

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b><br>Doing business as <b>DIGITAL PROMISE</b>                              |  | <b>D</b> Employer identification number<br><br><b>** - *****</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1001 CONNECTICUT AVENUE, NW 830</b>  | <b>E</b> Telephone number<br><b>202-450-3675</b> |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>WASHINGTON, DC 20036</b>  |  | <b>G</b> Gross receipts \$ <b>22,365,738.</b>   |
|  | <b>F</b> Name and address of principal officer: <b>KAREN CATOR</b><br><b>SAME AS C ABOVE</b>   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
|  | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>H(c)</b> Group exemption number ▶  |

**J** Website: ▶ **WWW.DIGITALPROMISE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2011** **M** State of legal domicile: **DC**

**Part I Summary**

|  |   |
|--|---|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>IMPROVE THE OPPORTUNITY TO LEARN FOR ALL AMERICANS THROUGH TECHNOLOGY AND RESEARCH.</b> |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>9</b>  |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>9</b>  |
|  | <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) <b>5</b> <b>51</b>  |
|  | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>50</b>  |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>  |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>   |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>12,059,625.</b> <b>21,540,393.</b>  |
|  | <b>9</b> Program service revenue (Part VIII, line 2g) <b>551,488.</b> <b>778,374.</b>   |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>150.</b> <b>27,010.</b>  |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>639.</b> <b>19,961.</b>   |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12,611,902.</b> <b>22,365,738.</b>  |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>6,153,539.</b> <b>13,102,634.</b>   |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,846,971.</b> <b>4,097,464.</b>   |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>  |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>154,910.</b>  |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>2,740,675.</b> <b>3,941,065.</b>  |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>11,741,185.</b> <b>21,141,163.</b>   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>870,717.</b> <b>1,224,575.</b> |   |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16) <b>7,774,145.</b> <b>13,425,593.</b>   |
|  | <b>21</b> Total liabilities (Part X, line 26) <b>2,177,196.</b> <b>6,602,538.</b>   |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>5,596,949.</b> <b>6,823,055.</b>  |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |  |   |   |
|-------------------------------|--|---|---|
| <b>Sign Here</b>              | ▶ Signature of officer   |   | Date  |
|                               | ▶ <b>KAREN CATOR, CEO AND PRESIDENT</b><br>Type or print name and title    |   |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>HOLLY CAPORALE</b>                        | Preparer's signature<br><b>HOLLY CAPORALE</b> | Date<br><b>09/27/17</b>   |
|                               | Firm's name ▶ <b>COUNCILOR, BUCHANAN &amp; MITCHELL, P.C.</b>              | Firm's EIN ▶ <b>** - *****</b>                | Check if self-employed <input type="checkbox"/> PTIN <b>P00235685</b> |
|                               | Firm's address ▶ <b>7910 WOODMONT AVE. STE. 500<br/>BETHESDA, MD 20814</b> | Phone no. (301) <b>986-0600</b>               |   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: DIGITAL PROMISE IS AN INDEPENDENT, BIPARTISAN NONPROFIT, AUTHORIZED BY CONGRESS IN 2008 AS THE NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES THROUGH SECTION 802 OF THE HIGHER EDUCATION OPPORTUNITY ACT. DIGITAL PROMISE WAS CREATED WITH THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 15,794,171. including grants of \$ 12,900,268. ) (Revenue \$ ) VERIZON INNOVATIVE LEARNING SCHOOLS: LASTING IMPACT COMES FROM PERSONALIZED, HANDS-ON LEARNING EXPERIENCES. THE VERIZON INNOVATIVE LEARNING SCHOOLS (VILS) INITIATIVE WAS LAUNCHED IN 2014 TO ADDRESS THIS NEED. IN PARTNERSHIP WITH VERIZON, WE HAVE EQUIPPED EVERY CHILD AND TEACHER IN SELECT LOW-INCOME MIDDLE SCHOOLS ACROSS AMERICA WITH A TABLET AND TWO-YEAR DATA PLAN, AS WELL AS EXTENSIVE PROFESSIONAL LEARNING OPPORTUNITIES FOR TEACHERS AND LEADERS. WE ALSO HELPED CREATE UNIQUE, IMMERSIVE EXPERIENCES THAT ENGAGE STUDENTS AND EXPOSE THEM TO STEM SUBJECTS AND CAREERS. IN ADDITION TO TECHNOLOGY AND INTERNET ACCESS, WE PROVIDE EXTENSIVE PROFESSIONAL LEARNING OPPORTUNITIES FOR THE TEACHERS AND LEADERS IN OUR SCHOOLS. BY THE END OF 2016, THE INITIATIVE HAD GROWN TO 46 MIDDLE SCHOOLS.

4b (Code: ) (Expenses \$ 538,572. including grants of \$ ) (Revenue \$ ) LEAGUE OF INNOVATIVE SCHOOLS: IN 2011, DIGITAL PROMISE CREATED THE LEAGUE OF INNOVATIVE SCHOOLS, A POWERFUL NETWORK OF THE COUNTRY'S MOST INNOVATIVE PUBLIC SCHOOL EDUCATION LEADERS WHO ARE COMMITTED TO ENSURING EVERY LEARNER IS COLLEGE AND CAREER READY. LEAGUE MEMBERS WORK TOGETHER TO: IMPROVE OUTCOMES FOR STUDENTS AND SOLVE CHALLENGES FACING K-12 SCHOOLS THROUGH POWERFUL AND SMART USE OF LEARNING TECHNOLOGIES; USE THEIR COLLECTIVE VOICE TO ADVANCE POSITIVE CHANGE IN PUBLIC EDUCATION; AND PARTNER WITH ENTREPRENEURS, RESEARCHERS AND LEADING EDUCATION THINKERS AND SERVE AS A TEST-BED FOR NEW APPROACHES TO TEACHING AND LEARNING. OVER THE PAST FIVE YEARS, THE LEAGUE NETWORK HAS GROWN TO INCLUDE 86

4c (Code: ) (Expenses \$ 262,898. including grants of \$ ) (Revenue \$ ) EDUCATION INNOVATION CLUSTERS: IN 2014, DIGITAL PROMISE BEGAN CONVENING A NATIONAL NETWORK OF EDUCATION INNOVATION CLUSTERS (EDCLUSTERS), IN PARTNERSHIP WITH THE U.S. DEPARTMENT OF EDUCATION. EDCLUSTERS ARE REGIONAL ECOSYSTEMS THAT BRING TOGETHER EDUCATORS, RESEARCHERS, ENTREPRENEURS, FUNDERS, AND OTHER EDUCATION STAKEHOLDERS TO SUPPORT TRANSFORMATIVE TEACHING AND LEARNING. THESE PARTNERS COLLABORATE OUTSIDE THE TRADITIONAL SILOS OF SECTOR AND INSTITUTION IN ORDER TO DESIGN, IMPLEMENT, ITERATE ON, AND SCALE PROMISING LEARNING TOOLS, TECHNOLOGIES AND PRACTICES. OVER THE PAST THREE YEARS, THE EDCLUSTER NETWORK HAS GROWN TO INCLUDE MORE THAN 25 REGIONS ACROSS THE COUNTRY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,741,447. including grants of \$ 202,366. ) (Revenue \$ 778,374. )

4e Total program service expenses 20,337,088.

NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES

**Part IV Checklist of Required Schedules**

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | <b>X</b> |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |          | <b>X</b> |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  |          | <b>X</b> |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....   |          | <b>X</b> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....  |          | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |          | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |          | <b>X</b> |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | <b>X</b> |          |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |          | <b>X</b> |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |          | <b>X</b> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <b>X</b> |          |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |          | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |          | <b>X</b> |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |          | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |          | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   |          | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |          | <b>X</b> |

NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

|            |  | Yes        | No  |
|------------|--|------------|-----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |            |     |
|            | <b>1a</b> 124  |            |     |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            |     |
|            | <b>1b</b> 0  |            |     |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | X          |     |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |     |
|            | <b>2a</b> 51   |            |     |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | X          |     |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |            | X   |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   |            |     |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |            | X   |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | X   |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | X   |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |            |     |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |            | X   |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            |     |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |     |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | X          |     |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X          |     |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            | X   |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |
|            | <b>7d</b>  |            |     |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            | X   |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            | X   |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            | N/A |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            | N/A |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <b>N/A</b>                                  |            |     |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |     |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? <b>N/A</b>  |            |     |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>   |            |     |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |     |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 <b>N/A</b>  | <b>10a</b> |     |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |     |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |     |
| <b>a</b>   | Gross income from members or shareholders <b>N/A</b>   | <b>11a</b> |     |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |     |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |     |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>   | <b>12b</b> |     |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |     |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>N/A</b><br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                | <b>13a</b> |     |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |     |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |     |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | X   |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | <b>14b</b> |     |

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year .....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent .....   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....   | X   |    |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? .....   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? .....   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | a The governing body? .....  | X   |    |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body? .....  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? .....   |     | X  |
| <b>10b</b> | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 .....  | X   |    |
| <b>12b</b> | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | X   |    |
| <b>12c</b> | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? .....  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? .....   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | a The organization's CEO, Executive Director, or top management official .....   | X   |    |
| <b>15b</b> | b Other officers or key employees of the organization .....  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  |     | X  |
| <b>16b</b> | b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KATHRYN PETRILLO-SMITH, COO - (202) 450-3675**  
**1001 CONNETICUT AVE, NW, SUITE 830, WASHINGTON, DC 20036**

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

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

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

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

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

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

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

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) EAMON M KELLY<br>CHAIR                             | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) SHAE HOPKINS<br>TREASURER                          | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) SHIRLEY M. MALCOLM, PH.D.<br>VICE CHAIR            | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) LAWRENCE GROSSMAN<br>MEMBER                        | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) VINCE JUARISTI<br>CHAIR, FINANCE COMMITTEE         | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) GILMAN LOUIE<br>AUDIT CHAIR                        | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) RONALD MASON, JR.<br>MEMBER                        | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) JOHN MORGRIDGE<br>MEMBER                           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) RICHARD STEPHENS<br>MEMBER                         | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MARK DEAN (UNTIL AUG 2016)<br>MEMBER              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) KAREN CATOR<br>PRESIDENT AND CEO                  | 40.00   |   |                       | X       |              |                              |        | 184,242.   | 0.  | 18,725.   |
| (12) KATHRYN PETRILLO-SMITH<br>CHIEF OPERATING OFFICER | 40.00   |   |                       | X       |              |                              |        | 146,917.   | 0.  | 9,070.  |
| (13) SARA SCHAPIRO<br>DIRECTOR, LIS                    | 40.00   |   |                       |         |              | X                            |        | 133,357.   | 0.  | 14,564.   |
| (14) MARCO TORRES<br>DIRECTOR OF STORY                 | 40.00   |   |                       |         |              | X                            |        | 120,529.   | 0.  | 18,993.   |
| (15) JAMES BEELER<br>CHIEF LEARNING OFFICER            | 40.00   |   |                       |         |              | X                            |        | 159,763.   | 0.  | 22,935.   |
| (16) PATTI CONSTANTAKIS<br>DIRECTOR OF ADULT EDUCATION | 40.00   |   |                       |         |              | X                            |        | 128,396.   | 0.  | 20,049.   |
| (17) AUBREY FRANCISCO<br>CHIEF RESEARCH OFFICER        | 40.00   |   |                       |         |              | X                            |        | 123,374.   | 0.  | 14,808.   |

NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              | 996,578. | 0.   | 119,144.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 996,578. | 0.   | 119,144.  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services  | (C)<br>Compensation |
|---|---------------------------------|---------------------|
| SHI INTERNATIONAL CORP.<br>90 DAVIDSON AVE, SOMERSET, NJ 08873              | KEYBOARDS FOR C1 AND C2 SCHOOLS | 271,099.            |
| CSE INC, 5400 S WESTRIDGE DR. PO BOX 510941, NEW BERLIN, WI 53151           | CASES FOR VILS TABLETS          | 225,913.            |
| THE GEORGE WASHINGTON UNIVERSITY<br>45155 RESEARCH PLACE, ASHBURN, VA 20147 | RESEARCH ASSOCIATED WITH MC     | 150,950.            |
|   |                                 |                     |
|   |                                 |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**



NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES

**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
|---|--|--|----------------------|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  |                      |   |   |  |
|   | <b>b</b> Membership dues .....   | <b>1b</b>  |                      |   |   |  |
|   | <b>c</b> Fundraising events .....  | <b>1c</b>  |                      |   |   |  |
|   | <b>d</b> Related organizations .....   | <b>1d</b>  |                      |   |   |  |
|   | <b>e</b> Government grants (contributions) .....   | <b>1e</b>  |                      |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b>  | 21,540,393.          |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   |  | 11,058,807.          |   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f .....  |  | 21,540,393.          |   |   |  |
| <b>Program Service<br/>Revenue</b>  | <b>2 a</b> CONSULTING SERVICES .....   | <b>Business Code</b><br>900099                                 | 778,374.             | 778,374.  |   |  |
|   | <b>b</b> .....   |  |                      |   |   |  |
|   | <b>c</b> .....   |  |                      |   |   |  |
|   | <b>d</b> .....   |  |                      |   |   |  |
|   | <b>e</b> .....   |  |                      |   |   |  |
|   | <b>f</b> All other program service revenue .....   |  |                      |   |   |  |
|   | <b>g Total.</b> Add lines 2a-2f .....  |  | 778,374.             |   |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |  | 27,010.              |   |   | 27,010.  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |                      |   |   |  |
|   | <b>5</b> Royalties .....   |  |                      |   |   |  |
|   | <b>6 a</b> Gross rents .....   | (i) Real   |                      |   |   |  |
|   |  | (ii) Personal  |                      |   |   |  |
|   |  | <b>b</b> Less: rental expenses .....                           |                      |   |   |  |
|   |  | <b>c</b> Rental income or (loss) .....                         |                      |   |   |  |
|   | <b>d</b> Net rental income or (loss) .....   |  |                      |   |   |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   |                      |   |   |  |
|   |  | (ii) Other   |                      |   |   |  |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      |   |   |  |
|   |  | <b>c</b> Gain or (loss) .....                                  |                      |   |   |  |
|   | <b>d</b> Net gain or (loss) .....  |  |                      |   |   |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   |                      |   |   |  |
|   |  | <b>b</b> Less: direct expenses .....                           | <b>b</b>             |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |  |  |                      |   |   |  |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>   |  |                      |   |   |  |
|   | <b>b</b> Less: direct expenses .....   | <b>b</b>   |                      |   |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....   |  |                      |   |   |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>   |  |                      |   |   |  |
|   | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |                      |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....  |  |                      |   |   |  |
| Miscellaneous Revenue   |  | <b>Business Code</b>   |                      |   |   |  |
| <b>11 a</b> MISCELLANEOUS .....   | 900099   | 19,961.  |                      |   | 19,961.                                 |  |
| <b>b</b> .....  |  |  |                      |   |   |  |
| <b>c</b> .....  |  |  |                      |   |   |  |
| <b>d</b> All other revenue .....  |  |  |                      |   |   |  |
| <b>e Total.</b> Add lines 11a-11d .....                                       |  | 19,961.  |                      |   |   |  |
| <b>12 Total revenue.</b> See instructions. .....                              |  | 22,365,738.  | 778,374.             | 0.  | 46,971.                                 |  |

**NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES**

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 13,102,634.           | 13,102,634.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 358,953.              | 173,273.                        | 116,990.                               | 68,690.                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 3,104,777.            | 2,916,702.                      | 130,301.                               | 57,774.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 87,638.               | 74,304.                         | 12,389.                                | 945.                        |
| <b>9</b> Other employee benefits   | 275,698.              | 216,848.                        | 53,697.                                | 5,153.                      |
| <b>10</b> Payroll taxes  | 270,398.              | 218,826.                        | 43,735.                                | 7,837.                      |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  | 64,918.               | 6,850.                          | 58,068.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 1,845,144.            | 1,820,761.                      | 23,508.                                | 875.                        |
| <b>12</b> Advertising and promotion  |                       |                                 |  |                             |
| <b>13</b> Office expenses  | 81,226.               | 17,709.                         | 63,517.                                |                             |
| <b>14</b> Information technology   | 27,775.               | 27,775.                         |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 189,324.              | 182,074.                        | 6,362.                                 | 888.                        |
| <b>17</b> Travel   | 968,027.              | 946,669.                        | 9,441.                                 | 11,917.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 386,228.              | 386,152.                        | 76.                                    |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 177,298.              | 170,509.                        | 5,958.                                 | 831.                        |
| <b>23</b> Insurance  | 12,090.               |                                 | 12,090.                                |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> UNCOLLECTED PLEDGES   | 70,000.               |                                 | 70,000.                                |                             |
| <b>b</b> ONLINE ADMIN TOOLS  | 67,306.               | 47,538.                         | 19,768.                                |                             |
| <b>c</b> RECRUITING COSTS  | 18,882.               | 1,800.                          | 17,082.                                |                             |
| <b>d</b> REGISTRATION FEES   | 18,782.               | 16,387.                         | 2,395.                                 |                             |
| <b>e</b> All other expenses  | 14,065.               | 10,277.                         | 3,788.                                 |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 21,141,163.           | 20,337,088.                     | 649,165.                               | 154,910.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES

Form 990 (2016)

\*\* - \* \* \* \* \* Page 11

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year  |
|---|---|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....  | 395,138.                 | <b>1</b>    | 2,239,819.          |
|   | <b>2</b> Savings and temporary cash investments .....   | 4,801,879.               | <b>2</b>    | 8,031,533.          |
|   | <b>3</b> Pledges and grants receivable, net .....   | 1,802,267.               | <b>3</b>    | 2,113,250.          |
|   | <b>4</b> Accounts receivable, net .....   | 166,514.                 | <b>4</b>    | 269,253.            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors,<br>trustees, key employees, and highest compensated employees. Complete<br>Part II of Schedule L .....  |                          | <b>5</b>    |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under<br>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing<br>employers and sponsoring organizations of section 501(c)(9) voluntary<br>employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>    |                     |
|   | <b>7</b> Notes and loans receivable, net .....  |                          | <b>7</b>    |                     |
|   | <b>8</b> Inventories for sale or use .....  |                          | <b>8</b>    |                     |
|   | <b>9</b> Prepaid expenses and deferred charges .....  | 47,292.                  | <b>9</b>    | 81,649.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....   | <b>10a</b> 717,537.      |             |                     |
|   | <b>b</b> Less: accumulated depreciation .....   | <b>10b</b> 307,718.      | 469,093.    | <b>10c</b> 409,819. |
|   | <b>11</b> Investments - publicly traded securities .....  |                          | <b>11</b>   |                     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....  |                          | <b>12</b>   |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....   |                          | <b>13</b>   |                     |
|   | <b>14</b> Intangible assets .....   |                          | <b>14</b>   |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....  | 91,962.                  | <b>15</b>   | 280,270.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 7,774,145.  | <b>16</b>                | 13,425,593. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....   | 293,259.                 | <b>17</b>   | 228,049.            |
|   | <b>18</b> Grants payable .....  |                          | <b>18</b>   |                     |
|   | <b>19</b> Deferred revenue .....  | 1,864,444.               | <b>19</b>   | 6,360,421.          |
|   | <b>20</b> Tax-exempt bond liabilities .....   |                          | <b>20</b>   |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....   |                          | <b>21</b>   |                     |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees,<br>key employees, highest compensated employees, and disqualified persons.<br>Complete Part II of Schedule L .....  |                          | <b>22</b>   |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....  |                          | <b>23</b>   |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....  |                          | <b>24</b>   |                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X of<br>Schedule D .....   | 19,493.                  | <b>25</b>   | 14,068.             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....  | 2,177,196.               | <b>26</b>   | 6,602,538.          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and<br/>complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                     |
|   | <b>27</b> Unrestricted net assets .....   | 1,136,767.               | <b>27</b>   | 1,559,455.          |
|   | <b>28</b> Temporarily restricted net assets .....   | 4,460,182.               | <b>28</b>   | 5,263,600.          |
|   | <b>29</b> Permanently restricted net assets .....   |                          | <b>29</b>   |                     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and<br/>complete lines 30 through 34.</b>  |                          |             |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds .....  |                          | <b>30</b>   |                     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....  |                          | <b>31</b>   |                     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....  |                          | <b>32</b>   |                     |
| <b>33</b> Total net assets or fund balances .....                         | 5,596,949.  | <b>33</b>                | 6,823,055.  |                     |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 7,774,145.  | <b>34</b>                | 13,425,593. |                     |

Form 990 (2016)

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 22,365,738. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 21,141,163. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,224,575.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 5,596,949.  |
| 5  | Net unrealized gains (losses) on investments   | 5  | 1,531.      |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 6,823,055.  |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____  |     |    |

Form 990 (2016)



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012 | (b) 2013 | (c) 2014  | (d) 2015  | (e) 2016  | (f) Total |
|--|----------|----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 2333877. | 2425181. | 10405917. | 12059625. | 21540393. | 48764993. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 2333877. | 2425181. | 10405917. | 12059625. | 21540393. | 48764993. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |           |           |           | 34942265. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |           |           |           | 13822728. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012 | (b) 2013 | (c) 2014  | (d) 2015  | (e) 2016  | (f) Total                |
|--|----------|----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 2333877. | 2425181. | 10405917. | 12059625. | 21540393. | 48764993.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 3.       | 3,375.   | 438.      | 150.      | 27,010.   | 30,976.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 343.     | 22.      | 17,116.   | 552,127.  | 798,335.  | 1367943.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |           |           |           | 50163912.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |           |           | 12        | 1,367,943.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 27.56 % |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....  | <b>15</b>                           | %       |
| <b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input type="checkbox"/>            |         |
| <b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input checked="" type="checkbox"/> |         |
| <b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> 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.   |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>1</b>   |     |    |
| <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|  |  |     |    |
|--|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |  | Yes | No |
| <b>a</b> 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. |  |     |    |
| <b>b</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.  |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |  |     |    |
| <b>a</b> 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.  |  |     |    |
| <b>b</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.   |  |     |    |
| <b>2a</b>  |  |     |    |
| <b>2b</b>  |  |     |    |
| <b>3a</b>  |  |     |    |
| <b>3b</b>  |  |     |    |

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

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

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3   | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions  | Current Year |
|--|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |              |
| <b>9</b> Distributable amount for 2016 from Section C, line 6  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2016 from Section C, line 6   |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2016:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b>  |                             |  |   |
| <b>c</b> From 2013  |                             |  |   |
| <b>d</b> From 2014  |                             |  |   |
| <b>e</b> From 2015  |                             |  |   |
| <b>f Total</b> of lines 3a through e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>h</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>i</b> Carryover from 2011 not applied (see instructions)   |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| <b>4</b> Distributions for 2016 from Section D, line 7: \$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>b</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions |                             |  |   |
| <b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions                        |                             |  |   |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c  |                             |  |   |
| <b>8</b> Breakdown of line 7:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b> Excess from 2013   |                             |  |   |
| <b>c</b> Excess from 2014   |                             |  |   |
| <b>d</b> Excess from 2015   |                             |  |   |
| <b>e</b> Excess from 2016   |                             |  |   |

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**

DIGITAL PROMISE SATISFIES THE FACTS AND CIRCUMSTANCES TEST UNDER REG. SEC.

170A-9(F)(3) FOR THE FOLLOWING REASONS: SINCE ITS INCEPTION, DIGITAL

PROMISE HAS RECEIVED GRANTS AND CONTRIBUTIONS AND FROM A BROAD BASE OF

PRIVATE FOUNDATIONS, COMPANIES, AND OTHER DONORS AS WELL AS A GRANT FROM

THE FEDERAL GOVERNMENT. DIGITAL PROMISE HAS RECEIVED MULTIPLE LARGE GRANTS

(BOTH IN THE FORM OF A CASH AND IN-KIND CONTRIBUTIONS) WHICH DO NOT

QUALIFY AS "UNUSUAL GRANTS," FROM AN ORGANIZATION THAT HAS SUPPORTED

DIGITAL PROMISE SINCE ITS INCEPTION. DIGITAL PROMISE HAS A DIVERSE AND

INDEPENDENT GOVERNING BOARD COMPRISED OF INDIVIDUALS WITH RELEVANT

EXPERTISE TO THE MISSION AND OPERATIONS OF DIGITAL PROMISE, INCLUDING

FUNDRAISING, FINANCIAL CONTROLS AND SUBJECT MATTER EXPERTISE IN INNOVATION

IN EDUCATION, EDUCATION TECHNOLOGY AND RESEARCH TO SUPPORT EDUCATION.

DIGITAL PROMISE BOARD MEMBERS, BOTH CURRENT AND FORMER, INCLUDE UNIVERSITY

PRESIDENTS, EDUCATION TECHNOLOGY ENTREPRENEURS AND KEY RESEARCHERS IN THE

FIELDS OF EDUCATION AND LEARNING. FINALLY, DIGITAL PROMISE'S MISSION IS TO

ADVANCE THE OPPORTUNITY TO LEARN FOR ALL AMERICANS, WHICH IS A CHARITABLE

PURPOSE WITH BROAD PUBLIC APPEAL. DIGITAL PROMISE IS CONTINUALLY SEEKING

TO RAISE FUNDS FROM NEW SOURCES.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES

Employer identification number

\*\* - \* \* \* \* \*

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

|  |  |
|--|--|
| Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b> | Employer identification number<br>** - * * * * * |
|--|--|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 13,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b> | Employer identification number<br>** - * * * * * |
|--|--|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 1,250,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 212,700.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 303,830.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b> | Employer identification number<br>** - * * * * * |
|--|--|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         |                                   | \$ 45,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         |                                   | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |  |
|--|--|
| Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b> | Employer identification number<br>** - * * * * * |
|--|--|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         |                                   | \$ 310,425.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>NATIONAL CENTER FOR RESEARCH IN ADVANCED<br>INFORMATION AND DIGITAL TECHNOLOGIES | <b>Employer identification number</b><br>** - * * * * * |
|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         |                                   | \$ 520,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>NATIONAL CENTER FOR RESEARCH IN ADVANCED<br>INFORMATION AND DIGITAL TECHNOLOGIES | <b>Employer identification number</b><br>** - * * * * * |
|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         |                                   | \$ 225,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         |                                   | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b> | Employer identification number<br>** - * * * * * |
|--|--|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         |                                   | \$ 793,825.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         |                                   | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         |                                   | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         |                                   | \$ 500,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b> | Employer identification number<br>** - * * * * * |
|--|--|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 43         |                                   | \$ 98,532.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 45         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 46         |                                   | \$ 12,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         |                                   | \$ 13,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b> | Employer identification number<br>** - * * * * * |
|--|--|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 49         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 50         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 51         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 52         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 53         |                                   | \$ 5,206,524.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 54         |                                   | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b> | Employer identification number<br>** - * * * * * |
|--|--|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 55         |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 56         |                                   | \$ 225,974.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 57         |                                   | \$ 239,880.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 58         |                                   | \$ 1,461,506.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 59         |                                   | \$ 9,131,447.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 60         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>NATIONAL CENTER FOR RESEARCH IN ADVANCED<br>INFORMATION AND DIGITAL TECHNOLOGIES | <b>Employer identification number</b><br>** - * * * * * |
|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 61         |                                   | \$ 13,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|  |  |
|--|--|
| Name of organization<br><b>NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES</b> | Employer identification number<br>** - * * * * * |
|--|--|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 56                           | 390 VERIZON TABLETS                          | \$ 225,974.                                    | 02/01/16             |
| 57                           | 414 VERIZON TABLETS                          | \$ 239,880.                                    | 02/01/16             |
| 58                           | 2,218 VERIZON TABLETS                        | \$ 1,461,506.                                  | 05/01/16             |
| 59                           | 13,858 VERIZON TABLETS                       | \$ 9,131,447.                                  | 07/01/16             |
|                              |  | \$   |                      |
|                              |  | \$   |                      |

|   |   |
|---|---|
| <b>Name of organization</b><br>NATIONAL CENTER FOR RESEARCH IN ADVANCED<br>INFORMATION AND DIGITAL TECHNOLOGIES | <b>Employer identification number</b><br><br>** - * * * * * |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES

**Employer identification number**  
\* \* - \* \* \* \* \* \*

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2016

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value  |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land  |                                      |                                 |                              |                 |
| b Buildings  |                                      |                                 |                              |                 |
| c Leasehold improvements   |                                      |                                 |                              |                 |
| d Equipment  |                                      | 5,068.                          | 3,970.                       | 1,098.          |
| e Other  |                                      | 712,469.                        | 303,748.                     | 408,721.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>409,819.</b> |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) DEFERRED RENT   | 14,068.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 14,068.        |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 33,903,472. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 1,531.      |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 11,536,203. |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 11,537,734. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 22,365,738. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 0.          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 22,365,738. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 32,677,366. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 11,536,203. |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 11,536,203. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 21,141,163. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 21,141,163. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S FORM 990 IS GENERALLY SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES FOR THREE YEARS AFTER FILING.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES**

Employer identification number  
**\*\*\_\*\*\*\*\***

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> 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) | <b>(g)</b> Description of noncash assistance            | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|--|---------------------------------|--|--|---|--|
| BRISTOL TOWNSHIP SCHOOL DISTRICT<br>6401 MILL CREEK ROAD<br>LEVITTOWN, PA 19057                     | **_*****       |  | 50,000.                         | 82,257.                                  |  | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| BURLINGTON SCHOOL DISTRICT<br>150 COLCHESTER AVE<br>BURLINGTON, VT 05401                            | **_*****       |  | 50,000.                         | 22,002.                                  |  | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| CANYONS SCHOOL DISTRICT<br>9150 S. 500 WEST<br>SANDY, UT 84070                                      | **_*****       |  | 10,000.                         | 0.                                       |  |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| CARTWRIGHT SCHOOL DISTRICT 83<br>5220 W. INDIAN SCHOOL ROAD<br>PHEONIX, AZ 85031                    | **_*****       |  | 50,000.                         | 845,320.                                 |  | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| CHARLOTTE-MECKLENBURG SCHOOLS<br>1562 DAIRY ROAD<br>CHARLOTTESVILLE, VA 22903                       | **_*****       |  | 125,000.                        | 1,480,895.                               |  | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| COLORADO SPRINGS DISTRICT #11<br>(BOTH) - 1115 NORTH EL PASO STREET<br>- COLORADO SPRINGS, CO 80903 | **_*****       |  | 60,000.                         | 1,052,955.                               |  | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **33.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMNS (G) AND (H) DESCRIPTIONS

NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES

Schedule I (Form 990)

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Page 1

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

| (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   |
|---|----------|-------------------------------|--------------------------|-----------------------------------|---|---|--|
| CUYAHOGA COMMUNITY COLLEGE<br>700 CARNEGIE AVE<br>CLEVELAND, OH 44115                 | **-***** |                               | 30,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| DISTRICT OF COLMBIA PUBLIC SCHOOLS<br>1200 FIRST STREET<br>WASHINGTON, DC, DC 20002   | **-***** |                               | 0.                       | 895,998.                          |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| EL PASO INDEPENDENT SCHOOL DISTRICT - 6531 BOEING DR - EL PASO, TX 79925              | **-***** |                               | 125,000.                 | 2,919,558.                        |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| EVANSTON/SKOKIE SCHOOL DISTRICT 65<br>1500 MCDANIEL AVE<br>EVANSTON, IL 60201         | **-***** |                               | 50,000.                  | 32,903.                           |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| FULTON COUNTY SCHOOLS<br>2800 BURDETT ROAD<br>COLLEGE PARK, GA 30349                  | **-***** |                               | 50,000.                  | 42,267.                           |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| FUND FOR EDUCATION<br>1234 MASSACHUSETTS AVE, NW, SUITE 1<br>WASHINGTON, DC, DC 20005 | **-***** |                               | 50,000.                  | 0.                                |   |   | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| HAWAII STATE DEPARTMENT OF EDUCATION - 1390 MILLER STREET - HONOLULU, HI 96813        | **-***** |                               | 50,000.                  | 37,635.                           |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| INSTITUTO DEL PROGRESSO LATINO<br>2520 SOUTH WESTERN AVE<br>CHICAGO, IL 60608         | **-***** | 501(C)(3)                     | 10,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| ISAAC ELEMENTARY SCHOOL DISTRICT<br>3348 W. MCDOWELL RD<br>PHOENIX, AZ 85009          | **-***** |                               | 50,000.                  | 1,236,659.                        |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |

Schedule I (Form 990)



NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES

Schedule I (Form 990)

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Page 1

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

| (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   |
|---|----------|-------------------------------|--------------------------|-----------------------------------|---|---|--|
| IVY TECH COMMUNITY COLLEGE<br>50 WEST FALL CREEK PKWY NORTH<br>INDIANAPLOIS, IN 46208 | **-***** |                               | 20,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| JEFFERSON COUNTY SCHOOL DISTRICT<br>1405 S. FERN STREET \$154<br>ARLINGTON, VA 22202  | **-***** |                               | 10,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| KANSAS SCHOOL FOR EFFECTIVE LEARNING - 2212 EAST CENTRAL - WICHITA, KS 67214          | **-***** | 501(C)(3)                     | 10,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| KNOX COUNTY SCHOOLS<br>912 SOUTH GAY STREET<br>KNOXVILLE, TN 37901                    | **-***** |                               | 50,000.                  | 61,953.                           |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| MULTICULTURAL CAREER INTERN PROGRAM - 3103 16TH STREET, NW - WASHINGTON, DC, DC 20010 | **-***** | 501(C)(3)                     | 25,000.                  | 0.                                |   |   | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| NYC COMMUNITY SCHOOL DISTRICT 4<br>160 EAST 120TH STREET<br>NEW YORK, NY 10035        | **-***** |                               | 75,000.                  | 766,489.                          |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| RHODE ISLAND REGIONAL ADULT LEARNING - 191 SOCIAL STREET #11 - WOONSOCKET, RI 02895   | **-***** | 501(C)(3)                     | 10,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| RIO SALADO COMMUNITY COLLEGE<br>2323 WEST 14TH ST<br>TEMPE, AZ 85281                  | **-***** |                               | 10,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| SAN FRANCISCO UNIFIED SCHOOL DISTRICT - 555 FRANKLIN ST - SAN FRANCISCO, CA 94102     | **-***** |                               | 0.                       | 2,113,653.                        |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |

Schedule I (Form 990)

**NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES**

Schedule I (Form 990)

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Page 1

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

| (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   |
|--|----------|-------------------------------|--------------------------|-----------------------------------|---|---|--|
| THE LEARNING SOURCE<br>455 S. PIERCE ST<br>LAKEWOOD, CO 80226            | **-***** | 501(C)(3)                     | 10,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| THORNHILL EDUCATION CENTER<br>700 LESLIE AVE<br>FRANKFURT, KY 40601      | **-***** | 501(C)(3)                     | 10,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| VISTA UNIFIED SCHOOL DISTRICT<br>1234 ARCADIA AVE<br>VISTA, CA 92084     | **-***** |                               | 50,000.                  | 74,031.                           |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| WAKE COUNTY PUBLIC SCHOOL SYSTEM<br>5625 DILLARD DRIVE<br>CARY, NC 27518 | **-***** |                               | 25,000.                  | 90,483.                           |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| WEST ADA SCHOOL DISTRICT<br>1303 E. CENTRAL DRIVE<br>MERIDIAN, ID 83642  | **-***** |                               | 75,000.                  | 35,898.                           |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| YOUTH BUILD USA<br>58 DAY STREET<br>SOMERVILLE, MA 02144                 | **-***** | 501(C)(3)                     | 20,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| YOUTH CONNECTION CHARTER SCHOOL<br>10 W. 35TH ST<br>CHICAGO, IL 60616    | **-***** |                               | 20,000.                  | 0.                                |   |   | PARTIPATION IN A RESEARCH STUDY TO ASSESS THE EFFICACY OF ADULT DIGITAL LEARNING PROGRAMS. |
| YPSILANTI COMMUNITY SCHOOLS<br>1885 PACKARD ROAD<br>YPSILANTI, MI 48197  | **-***** |                               | 50,000.                  | 39,951.                           |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |
| PRE-EMINENT CHARTER SCHOOL<br>3815 ROCK QUARRY ORAD<br>RALEIGH, NC 27610 | **-***** |                               | 0.                       | 41,128.                           |   | TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE | TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS        |

Schedule I (Form 990)

NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMNS (G) AND (H):

NAME OF ORGANIZATION OR GOVERNMENT: BRISTOL TOWNSHIP SCHOOL DISTRICT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR THE VERIZON INNOVATIVE LEARNING SCHOOLS INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BURLINGTON SCHOOL DISTRICT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: CARTWRIGHT SCHOOL DISTRICT 83

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: CHARLOTTE-MECKLENBURG SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO SPRINGS DISTRICT #11 (BOTH)

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: DISTRICT OF COLMBIA PUBLIC SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: EL PASO INDEPENDENT SCHOOL DISTRICT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: EVANSTON/SKOKIE SCHOOL DISTRICT 65

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: FULTON COUNTY SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN

**Part IV** Supplemental Information

U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: FUND FOR EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII STATE DEPARTMENT OF EDUCATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: ISAAC ELEMENTARY SCHOOL DISTRICT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: KNOX COUNTY SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR

**Part IV** Supplemental Information

THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: MULTICULTURAL CAREER INTERN PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: NYC COMMUNITY SCHOOL DISTRICT 4

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO UNIFIED SCHOOL DISTRICT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VISTA UNIFIED SCHOOL DISTRICT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: WAKE COUNTY PUBLIC SCHOOL SYSTEM

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: WEST ADA SCHOOL DISTRICT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: YPSILANTI COMMUNITY SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN



**Part IV Supplemental Information**

U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: PRE-EMINENT CHARTER SCHOOL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TABLETS AND ASSOCIATED CASES FOR  
THE VERIZON INNOVATIVE LEARNING SCHOOLS INI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EACHERS AND STUDENTS IN  
U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND  
EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND  
RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

SCHEDULE I, PART I, LINE 2

ALL ENTITIES RECEIVING GRANT FUNDS SIGN A MEMORANDUM OF UNDERSTANDING  
(MOU) THAT INCLUDES THE POLICIES AND REQUIREMENTS FOR RECEIVING THE  
GRANT FUNDS. DIGITAL PROMISE STAFF THEN WORK WITH THE RECIPIENTS ON AN  
ONGOING BASIS, THROUGHOUT THE GRANT PERIOD, THROUGH REGULAR CALLS AND  
WRITTEN UPDATES, TO ENSURE THAT THE GRANT FUNDS ARE USED IN COMPLIANCE  
WITH THE MOU.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES**

Employer identification number  
**\*\*-\*\*\*\*\***

**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 items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**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 on line 1a? .....

**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 by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on 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? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2016

NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES

\*\* - \* \* \* \* \*

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

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

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

| (A) Name and Title                                    |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) KAREN CATOR<br>PRESIDENT AND CEO                  | (i)  | 184,242.   | 0.                                  | 0.                                  | 5,530.   | 13,195.                 | 202,967.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) KATHRYN PETRILLO-SMITH<br>CHIEF OPERATING OFFICER | (i)  | 146,917.   | 0.                                  | 0.                                  | 4,558.   | 4,512.                  | 155,987.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) JAMES BEELE<br>CHIEF LEARNING OFFICER             | (i)  | 159,763.   | 0.                                  | 0.                                  | 4,944.   | 17,991.                 | 182,698.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES** Employer identification number **\*\* - \* \* \* \* \***

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 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                               |                            |   |  |   |
| 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 ▶ ( <b>COMPUTER TABL</b> )                          | <b>X</b>                   | <b>16,880</b>                                       | <b>11,058,807.</b>   | <b>FMV OF DEVICES</b>                                     |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

|   | Yes | No       |
|---|-----|----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... |     | <b>X</b> |
| b If "Yes," describe the arrangement in Part II.  |     |          |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....   |     | <b>X</b> |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | <b>X</b> |
| b If "Yes," describe in Part II.  |     |          |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |          |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**NATIONAL CENTER FOR RESEARCH IN ADVANCED  
INFORMATION AND DIGITAL TECHNOLOGIES**

Employer identification number  
**\*\* - \*\*\*\*\***

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION TO ACCELERATE INNOVATION IN EDUCATION TO IMPROVE OPPORTUNITIES  
FOR ALL TO LEARN. WE WORK AT THE INTERSECTION OF EDUCATION LEADERS,  
RESEARCHERS, ENTREPRENEURS AND DEVELOPERS TO IMPROVE LEARNING WITH THE  
POWER OF TECHNOLOGY.

OUR WORK IS INFORMED BY OUR CORE TENETS INCLUDING OUR BELIEF IN THE  
POWER OF:

NETWORKS TO CONNECT WITH PEOPLE AND IDEAS;  
STORIES TO INSPIRE IDEAS AND INCENT ACTION;  
RESEARCH TO INFORM, GROUND AND SUPPORT DECISION MAKING; AND  
ENGAGEMENT TO MOTIVATE LEARNING FOR LIFE.

OUR VISION IS THAT EVERYONE, AT EVERY STAGE OF THEIR LIVES, HAS ACCESS  
TO LEARNING EXPERIENCES THAT HELP THEM ACQUIRE THE KNOWLEDGE AND SKILLS  
THEY NEED TO THRIVE AND CONTINUOUSLY LEARN IN AN EVER-CHANGING WORLD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC SCHOOL DISTRICTS WHILE TAKING ON BIG ISSUES SUCH AS ASSESSMENT,  
COMPETENCY-BASED EDUCATION, EDUCATOR MICRO-CREDENTIALS, OPEN  
EDUCATIONAL RESOURCES AND PERSONALIZED LEARNING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADULT LEARNING: DIGITAL PROMISE'S ADULT LEARNING INITIATIVE INCLUDES A  
NETWORK OF COMMUNITIES COMMITTED TO USING TECHNOLOGY TO HELP  
UNDERSERVED ADULTS GAIN THE FOUNDATIONAL SKILLS THEY NEED TO FIND  
WELL-PAYING JOBS AND TO NAVIGATE PUBLIC AND SOCIAL SYSTEMS. STORIES  
FROM OUR ADULT LEARNING BEACONS ADDRESS COMMON CHALLENGES AND

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

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

632211 08-25-16

|                          |   |  |
|--------------------------|---|--|
| Name of the organization | NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES | Employer identification number<br>**-***** |
|--------------------------|---|--|

DEMONSTRATE WHAT IT TAKES TO DEVELOP AND SCALE EFFECTIVE ADULT LEARNING ACROSS MULTIPLE PARTNERSHIPS. THROUGH THIS WORK, WE CAN UNDERSTAND AND AMPLIFY NEW MODELS AND PRACTICES.

EXPENSES \$ 580,982. INCLUDING GRANTS OF \$ 185,099. REVENUE \$ 0.

RESEARCH: DIGITAL PROMISE SUPPORTS THE EDUCATION COMMUNITY IN USING RESEARCH TO INFORM DECISION-MAKING AND TO DESIGN HIGH-QUALITY LEARNING PROGRAMS AND PRODUCTS. WE EMPOWER STAKEHOLDERS WITH RESEARCH INFORMATION AND TOOLS TO COLLECT AND ANALYZE DATA, AND WE COMMISSION AND CONDUCT RESEARCH STUDIES TO DRIVE CHANGE. IN BOTH OUR RESEARCH@WORK AND MARKETPLACE PROJECTS, WE PARTNER WITH RESEARCHERS AND ADVOCATE FOR A RESEARCH AGENDA THAT RESPONDS TO THE MOST PRESSING CHALLENGES OF THE EDUCATION COMMUNITY.

EXPENSES \$ 874,323. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EDUCATOR MICRO-CREDENTIALS: DIGITAL PROMISE IS BUILDING AN INNOVATIVE SYSTEM OF MICRO-CREDENTIALS THAT PROVIDES EDUCATORS WITH A WAY TO GAIN VALIDATED RECOGNITION FOR THE SKILLS AND COMPETENCIES THEY LEARN THROUGHOUT THEIR CAREERS. THE SYSTEM ALLOWS EDUCATORS TO SUBMIT EVIDENCE, HAVE IT REVIEWED BY EXPERTS AND PEERS AND EARN DIGITAL CERTIFICATION OF SPECIFIC COMPETENCIES.

EXPENSES \$ 1,145,015. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ENGAGED LEARNING AND MAKER LEARNING: IN 2016, WE TOOK ON ANOTHER CHALLENGE - ASKING SCHOOL LEADERS ACROSS THE COUNTRY TO HELP GROW THE NEXT GENERATION OF AMERICAN MAKERS. DIGITAL PROMISE AND MAKER ED ISSUED A CALL-TO-ACTION TO SIGN "THE PROMISE" TO PREPARE STUDENTS FOR THE JOBS OF THE FUTURE AND COMMIT TO PROVIDING A SPACE FOR MAKING, DESIGNATE A



|                          |   |  |
|--------------------------|---|--|
| Name of the organization | NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES | Employer identification number<br>**-***** |
|--------------------------|---|--|

CHAMPION OF MAKING, AND SHOWCASE STUDENT WORK. THE PROMISE WAS SIGNED BY MORE THAN 1500 SCHOOLS IN 50 STATES.

EXPENSES \$ 201,817. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROFESSIONAL SERVICES: DIGITAL PROMISE PROFESSIONAL SERVICES HELPS DISTRICTS CREATE PERSONALIZED, COLLABORATIVE, AND MOBILE MODELS OF LEARNING THAT CAN IMPROVE THE OPPORTUNITY TO LEARN FOR ALL STUDENTS.

EXPENSES \$ 538,402. INCLUDING GRANTS OF \$ 0. REVENUE \$ 778,374.

GENERAL PROGRAMS: BEYOND OUR SPECIFIC INITIATIVES, DIGITAL PROMISE WORKS TO ACCELERATE THE PACE OF INNOVATION AND BROADLY SHARE STORIES OF EXCELLENCE IN THE AMERICAN EDUCATION SYSTEM. 2016 ACTIVITIES INCLUDING PUBLISHING MULTI-MEDIA STORIES AND OTHER CONTENT INCLUDING STORIES AND VIDEOS ON OUR WEBSITE AND OTHER CHANNELS COMMUNICATIONS AND CHALLENGE BASED LEARNING (CBL). CBL IS A FRAMEWORK FOR LEARNING WHILE SOLVING REAL-WORLD CHALLENGES. THE FRAMEWORK FUELS COLLABORATION BETWEEN STUDENTS, TEACHERS, FAMILIES AND COMMUNITY MEMBERS TO IDENTIFY BIG IDEAS, ASK THOUGHTFUL QUESTIONS, AND IDENTIFY, INVESTIGATE AND SOLVE CHALLENGES. THIS APPROACH HELPS STUDENTS GAIN DEEP SUBJECT AREA KNOWLEDGE AND DEVELOP THE SKILLS NECESSARY TO THRIVE IN AN EVER-CHANGING WORLD. DIGITAL PROMISE PROVIDES THIS FRAMEWORK TO DISTRICTS.

EXPENSES \$ 400,908. INCLUDING GRANTS OF \$ 17,267. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: PURSUANT TO AN OCTOBER 31, 2016 BYLAWS AMENDMENT, BEGINNING JUNE 30, 2017, THE TERMS OF ONE-THIRD OF THE DIRECTORS WILL EXPIRE EACH YEAR ON THAT DATE FOR THREE CONSECUTIVE YEARS, AND DIRECTORS ELECTED OR

|                          |   |  |
|--------------------------|---|--|
| Name of the organization | NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES | Employer identification number<br>**-***** |
|--------------------------|---|--|

REELECTED AFTER JUNE 30, 2017 WILL HAVE THREE-YEAR TERMS AND CAN SERVE A MAXIMUM OF TWO CONSECUTIVE TERMS.

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

EXPLANATION: THE ORGANIZATION, VIA ITS AUDIT CHAIR, WILL REVIEW THE FORM 990. THE FULL BOARD WILL THEN REVIEW THE DOCUMENT AND VOTE TO APPROVE OR MODIFY.

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

ANNUALLY (IN Q4) ALL STAFF AND BOARD MEMBERS ARE SENT A LIST OF ALL CONTRIBUTORS AND VENDORS OF \$5,000 OR MORE AND THE CONFLICT OF INTEREST POLICY. STAFF AND BOARD MEMBERS ARE ASKED TO REVIEW THE POLICY AND THE LIST OF CONTRIBUTORS AND VENDORS. THEY ARE THEN ASKED TO EMAIL THE CHIEF OPERATING OFFICER INDICATING THAT THEY HAVE READ AND REVIEWED THE POLICY AND INDICATE WHETHER OR NOT THEY HAVE ANY CONFLICTS THAT NEED TO BE DISCLOSED.

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

EXPLANATION: PER DIGITAL PROMISE'S BYLAWS, THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AND CANNOT EXCEED THE MAXIMUM PAY OF A SES GRADE GOVERNMENT EMPLOYEE. FOR OTHER KEY EMPLOYEES, SALARY BANDS AND RANGES HAVE BEEN IDENTIFIED BASED ON PUBLICLY AVAILABLE COMPARABLE SALARY INFORMATION.

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

EXPLANATION: DOCUMENTS ARE AVAILABLE ON OUR WEBSITE, GUIDESTAR AND THE WEBSITE OF THE CALIFORNIA SECRETARY OF STATE/ATTORNEY GENERAL WEBSITE. GOVERNING DOCUMENTS ARE ALSO AVAILABLE BY E-MAIL REQUEST.

Name of the organization NATIONAL CENTER FOR RESEARCH IN ADVANCED INFORMATION AND DIGITAL TECHNOLOGIES

Employer identification number \*\* - \*\*\*\*\*

FORM 990, PART XII, LINE 2C

EXPLANATION: NO CHANGE WAS MADE DURING FISCAL YEAR 2016.