		0.
	Equipment			1,954.		23,94		68	,005.
	Other								-
	. Add lines 1a through 1e. (Column (d) must e		. column (B). line 1	0c.)				68	,005.

Schedule	П	(Form	990	2015
Schedule			330	

Part VII			Other Se	curities.	
Schedule D	) (Form 990)	) 2015	NEW	SCHOOLS	FUND

	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Forn	n 990, Part X,	line 12.	
(a) Descrip	tion of security or category (including name of security)	<b>(b)</b> Book value	(c) Meth	od of valuatio	n: Cost or end	-of-year market value
(1) Financia	al derivatives					
(2) Closely	held equity interests					
(3) Other						
(A) CC	RPORATE BONDS & CDS	9,796,674.	END-C	F-YEAR	MARKET	VALUE
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.)	9,796,674.				
Part VIII	Investments - Program Related.					
	Complete if the organization answered "Yes" (					
	(a) Description of investment	(b) Book value	(C) Meth	od of valuation	n: Cost or end	-of-year market value
	OGRAM RELATED	11 000 407			101010	173 1 111
	IVESTMENTS	11,996,497.	END-	- YEAR	MARKET	VALUE
(3)						
(4)						
(5)						
(6)						
(7)			+			
(8)						
(0)						
(9)	h) must equal Form 990 Part X col (B) line 13)	11 996 4	1			
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.	11 996,4	1			
	Other Assets.		See Form	n 990. Part X.	line 15.	
Total. (Col. (		<u>11 096,4</u> Form 990, Pa. (, line escription	. See Form	n 990, Part X,	line 15.	(b) Book value
Total. (Col. ( Part IX	Other Assets. Complete if the organization answered "Yes"	Form 990, Pa. (, line	. See Form	n 990, Part X,	line 15.	(b) Book value
Total. (Col. ( Part IX (1)	Other Assets. Complete if the organization answered "Yes"	Form 990, Pa. (, line	. See Form	n 990, Part X,	line 15.	<b>(b)</b> Book value
Total. (Col. ( Part IX	Other Assets. Complete if the organization answered "Yes"	Form 990, Pa. (, line	See Form	n 990, Part X,	line 15.	<b>(b)</b> Book value
Total. (Col. ( Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"	Form 990, Pa. (, line	. See Form	n 990, Part X,	line 15.	(b) Book value
Total. (Col. ( Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"	Form 990, Pa. (, line	. See Form	n 990, Part X,	line 15.	(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"	Form 990, Pa. (, line	. See Form	n 990, Part X,	line 15.	(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"	Form 990, Pa. (, line	. See Form	n 990, Part X,	line 15.	(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"	Form 990, Pa. (, line	. See Form	n 990, Part X,	line 15.	(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"	Form 990, Pa. (, line	. See Form	n 990, Part X,	line 15.	(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organization answered "Yes" (a	1 Form 990, Pai, - (, line escription	. See Form	n 990, Part X,	line 15.	(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	1. Form 990, Pa, v(, line escription				(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (b)	1. Form 990, Pa, v(, line escription	11e or 11f. Se	e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt.) Part X	Other Assets. Complete if the organization answered "Yes" (a)	1. Form 990, Pa, v(, line escription		e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu (9) Total. (Colu Part X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (b)	1. Form 990, Pa, v(, line escription	11e or 11f. Se	e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (c) (a) Description of liability	1. Form 990, Pa, v(, line escription	11e or 11f. Se	e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (c) (a) Description of liability	1. Form 990, Pa, v(, line escription	11e or 11f. Se	e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fec (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (c) (a) Description of liability	1. Form 990, Pa, v(, line escription	11e or 11f. Se	e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col() Part X 1. (1) Fec (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (c) (a) Description of liability	1. Form 990, Pa, v(, line escription	11e or 11f. Se	e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (1) Fec (2) (3) (4) (5) (6) (6) (6) (7) (6) (7) (8) (9) Total. (Colu (9) Total. (Colu (9) Total. (Colu (9) Total. (Colu (9) (1) (2) (3) (4) (5) (6) (6) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (c) (a) Description of liability	1. Form 990, Pa, v(, line escription	11e or 11f. Se	e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. (8) (9) Total. (Coll. (2) (3) (4) (5) (6) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (c) (a) Description of liability	1. Form 990, Pa, v(, line escription	11e or 11f. Se	e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (c) (a) Description of liability	1. Form 990, Pa, v(, line escription	11e or 11f. Se	e Form 990, F		(b) Book value
Total. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (1) Fec (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (c) (a) Description of liability	1Form 990, Pai, Y, line escription	11e or 11f. Se	e Form 990, F		(b) Book value

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

Sche	dule D (Form 990) 2015 NEW SCHOOLS FUND			94-	3281780	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	56,248,	,806.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-251,392.			
b	Donated services and use of facilities	<b>2</b> b	116,805.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	112.			
е	Add lines 2a through 2d			2e	<u></u> , 	<u>475.</u>
3	Subtract line 2e from line 1			3	56,383,	,281.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4</b> a				
b	Other (Describe in Part XIII.)	4b	-207,012.			
С	Add lines 4a and 4b			4c	, 207- , 56,176	012.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>F</b>	5	56,176,	,269.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	54,679,	,559.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		116 005			
а	Donated services and use of facilities		116,805.	-		
b	Prior year adjustments	2b		-		
с	Other losses		0.010	-		
	Other (Describe in Part XIII.)	2d	<u>207,012.</u>		202	01 1
е	Add lines 2a through 2d			2e	323,	817.
3	Subtract line 2e from line 1		•	3	54,355,	742.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		-		
	Other (Describe in Part XIII.)	4b				0
	Add lines 4a and 4b			4c		740
5	Total expenses. Add lines 3 and 4c. (This must equation orm 990, Part ). e 18.) t XIII Supplemental Information.			5	54,355,	,142.
	de the descriptions required for Part II, lines 3, 5, and Part III, lines 1a d 4; Par			; Part	X, line 2; Part X	Ι,
lines	2d and 4b; and Part XII, lines 2d and 4b. A plete part to prove any ad	ditional inform	nation.			
DAL	T X, LINE 2:					
<u>r Ar</u>	AI A, DINE 2.					
тuт	CORGANIZATION HAS BE GRAM ED TAX-EXEMPT	י פייזידע	BV החב דא	שבים.	ΝΙΔΤ.	
<u></u>	ONGANIZATION HAD DE GAR, ED TAX EXEMIT	DIAIOD		I DIA	пан	
RE7	VENUE SERVICE UNDER INTERNAL REVENUE CODE	(TRC) S	ECTION 501	(C)	(3) AND	
	HAGE BERVICE ONDER INTERNAL REVENCE CODE		JETION JUI	(0)		
CAT	IFORNIA REVENUE AND TAXATION CODES AND AC		ILY IS EXE	мрт	FROM	
<u></u>					11011	
INC	COME TAXES ON RELATED BUSINESS INCOME. CON	TRIBUTI	ONS TO THE	OR	GANIZATI	ON
				011	01111111	
ARE	DEDUCTIBLE FOR INCOME TAX PURPOSES UNDER	IRC SE	CTION 170(	в)(	1)(A).	
				27.	_ / ( / t	
THE	CORGANIZATION'S CURRENT ACCOUNTING POLICY	IS TO	EVALUATE U	NCE	RTAIN TA	x
POS	SITIONS. ACCORDINGLY, A LOSS CONTINGENCY I	S RECOG	NIZED WHEN	ТΤ	IS	
	···· ··· · · · · · · · · · · · · · · ·					
PRO	BABLE THAT A LIABILITY HAS BEEN INCURRED	AS OF T	HE DATE OF	тн	E	
CON	ISOLIDATED FINANCIAL STATEMENTS AND THE AM	IOUNT OF	THE LOSS	CAN	BE	
RE	SONABLY ESTIMATED. MANAGEMENT EVALUATED T	HE ORGA	NIZATION'S	ΤА	х	
532054 09-21-	15			Sche	dule D (Form 9	90) 2015

Schedule D (Form 990) 2015 NEW SCHOOLS FUND	94-3281780 Page 5
Part XIII Supplemental Information (continued)	
POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD MAINTAIN	NED ITS TAX
EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT	AT REQUIRE
ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. THER	EFORE, NO
PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED	IN THE
CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS NO	LONGER SUBJECT
TO INCOME TAX EXAMINATIONS BY FEDERAL AND STATE TAX AUTHOR	RITIES FOR TAX
YEARS BEFORE 2011.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SUPPORTING ORGANIZATION INTEREST INCOME	112.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	-207,012.
DADE VII IINE 2D OFFICE ADI CEMENER.	
PART XII, LINE 2D - OTHER ADJ STMENTS:	207 012
RENTAL EXPENSES	207,012.

SC	HEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	tes	OMB No. 1545-0047
(Fo	rm 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	2015
	tment of the Treasury			Attach to Form 990. (Form 990) and its instructions is at			Open to Public
-			Inspection				
Nam	e of the organization					Employer Ide	entification number
NE	W SCHOOLS FUN	D				94-3281	L780
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ		
	Form 990, Part I			·	6		
1	For grantmakers. Does	s the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other a		
	the grantees' eligibility f	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	X Yes No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistance	outside the
3	Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type ce(s) in region	(f) Total expenditures for and investments in region
AUS	FRALIA	0	0	GRANTMAKING			75,000.
3 a	Sub-total	0	0				75,000.
b	Total from continuation sheets to Part I	0	0				0.
с	Totals (add lines 3a and 3b)	0	0				75,000.

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

Schedule F (Form 990) 2015

NEW SCHOOLS FUND

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		AUSTRALIA	TOOLS & SERVICES	75,000.	WIRE	٥.		CASH		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by										
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										
3 Enter total number of other organizations or entities										

Schedule F (Form 990) 2015

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Page 2

	EW SCHOOLS			94-3281780						
			ates. Complete i	f the organization answered "Ye	s" on Form 990, Part	IV, line 16.				
Part III can be duplicated if ac (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method o valuation (book, FMV appraisal, oth			
		C								

Schedule F (Form 990) 2015

Page 3

6	Did the organization have any operations in or related to any boycrung country during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5. International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Schedule F (Form	X No n 990) 2015
5	Did the organization have an ownership interest in a foreign partnership during the tax yea <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may be required to file Form 8865, Return of U.S. Persons With the organization may b	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualifier Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No

Schedule F (Form 990) 2015 NEW SCHOOLS FUND

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
AT LEAST TWO WEEKS BEFORE A SCHEDULED DISBURSEMENT, THE GRANTEE PROVIDES
QUALITATIVE AND QUANTITATIVE ACCOUNTS OF THE GRANT-FUNDED PROJECT AND
PROVIDES DETAILS ON THE STATUS OF MILESTONES OR DELIVERABLES. EACH FALL
OVER THE LIFE OF THE GRANT PERIOD, GRANTEES PROVIDE AN ANNUAL REPORT ON
KEY SATISFACTION, OPERATING, FINANCIAL, DIVERSITY, AND ACADEMIC DATA
USING A TEMPLATE PROVIDED BY NEWSCHOOLS. GRANTEES PROVIDE FINAL REPORTS
WITHIN TWO MONTHS OF COMPLETING GRANT-FUNDED PROJ CTS, INCLUDING A
NARRATIVE ACCOUNT OF WHAT WAS ACCOMPLISHED
MADE TOWARDS ACHIEVING THE GOALS OF THE AN T.
PART I, LINE 3:
GRANTS ARE ACCOUNTED FOR ON A ACCRUAL BASI.

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.			OMB No. 1	545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			20	15
Department of the Treasury Internal Revenue Service		Informati	on about Schedule I (	► Attach to For (Form 990) and its		www.irs.gov/form99	0.		Open to Inspe	
Name of the organizati	ion NEW SCHOO					•		Employer	identificatio 94-32	
Part I General Ir	nformation on Grants a								<u> </u>	01/00
1 Does the organiz	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on		
criteria used to a	award the grants or assis	stance?				-			X Yes	🗌 No
2 Describe in Part	IV the organization's pro	ocedures for monite	oring the use of grant	funds in the United	States.					
	d Other Assistance to I hat received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21,	for any	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		Ourpose of gor assistance	
EDBUILD, INC. 825 K STREET FL 2 SACRAMENTO, CA 95		47-1019692	501(C)(3)	15. 00.	0.			FISCAL S	PONSORSHI	Р
SCHOLAR ACADEMIES 900 NORTH MARSHAL PHILADELPHIA, PA	L STREET	37-1582250	501(C)(3)	322,5.	0.			CITY FUN	D - WASHI	NGTON DC
INGENUITY PREP PU SCHOOL - 4600 LIV WASHINGTON, DC 20	INGSTON RD., SE -	45-5054392	50 (C) (3)		0.			CITY FUN	D - WASHI	NGTON DC
THE SURGE INSTITU 320 W OHIO STREET CHICAGO, IL 60654	1	47-1995566	501(6	4,950.	0.			FISCAL S	PONSORSHI	P
PAUL PUBLIC CHART 5800 8TH STREET N WASHINGTON, DC 20	W	52-2139528	501(C)(3)	300,000.	0.			CITY FUN	D - WASHI	NGTON DC
OAKLAND PUBLIC ED 1000 BROADWAY										
OAKLAND, CA 94602		43-2014630		50,000.	0.			CITY FUN	D - OAKLA	
	per of section 501(c)(3) a		·	e line 1 table				🕨		<u>60.</u> 12.
	per of other organizations Reduction Act Notice.							Sched	ule I (Form	⊥∠. 990) (2015)
		,						301130		

Schedule I (Form 990) NEW SCHOOL				(2)			4-3281780 Page 1
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	irt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK HALL OF SCIENCE							
47-01 111TH STREET							
CORONA, NY 11368-2950	11-2104059	501(C)(3)	100,000.	0.			TOOLS & SERVICES
NEW VENTURE FUND							
1201 CONNECTICUT AVENUE NW, SUITE 3							
WASHINGTON, DC 20036	20-5806345	501(C)(3)	275,000.	0			CITY FUND - WASHINGTON DC
NEW LEADERS BAY AREA							
225 BUSH STREET SUITE#1850							
SAN FRANCISCO, CA 94104	04-3519203	501(C)(3)	100,0.	0.			CITY FUND - OAKLAND
NEW CLASSROOM INNOVATION PARTNERS							
1250 BROADWAY, 30TH FLOOR							
NEW YORK, NY 10001	45-2736163	501(C)(3)	- 000.	0.			CITY FUND - NEWARK
NEPRIS, INC.							
10611 GLASS MOUNTAIN TRAIL				Ť			
AUSTIN, TX 78750	46-4624418	501(C)(3)	150,0	0.			TOOLS & SERVICES
				<b>```</b>			
NATIONAL CENTER FOR CIVIC							
INNOVATION - 121 SIXTH AVENUE -							
NEW YORK, NY 10013-1590	02-0590588	5 (C)(3)	25,000.	0.			HUMAN CAPITAL
MOSA MACK SCIENCE, INC.							
985 OCEAN AVE, 2B							
BROOKLYN, NY 11226	46-5091048		75,000.	0.			TOOLS & SERVICES
NAMOUDOOV LEADNING GOLUMIONG THE							
MATCHBOOK LEARNING SOLUTIONS, INC. 4420 BURGESS HILL LANE							
JOHNS CREEK, GA 30022-8091	45-0820076	501(C)(3)	840,000.	0.			CITY FUND - NEWARK
	45 0020070	501(0/(5/	040,000.	0.			VIII FOND NEWARK
LOCOROBO INNOVATIONS, INC.							
2323 RACE STREET #814							
PHILADELPHIA, PA 19103	47-3370073		75,000.	0.			TOOLS & SERVICES

Schedule I (Form 990)

Schedule I (Form 990) NEW SCHOO				1 <b>.</b>			94-3281780 Page
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEARNZILLION 5038 MACARTHUR BLVD NW WASHINGTON, DC 20016	45-2048444		250,000.	0.			CITY FUND - WASHINGTON D
PHALEN LEADERSHIP ACADEMY 1001 MARINA DRIVE #410 QUINCY, MA 02171	36-4729586	501(C)(3)	200,000.	0			INNOVATIVE SCHOOLS
POWERMYLEARNING, INC. 520 8TH AVENUE, FLOOR 10 NEW YORK, NY 10018	13-3935309	501(C)(3)	150,0	0.			TOOLS & SERVICES
270 STRATEGIES 626 W JACKSON BLVD CHICAGO, IL 60661	46-1632800		629.	0.			CITY FUND - WASHINGTON D
LEARNING BITS INC. 6303 BLUE LAGOON DR., STE 200 MIAMI, FL 33126	47-4586856		150,0.	0.			TOOLS & SERVICES
URBAN TEACHER CENTER INC. 1500 UNION AVENUE, SUITE 2200 BALTIMORE, MD 21211	27-0989006	5 (C)(3)	150,000.	0.			HUMAN CAPITAL
UNIVERSITY OF SOUTHERN CALIFORNIA 3470 TROUSDALE PARKWAY LOS ANGELES, CA 90089	95-1642394	501(C)(3)	200,000.	0.			INNOVATIVE SCHOOLS
UNCOMMON SCHOOLS INC. 826 BROADWAY, 7TH FLOOR NEW YORK, NY 10003	31-1488698	501(C)(3)	2,642,500.	0.			CITY FUND - NEWARK
TWO RIVERS PUBLIC CHARTER SCHOOL INC 1227 4TH STREET NE, - WASHINGTON, DC 20002-3431	41-2089357	501(C)(3)	100,000.	0.			CITY FUND - WASHINGTON D

Schedule I (Form 990)

	Addictance to doi			lica otateo (een		,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TUVA LABS INC							
1111 HARDING CIRCLE							
CHESTER SPRING, PA 19425	47-2504268		100,000.	0.			TOOLS & SERVICES
TRANSCEND, INC.							
159 LINCOLN AVE, HASTINGS-ON							
HUDSON - HASTINGS-ON HUDSON, NY 10706	20 0070020	F(1/2)/2	200 000				
10706	30-0878820	501(C)(3)	200,000.	0			TOOLS & SERVICES
REGENTS OF THE UNIVERSITY OF							
COLORADO - 1800 GRANT STREET,							
SUITE 600 - DENVER, CO 80203	84-6000555	501(C)(3)	150,0	0.			TOOLS & SERVICES
		501(0)(3)	130, .				
TNTP							
186 JORALEMON ST., SUITE 300							
BROOKLYN, NY 11201	13-3850158	501(C)(3)	000.	0.			CITY FUND - WASHINGTON DC
·							
THE RESET FOUNDATION							
1500 MISSION ST							
SAN FRANCISCO, CA 94103	46-2275654	501(C)(3)	40,0.	0.			CITY FUND - OAKLAND
THE EXPECTATIONS PROJECT							
1155 F STREET, NW SUITE 1050							
WASHINGTON, DC 20004	90-0787411	5 (C)(3)	40,000.	0.			CITY FUND - WASHINGTON DC
			1				
TEAM CHARTER SCHOOLS							
60 PARK PLACE, SUITE 802	01.000000	F01 ( g) ( 2 )	1 000 000				
NEWARK, NJ 07105	01-0660264	501(C)(3)	1,200,000.	0.			CITY FUND - NEWARK
TEACH FOR AMERICA - NEW YORK							
25 BROADWAY, 12TH FLOOR							
NEW YORK, NY 10018	13-3541913	501(C)(3)	50,000.	0.			CITY FUND - OAKLAND
	13 3341313	501(0/(5/	50,000.	0.			STILLIND OAKDAND
TEACH (FKA ELEVATED)							
174 HERMAN ST							
SAN FRANCISCO, CA 94102	47-3878444	501(C)(3)	24,000.	0.			HUMAN CAPITAL
· · · · · · · · · · · · · · · · · · ·	1		, .				L

# Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

94-3281780 Page 1

Schedule I (Form 990)

NEW SCHOOLS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	l <b>ited States</b> (Sch I	edule I (Form 990), Pa I	rt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOTS ELEMENTARY							
3475 HOLLY STREET							
DENVER, CO 80207	46-3161858	501(C)(3)	200,000.	0.			INNOVATIVE SCHOOLS
THRIVE PUBLIC SCHOOLS							
4260 54TH STREET							
SAN DIEGO, CA 92115	46-3302948	501(C)(3)	100,000.	0			INNOVATIVE SCHOOLS
LAB4U, INC.							
699 8TH STREET							
SAN FRANCISCO, CA 94103	37-1783740		50,0.	0.			TOOLS & SERVICES
KIPP MASSACHUSETTS 26 BESSOM STREET							
LYNN, MA 01902	74-3153091	501(C)(3)	122.	0.			CITY FUND - BOSTON
	,1 5155051	501(0)(0)		· · ·			
VALOR COLLEGIATE ACADEMIES							
4527 NOLENSVILLE PIKE							
NASHIVILLE, TN 37211	46-1413472	501(C)(3)	200,0	0.			INNOVATIVE SCHOOLS
DC PREPARATORY ACADEMY							
707 EDGEWOOD ST NE			100.667				
WASHINGTON, DC 20017-3341	02-0550253	5 (C)(3)	182,667.	0.			CITY FUND - WASHINGTON DC
DC INTERNATIONAL SCHOOL			1				
PO BOX 43250							
WASHINGTON, DC 20010	46-1143189	501(C)(3)	286,250.	0.			CITY FUND - WASHINGTON DO
······, - · · · · · · · · · · · · · · ·							
DC BILINGUAL							
1420 COLUMBIA RD NW							
WASHINGTON, DC 20009	20-0412800	501(C)(3)	7,500.	٥.			CITY FUND - WASHINGTON DC
DALLAS INDEPENDENT SCHOOL DISTRICT 3700 ROSS AVENUE							
DALLAS, TX 75204	75-6001278		100,000.	0.			INNOVATIVE SCHOOLS
,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•·			

Schedule I (Form 990)

### NEW SCHOOLS FUND Schedule I (Form 990) NEW SCHOOLS FUND Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Page 1

Schedule I (Form 990) NEW SCHOO							94-3281780 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	I
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARTER BOARD PARTNERS							
1638 R STREET NW STE#300							
WASHINGTON, DC 20009	01-0974476	501(C)(3)	125,000.	0.			CITY FUND - WASHINGTON DO
Abilingion, DC 20005	01 05/44/0	501(0)(3)	125,000.	••			CITI FOND WASHINGTON DO
CHARLOTTE LAB SCHOOL INC.							
301 E 9TH STREET							
CHARLOTTE, NC 28202	47-1006252	501(C)(3)	200,000.	0			INNOVATIVE SCHOOLS
DC SCHOOL REFORM NOW							
1730 MASSACHUSETTS AVENUE							
WASHINGTON, DC 20036	26-2918853	501(C)(3)	70,0	0.			CITY FUND - WASHINGTON DO
,							
CASTLEMONT COMMUNITY							
TRANSFORMATION SCHOOLS - 8601							
MACARTHUR BLVD - OAKLAND, CA 94605	46-5178846	501(C)(3)	000.	0.			CITY FUND - OAKLAND
,							
CALIBER SCHOOLS							
101 CALIFORNIA STREET STE 4100							
SAN FRANCISCO, CA 94111	46-1219795	501(C)(3)	100,0.	0.			INNOVATIVE SCHOOLS
BLUE ENGINE							
75 BROAD ST SUITE 2900							
NEW YORK, NY 10004	27-1182991	5 (C)(3)	250,000.	0.			HUMAN CAPITAL
			1				
BIRDBRAIN EDUCATION LLC							
3435 OCEAN PARK BLVD							
SANTA MONICA, CA 90405	45-1144131		75,000.	0.			TOOLS & SERVICES
ARDUSAT							
341 SOUTH MAIN ST SUITE 111							
SALT LAKE CITY, UT 84111	47-1603388		100,000.	0.			TOOLS & SERVICES
APPLETREE INSTITUTE FOR EDUCATION							
INNOVATION, INC 415 MICHIGAN							
AVENUE, SUITE 300 - WASHINGTON, DC							
20017-4501	04-3331760	501(C)(3)	350,000.	0.			CITY FUND - WASHINGTON DO

Schedule I (Form 990)

Schedule I (Form 990) NEW SCHOO Part II Continuation of Grants and Other A		vornmonts and Organ	izations in the LIn	itad Statas (Sch	edule I (Form 990) Pa		94-3281780 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT PREPARATORY ACADEMY 908 WAHLER PLACE SE, 2ND FLOOR WASHINGTON, DC 20032-4000	21-8156566	501(C)(3)	80,000.	0.			CITY FUND - WASHINGTON D
CAMELBACK VENTURES, INC. 404 HANCOCK STREET #3 BROOKLYN, NY 11216	46-3169470		300,000.	0			DIVERSE LEADERS
KIPP NEW JERSEY 60 PARK PLACE, SUITE 802	46-2792701			0.			CITY FUND - NEWARK
NEWARK, NJ 07102 DEMOCRACY PREP PUBLIC SCHOOLS 1767 PARK AVENUE, 3RD FLOOR NEW YORK, NY 10035	20-2629354		1,312,5	0.	•		CITY FUND - NEWARK
EDUCATION REFORM NOW 928 BROADWAY STREET STE#505 NEW YORK, NY 10010	20-3687838		100,0	0.			CITY FUND - WASHINGTON D
KIPP DC 2600 VIRGINIA AVE NW WASHINGTON, DC 20037	74-2974642	5 (C)(3)	1,450,000.	0.			CITY FUND - WASHINGTON D
KEEGO TECHNOLOGIES LLC DBA MUDWATT 730 ROBLE AVE, SUITE 1 MENLO PARK, CA 94025	27-2769317		50,000.	0.			TOOLS & SERVICES
I-SEEED 1625 CLAY ST. OAKLAND, CA 94612	90-0777307	501(C)(3)	140,000.	0.			CITY FUND - OAKLAND
INTRINSIC SCHOOLS 4540 WEST BELMONT AVENUE CHICAGO, IL 60641	45-5454261	501(C)(3)	100,000.	0.			INNOVATIVE SCHOOLS

Schedule I (Form 990)

### NEW SCHOOLS FUND

Schedule I (Form 990) NEW SCHOO							94-3281780 Page 1
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa I	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVATEEDU INC							
230 ASHLAND PLACE, 19C							
BROOKLYN, NY 11217	46-3636238	501(C)(3)	100,000.	0.			INNOVATIVE SCHOOLS
IDAHO DISTANCE EDUCATION ACADEMY, INC - PO BOX 338 - DEARY, ID 83823	41-2144838	501(C)(3)	100,000.	0			INNOVATIVE SCHOOLS
EDFUEL 1805 7TH STREET NW							
WASHINGTON, DC 20001	46-2975017	501(C)(3)	100,0	0.			CITY FUND - WASHINGTON DC
HOUSTON A+ CHALLENGE							
2700 SOUTHWEST FREEWAY, STE B							
HOUSTON, TX 77098	76-0513493	501(C)(3)	000.	0.			INNOVATIVE SCHOOLS
			1				
FRIENDS OF CHOICE IN URBAN SCHOOLS				•			
1436 U STREET NW, SUITE 204	ED 2025104	E01(0)(2)	100.0	0			CTEV FIND WAGUTNOMON DO
WASHINGTON, DC 20009-3989	52-2035104	501(C)(3)	190,0.	0.			CITY FUND - WASHINGTON DC
FLOCABULARY LLC							
20 JAY STREET, SUITE 520							
BROOKLYN, NY 11201	04-3837985		150,000.	0.			TOOLS & SERVICES
· · · ·							
FELLOWSHIP FOR RACE AND EQUITY IN							
EDUCATION - 4828 ILLINOIS AVENUE							
NW - WASHINGTON, DC 20011	47-1809869	501(C)(3)	20,000.	0.			DIVERSE LEADERS
FAMILIES FOR EXCELLENT SCHOOLS,							
INC 345 SEVENTH AVENUE, STE#	45 0050050	F01(0)(2)	050.000	_			
501 - NEW YORK, NY 10001	45-2870970	5U1(C)(3)	250,000.	0.			CITY FUND - BOSTON
EXCELLENT SCHOOLS DETROIT							
2111 WOODWARD AVENUE SUITE 506							
DETROIT, MI 48201	27-4616034	501(C)(3)	100,000.	0.			INNOVATIVE SCHOOLS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa I	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KCEL ACADEMY CHARTER SCHOOL							
80 2ND STREET							
HELSEA, MA 02150	30-0211613	501(C)(3)	223,500.	0.			CITY FUND - BOSTON
REAT OAKLAND PUBLIC SCHOOLS JEADERSHIP CENTER - 54 WASHINGTON							
T - OAKLAND, CA 94607	27-1491564	501(C)(3)	33,000.	0			CITY FUND - OAKLAND
Q INSTITUTE							
- 807 BROADWAY SUITE 200							
DAKLAND, CA 94607	47-4422640		24,750,0 .	0.			FISCAL SPONSORSHIP

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NEW SCHOOLS FUND

Schedule I (Form 990)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BUSINESS PLANNING GRANT	1	56,000.	0.		
			•		
Part IV         Supplemental Information.         Provide the information red	quired in Part I, I.	2 <u>, Part III, col</u> u <u>h</u>	(b), and any other ac	ditional information.	
PART I, LINE 2:					
NEW SCHOOLS' GRANT AGREEMENTS INCL	DE SPECI	ICATIONS	THAT GRANT	EES COMPLETE	
SPECIFIC MILESTONES OR SUBMIT REPO	R'I. PV	ATAIN DATE	S IN ORDER	TO RECEIVE	
FUNDS. IN SOME INSTANCES, PARTNER	S WILL AF	PROVE DISE	BURSEMENT O	F FUNDS IF	
EXTENUATING CIRCUMSTANCES IMPACT M	EETING MI	LESTONES C	N A TIMELY	BASIS. NEW	
SCHOOLS' PARTNERS FILL SEATS ON TH	E BOARD (	OF DIRECTOR	RS OF RECIP	IENT	
ORGANIZATIONS THAT RECEIVE SIGNIFI	CANT AMOU	JNTS OF FUN	NDING, ALLO	WING THEM TO	
DIRECTLY MONITOR THE USE OF THE GR	ANT FUNDI	ING THROUGH	I PARTICIPA	TION IN	
REGULAR BOARD MEETINGS OF THE GRAN	TEE ORGAN	NIZATIONS.			

### REGULAR BOARD MEETINGS OF THE GRANTEE ORGANIZATIONS.

NEW SCHOOLS FUND

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) (2015)

Part III

94-3281780

Page 2

(Form 990)       For certain Officers, Drustees, Key Employees, and Highest Compensated Employees       Description         Dependence of the organization answered "Yes" on Form 990, Part IV, Line 23. Intermation about Schedule J (Form 990) and its instructions is at www.irs.gov/mem.2002        Dependence of the organization answered "Yes" on Form 990, Part IV, Line 23. Intermation about Schedule J (Form 990) and its instructions is at www.irs.gov/mem.2002        Dependence of the organization number of the organization provided any of the following to or for a person listed on Form 990. Part II. Section A, line 14. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding the section of personal residuence Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding payment or reintbursment or provision of all of the expension sections within policy regarding payment or reintbursment or provision of all of the expension personal sections and provide any relevant information in the relevant in the organization is Discretionary sepanding account	SCI	IEDULE J	Compensation Information	ı	1	OMB No. 1	1545-004	47	
Department of the (reasy internal Revenues Service)         Complete if the organization answered "Yes" on Form 990, Part IV, line 22.         Open to Public Inspection           Name of the organization         Information about Schedule J (Form 990) and its instructions is at,www.iss.gov/Journ820.         Employer identification number 9 4 – 32.817.80           Part II         Questions Regarding Compensation         9 4 – 32.817.80           Part II         Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII. Section A. In et aComplete Part III to provide any relevant information regarding these items.         Yes         Yes           Travel for companions         Payments for business use of personal residence Payments for business use of personal residence         10           b         If any of the boxes on line 1 are chacked, 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         10           b         If any of the boxes on line 1 are chacked, 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         10           b         If any of the boxes on line 1 are chacked, 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         10           c         If any of the boxes on line 1 are chacked, did the organizat	(Fo				20	16			
Determination         Attach to Form 990.         Open to Public instructions is at www.ins.gov/form30.         Open to Public instruction and the instructions is at www.ins.gov/form30.         Open to Public instruction and the form 990.         Part I Cuestion number is at Section A.         Public instructions is at www.ins.gov/form30.         Public instructions is at www.ins.gov/form30.         Public instructions is at www.ins.gov/form30.         Public instruction and section and section and the instruction is at www.ins.gov/form30.         Public instruction and section and section and instructions is at www.ins.gov/form30.         Public instruction and section and section and instruction is at www.ins.gov/form30.         Public instruction and section and section and section and sections in the instruction and section and section and instruction and section and section and section and section and sections.         Public instruction and section and section and section instruction is at www.ins.gov/form30.         Public instruction and section and section instruction is at www.ins.gov/form30.         Public instruction and section and section and section and section fore instruction is at www.ins.gov/forman.gov/form30.					<b>ZU I</b> J		)		
Information about Schedule J (Form 990) and its instructions is atwww.irs.gov/logm830         Unspection           Name of the organization         NEW SCHOOLS FUND         94-3281780           Part I         Questions Regarding Compensation         94-3281780           Image: Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Schon A, Inie 1a. Complete Part III to provide any relevant information regarding these items.         Yes         Yes           Image: Check the appropriate box(es) if the organization provide any relevant information regarding these items.         Yes         Yes           Image: Check the appropriate box(es) if the organization provide any relevant information regarding these items.         Yes         Yes           Image: Check the appropriate box(es) if the organization repute the social club dues or initiation fees         Yes         Yes           Image: Check the appropriate box (es) payments         Heat Nic social club dues or initiation fees         Image: Check the appropriate box (es), including the organization requires intermotive and inclusions use of personal residence           Image: Check the appropriate box (es) if the expenses described abov? If "No," complete Part III to explain         Image: Check the appropriate box (es), including the Check the organization requires intermotive appropriate the texperson appropriate the texperson appropriate the texperson appropriate the checked, in the appropriate the checked, in the appropriate the texperson intertechecked, and the appropriate the texperson appropriate the texpers	Depar	Department of the Treasury							
NEW         SCHOOLS         FUND         94-3281780           Part I         Questions Regarding Compensation         Yes         No           1a         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel         Housing allowance or residence for personal use Payments for business use of personal residence         Image: Comparison or personal residence         Image: Comparison or residence for personal use or initiation fees         Image: Comparison or personal residence         Image: Comparison or residence for personal use or initiation fees         Image: Comparison or personal residence         Image: Comparison or comparison or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked in the 1a?         Image: Comparison or comparison or the CEO/Executive Director, regarding the tems checked in the target or personal residence or personal residence         Image: Comparison or personal residence         Image: Comparison or committee         Image: Comparison orealization or soustant         Image: Com	Interna	Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form99				-			
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these fiems.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these fiems.       Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these fiems.       Personal residence for personal residence         Tax indemnification and gross-up payments       Personal services (a.g., maid, chauffer, chef)       Personal services (a.g., maid, chauffer, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses describe above? If 'No,' complete Part III to explain       1b         2       Indicate which, if any, of the following the filing organization used to establish the compensation correganization's CECO-Executive Director, to any boxes for methods can be ated organization to establish compensation committee       2         3       Indicate which, if any, of the following the filing organizations       2       Wire remeasive or study       2         4       During the year, did any person listed on Form 990, Part VII. Section A, line with respect to the filing organization committee       3       No receive payment rom, a supplement nonqualified retriement plan?       4a       X         4	Nam	e of the organizatior						mber	
a 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 14. Complete Part III to provide any relevant information regarding these items.       Yes       Nc         Part VII, Section A, line 14. Complete Part III to provide any relevant information regarding these items.       Privat class or charter travel       Housing allowance or residence for personal use       Part VII. Section A, line 14. Complete Part III to provide any relevant information regarding these items.       Privat class or charter travel       Polyments for business use of personal residence         Travel for companions       Payments for business use of personal residence       Payments for business use of personal residence         Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)       Indicate which, if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2       Indicate which, if any, of the following the filing organization used to establish the compensation ormittee       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation committee       2         May or the uppension committee       Way or the upwent contractor       2         A       Indicate which, if any person listed on Form 990, Part VII. On ting A, line with respect to the filing organization or a related organization:       2 <th>Da</th> <th></th> <th></th> <th></th> <th>94-3</th> <th>281/8</th> <th>0</th> <th></th>	Da				94-3	281/8	0		
1a       Check the appropriate box(es) if the organization provide 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           First class or charter travel             First class or charter travel           Payments for business use of personal residence             Travel for companions           Payments for business use of personal residence             Tax indemnification and gross-up payments           Personal services (e.g., maid, chauffeur, chef)             b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or         reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain           1b             2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,         trustees, and officers, including the CEO/Executive Director, regarding the items checked in l e 1a?           1b             3 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain In Part III           Xi ompensation committee           Which are provent put leboard or compensation to         establish the compensation committee             4          During the year, did any person listed on Form 990, Part VII e	Га						Vee	Na	
Part VII, Section À, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complexity of Company of Complexity of	10	Chack the appropri	ate box(oc) if the organization provided any of the following to or for a perso	n listed on Form	000		Yes	NO	
First-class or charter travel       Housing allowance or residence for personal use         Travel for companions       Payments for business use of personal residence         Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in use 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the OEO/Executive Director, but explain in Part III.       X         X       Compensation committe       W/m removement contractors         X       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee       W/m removement contractors         X       Compensation of the OEO/Executive Director, but explain in Part III.       X         Compensation of on the OEO/Executive Director part and part III.       Y       Compensation committee         4       During the year, did any person listed on Form 990, Part VII. Proving A, lin, or, with respect to the filing organization require ase	Ia				990,				
Travel for companions       Payments for business use of personal residence         Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)         b If any of the boxes on line 1 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         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in the 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation of the CEO/Executive Director, but explain in Part III       2         Main compensation committee       Main rem tyment contractors       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation committee       2         4 Independent compensation consultant       Main rem tyment contractors       2         4 During the year, did any person listed on Form 990, Part VII-entoin A, line u, with respect to the filing organization:       4       X         9 Participate in, or receive payment from, a supplement nonqualified retinent plan?       4       X         9 Participate in, or receive payment from, a supplement nonqualified retinent plan?					معاداده				
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part II to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directrs, including the CEO/Executive Director, regarding the items checked inflie 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation of the CEO/Executive Director, but explain in Part III.       2         4       During the year, did any person listed on Form 990, Part VII - Crion A, line us with respect to the filing organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII - Crion A, line us with respect to the filing organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII - Crion A, line us with respect to the filing organization:       4a       X         5       Participate in, or receive payment from, an equity-b		_		•					
□ Discretionary spending account       □ Personal services (e.g., maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurrediby all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked inline 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3 Indicate which, if any, of the following the filing organization in Part III.       3       3         4 During the year, did any person listed on Form 990, Part VIL Parting A, line use the board or compensation committee       3       4         4 During the year, did any person listed on Form 990, Part VIL Parting A, line use the filing organization:       4       4         5 Participate in, or receive payment from, as upplement nonqualified retir hent plan?       4a       X         6 Participate in, or receive payment from, as upplement propensation end play or accrue any compensation contingent on the revenues of:       5a       X         6 For persons listed on Form 99				•					
b       If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in le 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for method. Item analyted organization to establish compensation ormmittee       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation or consultant       2       2         4       Compensation committee       Wind ment organization survey or study       3       3         5       Form 990 of other organization:       3       and pensetion consultant       4       3         4       During the year, did any person listed on Form 990, Part VIL-P min A, line model or compensation committee       4       4       4       4         6       Participate in, or receive payment from, an equity-basic compensation an ingement?       4a       X       4c       X         6       Participate in, or receive payment from, as supplement nonqualiffed retin hent plan?       4c <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurrent by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in ite 1a?       2       2         3       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 to establish compensation to establish compensation committee       2       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee       2       2         3       Independent compensation committee       Wt or excurve or study       2       2         4       During the year, did any person listed on Form 990, Part VIL 9: tion A, line with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VIL 9: tion A, line with respect to the filing organization or receive payment from, a supplement nonqualified retin nent plan?       4a       X         4       During the year, did any person supplement nonqualified retin nent plan?       4c       X         5       Participate in, or receive payment from, a supplement nonqualified retin nent plan?       5a				ala, onaanoar, o					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurrent by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in ite 1a?       2       2         3       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 to establish compensation to establish compensation committee       2       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee       2       2         3       Independent compensation committee       Wt or excurve or study       2       2         4       During the year, did any person listed on Form 990, Part VIL 9: tion A, line with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VIL 9: tion A, line with respect to the filing organization or receive payment from, a supplement nonqualified retin nent plan?       4a       X         4       During the year, did any person supplement nonqualified retin nent plan?       4c       X         5       Participate in, or receive payment from, a supplement nonqualified retin nent plan?       5a	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding	payment or					
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked influe 1a?       2         3       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 method.       Interpretation organization to establish compensation to the CEO/Executive Director, but explain in Part III.         X       Compensation committee       Work or excupyeent contrate.         X       Independent compensation consultant       X is primesation survey or study         Image: Form 990 of other organization:       A participate in, or receive payment from, a supplement nonqualified retire nent plan?         4       During the year, did any person listed on Form 990, Part VIL 4T tion A, line to panization a related organization:         a       Receive a severance payment from, a supplement nonqualified retire nent plan?         c       Participate in, or receive payment from, an equity-basic compensation a ungement?         If "Yes" to any of lines 4a-c, list the person success or applicable inounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), an s01(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part II. Section A, line 1, did the organization pay or accrue any compensation contingent on the revenues of:         a       The organization?	-	•				1b			
trustees, and officers, including the CEO/Executive Director, regarding the items checked infine 1a?       2         3       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 methoducation on the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       X       Compensation committee       With men environment contractors         X       Independent compensation consultant       X       During the year, did any person listed on Form 990, Part VII. On tian A, line with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII. On tian A, line with respect to the filing organization or a related organization:       4a       X         b       Participate in, or receive payment from, a supplement inonqualified return hent plan?       4a       X         c       Participate in, or receive payment from, an equity-basis compensation a ungement?       4c       X         if "Yes" to any of lines 4a-c, list the person structure or organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5a       X         ft "Yes" to line 5a or 5b, describe in Part III.       5b       X	2								
3       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. In compensation to establish compensation of the CEO/Executive Director, but explain in Part III.         X       Compensation committee       With the new type of the compensation to the CEO/Executive Director, but explain in Part III.         X       Compensation committee       With the new type of study         Y       Form 990 of other organizations       X hompensation committee         4       During the year, did any person listed on Form 990, Part VIL 9 than A, line with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control paynent?       4a       X         b       Participate in, or receive payment from, a supplement nonqualified rettil hent plan?       4b       X         c       Participate in, or receive payment from, an equity-bas is compensation are ingement?       4c       X         ft "Yes" to any of lines 4a-c, list the person the rovoide or applicable mounts for each item in Part III.       50       Sisted on Form 990, Part VI. Section A, line und the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       Sb       X         ft "Yes" to line 5a or 5b, describe in Part III.<		0		<b>,</b>		2			
CEO/Executive Director. Check all that apply. Do not check any boxes for method. It is not a lated organization to establish compensation of the CEO/Executive Director, but explain in Part III       Image: Compensation committee       Image:		,							
establish compensation of the CEO/Executive Director, but explain in Part III.       When the example of compensation committee       When the example of compensation committee         X       Independent compensation consultant       X       Supproval bine board or compensation committee         4       During the year, did any person listed on Form 990, Part VIL for tion A, limits with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplement nonqualified retire nent plan?       4c       X         b       Participate in, or receive payment from, an equity-basic compensation a ungement?       4c       X         if "Yes" to any of lines 4a-c, list the person convolde to applicable mounts for each item in Part III.       Image: Control payment is a supplement of the organization pay or accrue any compensation contingent on the revenues of:       Image: Control payment is a supplement in the organization pay or accrue any compensation contingent on the revenues of:       Image: Control payment is a supplement in the organization pay or accrue any compensation complement is a supplement on the organization?       Sa       X         Conty section 501(c)(3), 501(c)(4), an so01(c)(29) organizations must complete lines 5-9.       So for persons listed on Form 990, Part II.       Sa       X         B       Any related organization?       Sa       X	3	Indicate which, if ar	ny, of the following the filing organization used to establish the compensat	of the organiza	tion's				
X       Compensation committee       Wthere ensyment contract         X       Independent compensation consultant       X         Form 990 of other organizations       X         4       During the year, did any person listed on Form 990, Part VIL-Centien A, line us, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplement nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-basic compensation a ungement?       4c       X         if "Yes" to any of lines 4a-c, list the person trace order or any payment of the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5a       X         f "Yes" to line 5a or 5b, describe in Part III.       6a       X         6       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         d       The organization?       6		CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for method	lated organizatio	on to				
Independent compensation consultant       Image of the organizations       Image of the organization committee         4       During the year, did any person listed on Form 990, Part VIL 9 then A, line with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, an supplement nonqualified retriment plan?       4a       X         c       Participate in, or receive payment from, an equity-basis compensation a ungement?       4c       X         if "Yes" to any of lines 4a-c, list the person support ovide on applicable mounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), an 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part II. Section A, line in the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5a       X         c       For persons listed on Form 990, Part III.       6a       X         6       For persons listed on Form 990, Part III.       6a       X         6       For persons listed on Form 990, Part III.       6a       X         6       Any related organization?       6a       X </th <th></th> <td>establish compensa</td> <td>ation of the CEO/Executive Director, but explain in Part III</td> <td></td> <td></td> <td></td> <td></td> <td></td>		establish compensa	ation of the CEO/Executive Director, but explain in Part III						
Form 990 of other organizations       Image or compensation committee         4       During the year, did any person listed on Form 990, Part VIL for tion A, line us, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplement nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-bas in compensation a ungement?       4c       X         if "Yes" to any of lines 4a-c, list the person the rovide in applicable mounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), an 0.501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VI. Section A, line in did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         6       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:       5a       X         5b       X       5b       X         6       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:       6a		X Compensation	i committee Writinen, yment cont	rac					
4       During the year, did any person listed on Form 990, Part VII-Cartian A, line us, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplement nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-base compensation a ungement?       4c       X         df       "Yes" to any of lines 4a-c, list the person successful a supplement nonqualified retirement plan?       4c       X         Only section 501(c)(3), 501(c)(4), an 501(c)(29) organizations must complete lines 5-9.         5 For persons listed on Form 990, Part II, Section A, line L, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         ff "Yes" to line 5a or 5b, describe in Part III.       5b       X         Grop 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:       5a       X         Any related organization?       5a       X         Junce 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:       6a		X Independent c	compensation consultant X mpensat survey or s	study					
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplement nonqualified retil ment plan?       4b       X         c Participate in, or receive payment from, an equity-basic compensation a ungement?       4c       X         lf "Yes" to any of lines 4a-c, list the person accorovide to applicable amounts for each item in Part III.       Conly section 501(c)(3), 501(c)(4), an 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part 1, Section A, line 1, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         a The organization?       6a       X         b Any related organization?       6a       X		Form 990 of of	ther organizations	compensation c	ommittee				
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplement nonqualified retil ment plan?       4b       X         c Participate in, or receive payment from, an equity-basic compensation a ungement?       4c       X         lf "Yes" to any of lines 4a-c, list the person accorovide to applicable amounts for each item in Part III.       Conly section 501(c)(3), 501(c)(4), an 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part 1, Section A, line 1, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         a The organization?       6a       X         b Any related organization?       6a       X									
a Receive a severance payment or change-of-control painent?       4a X         b Participate in, or receive payment from, a supplement nonqualified retiinment plan?       4b X         c Participate in, or receive payment from, an equity-basic compensation a ungement?       4c X         If "Yes" to any of lines 4a-c, list the person for provide on applicable mounts for each item in Part III.       4c X         Only section 501(c)(3), 501(c)(4), an b01(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part II, Section A, line in did the organization pay or accrue any compensation contingent on the revenues of:       5a X         a The organization?       5b X         f "Yes" to line 5a or 5b, describe in Part III.       5b X         6 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:       6a X         a The organization?       6a X         b Any related organization?       6b X	4	During the year, did	any person listed on Form 990, Part VIL Continn A, line ( with respect to t	he filing					
b       Participate in, or receive payment from, a supplement nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-basic compensation a sungement?       4c       X         If "Yes" to any of lines 4a-c, list the person receive voide on applicable chounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), an s01(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part I, Section A, line 1, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         a       The organization?       5a       X         b       Any related organization?       5a       X         c       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:       5a       X         c       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:       6a       X         b       Any related organization?       6a       X         b       Any related organization?       6b       X		organization or a re	lated organization:						
c       Participate in, or receive payment from, an equity-basic compensation a singement?       4c       X         If "Yes" to any of lines 4a-c, list the person correction ovide the applicable mounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), an 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part 1, Section A, line 1, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         b       Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         6       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:       6a       X         b       Any related organization?       6a       X	а	Receive a severanc					X		
If "Yes" to any of lines 4a-c, list the person acception ovide on applicable anounts for each item in Part III.       Image: Control of	b	Participate in, or rec							
Only section 501(c)(3), 501(c)(4), an ui01(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part of , Section A, line of , did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a</li> <li>The organization?</li> <li>b</li> <li>Any related organization?</li> <li>if "Yes" to line 5a or 5b, describe in Part III.</li> <li>6</li> <li>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:</li></ul>	С	Participate in, or rec				<b>4c</b>		X	
<ul> <li>5 For persons listed on Form 990, Part 1, Section A, line 1, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" to line 5a or 5b, describe in Part III.</li> <li>6 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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>contingent on the net earnings of:</li> <li>contingent on the net earnings of:</li></ul>		If "Yes" to any of lin	ies 4a-c, list the person rovide applicable nounts for each item in	ו Part III.					
<ul> <li>5 For persons listed on Form 990, Part 1, Section A, line 1, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" to line 5a or 5b, describe in Part III.</li> <li>6 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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>contingent on the net earnings of:</li> <li>contingent on the net earnings of:</li></ul>									
contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X									
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X	5			iny compensatio	n				
b       Any related organization?       5b       X         If "Yes" to line 5a or 5b, describe in Part III.       6       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X		J. J				_		v	
If "Yes" to line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?									
<ul> <li>6 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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>6b X</li> </ul>	b					<u>5b</u>			
contingent on the net earnings of:6aa The organization?6ab Any related organization?X6bX	~				_				
a The organization?       6a       X         b Any related organization?       6b       X	6	-		iny compensatio	n				
b Any related organization?	-	•				60		v	
If "Yes" on line 6a or 6b, describe in Part III.	u								
<ul> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments</li> </ul>	7			n-fixed navments					
	'					7		x	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8								
		-		-		8		x	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in									
Regulations section 53.4958-6(c)? 9	5					9			
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 201	LHA			<u></u>			n 990)	) 2015	

### 94-3281780

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) CHILDRESS, STACEY	(i)	375,000.	114,278.	0.	0.	10,126.	499,404.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMROFELL, MEGHAN	(i)	183,333.	37,382.	0.	5,342.	9,454.	235,511.	0.
<u>coo</u>	(ii)	0.	0.	0	0.	0.	0.	0.
(3) MESSANO, FRANCES	(i)	140,173.	64,566.	0.	0.	6,813.	211,552.	0.
CHIEF OF STAFF	(ii)	0.	0.	1.	0.	0.	0.	0.
(4) BENSON, SCOTT	(i)	169,583.	34,242.		4, 5 8.	16,561.	225,324.	0.
MANAGING PARTNER	(ii)	0.	0.	0	0.	0.	0.	0.
(5) CHEEK CLAYTON, TONIKA	(i)	146,458.	29,387.		0.	15,031.	190,876.	0.
MANAGING PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MCGRIFF, DEBORAH	(i)	223,686.	40,2	0.	9,962.	10,314.	284,192.	0.
MANAGING PARTNER	(ii)	0.	0.		0.	0.	0.	0.
(7) MARINO, MAURA	(i)	184,033.	54 222.	0.	8,621.	10,314.	257,190.	0.
MANAGING PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LEE, GLORIA (THROUGH 6/15)	(i)	137,652.	25 55.	0.	13,674.	7,567.	184,848.	0.
MANAGING PARTNER	(ii)	0	6	0.	0.	0.	0.	0.
(9) ARNEY, ELIZABETH	(i)	133,375.	27,417.	0.	3,733.	9,613.	174,096.	0.
PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RITTVO KINDER, ARIELLE	(i)	120,0 %.	24,00.	0.	3,213.	7,552.	155,445.	0.
PARTNER	(ii)		0.	0.	0.	0.	0.	0.
(11) OMAND, AMY	(i)	0.	0.	0.	5,285.	9,889.	15,174.	0.
DIRECTOR	(ii)	124,358.	17,672.	0.	0.	0.	142,030.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### PART I, LINE 4A:

### SANDRA BECKER, CFO, RECEIVED SEVERANCE IN THE AMOUNT OF \$15,831.

SCHEDULE	Μ
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047 2015

Department of the Treasury	
Internal Revenue Service	

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

Open To Public Inspection

Name of the	organization
-------------	--------------

	Information about	Schedule M (Form 990	) and its instructions is at	www.irs.aov/	form990.	Inspection
				-	Employer	identification number
NE	W SCHOOLS	FUND			9	4-3281780

94-3281780

NEW	SCHOOLS	FUND

Par	t I Types of Property						
		<b>(a)</b> Check if	<b>(b)</b> Number of	(c) Noncash contribution	<b>(d)</b> Method of deter	minina	
		applicable	contributions or	amounts reported on	noncash contributio	•	ts
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	4	8,3 0,987.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory			*			
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other  (						
27	Other  (						
28	Other ( )						
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions			
	for which the organization completed Form 828						
		,,-	3			Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I, lines 1 throug	h 28. that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					0a	x
h	If "Yes," describe the arrangement in Part II.					Ju	
31	Does the organization have a gift acceptance p	olicy that re	auires the review a	of any non-standard contribu	tions?	31	x
	Does the organization hire or use third parties of	•	•	•		/	<u> </u>
<b>5</b> 2a			5			2a	x
b	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is che	ecked,		
	describe in Part II.						
ιцΔ	For Paperwork Beduction Act Notice see	the Instruct	ions for Form 900		Schedule M (Ec	vrm 000)	(2015)

erwork Reduction Act Notice, see the Instructions for Form 990. ŀ

chedule M (Form 990) (2015)

### Schedule M (Form 990) (2015) NEW SCHOOLS FUND Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE M, PART I, COLUMN (B):

### THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE

### NUMBER OF ITEMS DONATED.

Page 2

94-3281780

SCHEDULE O       (Form 990 or 990-EZ)         Department of the Treasury       Thermation about Schedule O (Form 990 or 990-EZ)         Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.jrs.gov/fd	2015 Open to Public
Name of the organization NEW SCHOOLS FUND	Employer identification number 94-3281780
FORM 990, PART VI, SECTION B, LINE 11:	
THE ORGANIZATION'S ACCOUNTING FIRM WILL FORWARD THE FORM 99	90 TO THE
DIRECTOR OF FINANCE FOR HER REVIEW. THE DIRECTOR OF FINANCE	CE WILL THEN
FORWARD THE FORM 990 TO THE COO FOR HER REVIEW. THE FORM	990 WILL THEN BE
SHARED WITH THE AUDIT COMMITTEE FOR REVIEW AND DISCUSSION.	THE FORM 990 IS
THEN DISTRIBUTED TO THE BOARD OF DIRECTORS. THE COO ENCOUR	RAGES THE BOARD
OF DIRECTORS TO REVIEW THE FORM 990 AND TO FORWAR ANY QUES	STIONS TO HER.
THE COO WILL ADDRESS QUESTIONS FROM THE BOARD OF . IRECTORS	•
FORM 990, PART VI, SECTION B, LINE 120	
THE ORGANIZATION REQUIRES THAT ITS OFF CEF , EMPLOYEES, AND	D AGENTS REPORT
ANY POTENTIAL CONFLICT OF INTEF ST 1 CEO, WHO REVIEWS ANY	SUCH REPORT WITH
THE FULL BOARD OF DIRECTORS, HICH THEN MAKES A DETERMINAT	ION AS TO WHETHER
ANY SUCH CONFLICT EXISTS THE OARD O' DIRECTORS DOCUMENTS	S ANY SUCH
DETERMINATION IN THE INUTES OF THE APPROPRIATE MEETINGS OF	F THE BOARD OF
DIRECTORS AND ANY DIRE TIVE PEF AINING THERETO.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION OBTAINED COMPENSATION STUDIES FROM SEVERAL	L INDEPENDENT
SOURCES TO COMPILE INFORMATION USED AS A METRIC FOR SALARY	INCREASES ACROSS
THE ORGANIZATION, INCLUDING THE CEO AND OTHER EXECUTIVE MAN	NAGEMENT. THE
COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF DIRI	ECTORS (BOD),
CONDUCTS THE REVIEW OF THE CEO AND DEVELOPS A RECOMMENDATION	

BOD. THE FORMAL PERFORMANCE EVALUATION AND COMPENSATION DECISION IS DONE

IN EXECUTIVE SESSION. THE CEO CONDUCTS PERFORMANCE REVIEWS AND SETS

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

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization NEW SCHOOLS FUND	Employer identification number 94-3281780
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART I, LINE 5 AND FORM 990, PART VII, LINE 2A	
NEW SCHOOLS FUND REPORTS NO EMPLOYEES, BECAUSE THE ORGANIZ	ATION
OUTSOURCES ITS PAYROLL FUNCTION TO A THIRD PARTY PAYROLL S	ERVICE
PROVIDER AND DID NOT ISSUE ANY FORMS W-2. IF THE ORGANIZA	TION WERE TO
ISSUE FORMS W-2, THE TOTAL NUMBER FOR 2015	63.
FORM 990, PART XI, LINE 9, CH JGES IN TT A SETS:	
ASSET TRANSFER TO NEW ENTITIE.	-2,020,596.
PRIOR YEAR BALANCE SHE' , ADJUSTM.	-9.
TOTAL TO FORM 990, PA T XI, LIN 9	-2,020,605.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.								
	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.       Inspection         me of the organization       Employer identification         NEW SCHOOLS FUND       94-3281780								
Part I Identificat	ion of Disregarded Entities Complet	te if the organization answered "Yes"	on Form 990, Part IV, line 33	8.					
	<b>(a)</b> Iress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total incor	(d) (e) Total income End-of-year as		ets Direct con entit		)
		-							
			$\mathbf{O}$						
Identificat	ion of Related Tax-Exempt Organiza	ations. Complete if the gapization a	Inswe 3 "Yes" on Form 990.	Part IV, line 34 be				nt	
	ons during the tax year.							р. 	
	(a) ne, address, and EIN related organization	<b>ل)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Exempt Code Public cha section status (if sec 501(c)(3)			(f) ct controlling entity	contr	<b>3)</b> 512(b)(13) rolled ity? <b>No</b>
-	SUPPORTING ORGANIZATION - BROADWAY, STE. 350, 12	TO SUPPO. THE Y SCHOOLS	DELAWARE	501(C)(3)	LINE 11A, I	NEW SC	HOOLS FUND	X	
, 		_							
		_							
		-							

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

Schedule R (Form 990) 2015

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related Part III organizations treated as a partnership during the tax year. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Legal Name, address, and EIN Predominant income Code V-UBI Primary activity Direct controlling Share of total Share of Disproportionate General or Percentage domicile managing (related, unrelated, end-of-year of related organization entity income amount in box ownership (state or allocations? partner? excluded from tax under 20 of Schedule assets foreign sections 512-514) Yes No K-1 (Form 1065) Yes No country) TO HOLD PRI INVESTMENTS NEWSCHOOLS SEED FUND LP 1970 BROADWAY SUITE 350 MADE BY NSVF NEW SCHOOLS OAKLAND, CA 94612 PRIOR TO 2016 FUND RELATED x N/A 80.00% CA х NEWSCHOOLS CAPITAL, LLC TO MANAGE NEW 47-3212503, 532 EMERSON PRI INVESTMENTS STREET PALO ALTO CA 94301 IN ED TECH. CA N/A RELATED 8,099 0. X N/A х 50.00% e organization answered "Yes" on Form 990. Part IV. line 34 because it had one or more related Identification of Related Organizations Taxable as a Corporation or ust Complete in Part IV organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (e) (f) (g) (h) (i) Section Name, address, and EIN Direct controlling Type of entity Share of total Share of Percentage ownership ary astivity مادم 512(b)(13) of related organization entity (C corp, S corp, income end-of-year controlled foreign entity? or trust) assets country) Yes No

### Schedule R (Form 990) 2015 NEW SCHOOLS FUND

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	s No
1 During the tax year, did the organization engage in any of the following transaction		•				X	_
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							—
					1b 1c	X	
Gift, grant, or capital contribution from related organization(s)							X
					1d	X	+
e Loans or loan guarantees by related organization(s)					1e		X
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)					1g	X	
h Purchase of assets from related organization(s)					1h		X
i Exchange of assets with related organization(s)	Exchange of assets with related organization(s)						X
j Lease of facilities, equipment, or other assets to related organization(s)					<b>1</b> j	X	
k Lease of facilities, equipment, or other assets from related organization(s)					1k		x
I Performance of services or membership or fundraising solicitations for related organization (s)							X
m Performance of services or membership or fundraising solicitations for related org					1m		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organizations of facilities and the states of						X	
<ul> <li>o Sharing of paid employees with related organization(s)</li> </ul>					10	X	
					10		
<b>p</b> Reimbursement paid to related organization(s) for expenses					1p		x
q       Reimbursement paid to related organization(s) for expenses							X
d Heimbursement paid by related organization(s) for expenses					· · · · ·		
r Other transfer of cash or property to related organization(s)					1r	X	
r Other transfer of cash or property for related organization(s)     S Other transfer of cash or property from related organization(s)					 1s		x
	vho must complete th	nis line, including covered r	relationships	and transaction thresholds.		1	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		<b>(d)</b> Method of determining amount i	nvolved		
1) NEWSCHOOLS CAPITAL LLC	A	67,295.	CASH				
2) NEWSCHOOLS CAPITAL LLC	В	1,000.	CASH				
3) NEWSCHOOLS CAPITAL LLC	G	13,374.					
4)							
5)							
6)							

### Schedule R (Form 990) 2015 NEW SCHOOLS FUND

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

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

(a) Name, address, and EIN	(b) Primary activity	<b>(c)</b> Legal domicile	(d) Predominant income	(e Are partners	all s sec.	<b>(f)</b> Share of	<b>(g)</b> Share of	<b>(h</b> Disprotion allocat	n) opor-	(i) Code V-UBI	(j) Genera	al or F	<b>(k)</b> Percentage
of entity		(state or foreign country)		partners 501(c orgs <b>Yes</b>		total income	end-of-year assets	allocat Yes	ions? No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partne Yes I	er? (	ownership
	-												

Schedule R (Form 990) 2015

### NEW SCHOOLS FUND

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 Part VII
 Supplemental Information

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