

# Return of Organization Exempt From Income Tax

**2015**

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

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

|  |  |   |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
|--|--|---|--|---|-------------------|--|--|--|--|--|---|--|--|---|--|--|
| <b>A</b> For the 2015 calendar year, or tax year beginning <b>2015</b> , and ending <b>20</b>  |  |   |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
| <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 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>NATIONAL ALLIANCE OF BLACK SCHOOL EDUCATORS, INC</b></td> <td><b>D</b> Employer identification no.<br/><b>23-7451661</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number<br/><b>(202) 608-6310</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br/><b>310 PENNSYLVANIA AVE SE.</b></td> <td><b>G</b> Gross receipts \$<br/><b>1,149,459</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code<br/><b>Washington, DC 20003</b></td> <td></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer:</td> <td></td> </tr> </table> | <b>C</b> Name of organization <b>NATIONAL ALLIANCE OF BLACK SCHOOL EDUCATORS, INC</b> |  | <b>D</b> Employer identification no.<br><b>23-7451661</b> | Doing business as |  | <b>E</b> Telephone number<br><b>(202) 608-6310</b> | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>310 PENNSYLVANIA AVE SE.</b> |  | <b>G</b> Gross receipts \$<br><b>1,149,459</b> | City or town, state or province, country, and ZIP or foreign postal code<br><b>Washington, DC 20003</b> |  |  | <b>F</b> Name and address of principal officer: |  |  |
| <b>C</b> Name of organization <b>NATIONAL ALLIANCE OF BLACK SCHOOL EDUCATORS, INC</b>  |  | <b>D</b> Employer identification no.<br><b>23-7451661</b>                             |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
| Doing business as  |  | <b>E</b> Telephone number<br><b>(202) 608-6310</b>                                    |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
| Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>310 PENNSYLVANIA AVE SE.</b>   |  | <b>G</b> Gross receipts \$<br><b>1,149,459</b>  |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Washington, DC 20003</b>  |  |   |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
| <b>F</b> Name and address of principal officer:  |  |   |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
| <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>J</b> Website: ▶ <a href="http://www.nabse.org/">http://www.nabse.org/</a>  |  |   |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |   |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
| <b>L</b> Year of formation: <b>2005</b>  |  |   |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |
| <b>M</b> State of legal domicile: <b>DC</b>  |  |   |  |   |                   |  |  |  |  |  |   |  |  |   |  |  |

|  | Part I Summary   |   | Prior Year         | Current Year   |
|--|--|---|--------------------|----------------|
| <b>Activities &amp; Governance</b>   | 1 Briefly describe the organization's mission or most significant activities: <b>To establish coalition of black educators and others directly or indirectly involved in and promote and facilitate the education of all students.</b> |   |                    |                |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                    |                |
|  |  | 3 Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>           | <b>21</b>      |
|  |  | 4 Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>           | <b>21</b>      |
|  |  | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5</b>           | <b>3</b>       |
|  |  | 6 Total number of volunteers (estimate if necessary)                            | <b>6</b>           |                |
|  |  | 7a Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b>          | <b>126,780</b> |
|  | b Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>   | <b>0</b>           |                |
| <b>Revenue</b>   | 8 Contributions and grants (Part VIII, line 1h)  | <b>110,330</b>  | <b>333,907</b>     |                |
|  | 9 Program service revenue (Part VIII, line 2g)   | <b>590,116</b>  | <b>628,878</b>     |                |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |   | <b>0</b>           |                |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>219,351</b>  | <b>186,674</b>     |                |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>919,797</b>  | <b>1,149,459</b>   |                |
| <b>Expenses</b>  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |   | <b>0</b>           |                |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)   |   | <b>0</b>           |                |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>182,884</b>  | <b>206,773</b>     |                |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)  |   | <b>0</b>           |                |
|  | b Total fundraising expenses (Part IX, column (D), line 25) ▶  | <b>0</b>  |                    |                |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>1,793,785</b>  | <b>1,125,039</b>   |                |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>1,976,669</b>   | <b>1,331,812</b>  |                    |                |
| 19 Revenue less expenses. Subtract line 18 from line 12                      | <b>(1,056,872)</b>   | <b>(182,353)</b>  |                    |                |
| <b>Net Assets or Fund Balances</b>   | 20 Total assets (Part X, line 16)  | <b>867,897</b>  | <b>731,136</b>     |                |
|  | 21 Total liabilities (Part X, line 26)   | <b>2,611,790</b>  | <b>2,657,382</b>   |                |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20  | <b>(1,743,893)</b>  | <b>(1,926,246)</b> |                |

|   |  |                      |                   |  |
|---|--|----------------------|-------------------|--|
| <b>Part II Signature Block</b>  |  |                      |                   |  |
| 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>  | <b>Marietta English</b><br>Signature of officer                    | Date                 |                   |  |
|   | <b>Marietta English, PRESIDENT</b><br>Type or print name and title |                      |                   |  |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name   | Preparer's signature | Date              | Check <input type="checkbox"/> if self-employed PTIN |
|   | <b>Joye Smith</b>  |                      | <b>08-15-2016</b> | <b>P00383816</b>                                     |
|   | Firm's name ▶ <b>Premier Group Services Inc</b>                    | Firm's EIN ▶         |                   | Phone no.  |
|   | Firm's address ▶ <b>4200 Forbes Blvd Ste 208 Lanham MD 20706</b>   |                      |                   | <b>301-577-6444</b>                                  |

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Form 990 (2015)

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2015**

For calendar year 2015 or other tax year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20\_\_

- ▶ Information about Form 990-T and its Instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).
- ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
**501(c)(3) Organizations Only**

|  |                      |   |  |
|--|----------------------|---|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>NATIONAL ALLIANCE OF BLACK SCHOOL EDUCAT</b> | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><b>23-7451661</b>   |
|  |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>310 PENNSYLVANIA AVE SE.</b>   |  |
| <b>C</b> Book value of all assets at end of year<br><b>731,136</b>   |                      | <b>F</b> Group exemption number (See instructions.) ▶   | <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |

**H** Describe the organization's primary unrelated business activity. ▶ **Rental Property**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **NATIONAL ALLIANCE OF BLACK SCH** Telephone number ▶ **(202) 608-6310**

| Part I Unrelated Trade or Business Income   |                | (A) Income     | (B) Expenses | (C) Net        |
|---|----------------|----------------|--------------|----------------|
| <b>1a</b> Gross receipts or sales   | <b>162,184</b> |                |              |                |
| <b>b</b> Less returns and allowances  |                |                |              |                |
| <b>c</b> Balance ▶  |                | <b>162,184</b> |              |                |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  |                |                |              |                |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   |                | <b>162,184</b> |              | <b>162,184</b> |
| <b>4a</b> Capital gain net income (attach Schedule D)   |                |                |              |                |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     |                |                |              |                |
| <b>c</b> Capital loss deduction for trusts  |                |                |              |                |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)                |                |                |              |                |
| <b>6</b> Rent income (Schedule C)   |                |                |              |                |
| <b>7</b> Unrelated debt-financed income (Schedule E)  |                |                |              |                |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) |                |                |              |                |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     |                |                |              |                |
| <b>10</b> Exploited exempt activity income (Schedule I)                                       |                |                |              |                |
| <b>11</b> Advertising income (Schedule J)   |                |                |              |                |
| <b>12</b> Other income (See instructions; attach schedule)                                    |                |                |              |                |
| <b>13</b> Total. Combine lines 3 through 12   |                | <b>162,184</b> |              | <b>162,184</b> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |            |                     |                 |
|--|------------|---------------------|-----------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |                     |                 |
| <b>15</b> Salaries and wages   | <b>15</b>  |                     |                 |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |                     | <b>15,062</b>   |
| <b>17</b> Bad debts  | <b>17</b>  |                     |                 |
| <b>18</b> Interest (attach schedule)   | <b>18</b>  | <b>Statement #8</b> | <b>89,651</b>   |
| <b>19</b> Taxes and licenses   | <b>19</b>  |                     | <b>64,457</b>   |
| <b>20</b> Charitable contributions (See instructions for limitation rules)   | <b>20</b>  |                     |                 |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  | <b>26,884</b>       |                 |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |                     | <b>26,884</b>   |
| <b>23</b> Depletion  | <b>23</b>  |                     |                 |
| <b>24</b> Contributions to deferred compensation plans   | <b>24</b>  |                     |                 |
| <b>25</b> Employee benefit programs  | <b>25</b>  |                     |                 |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>26</b>  |                     |                 |
| <b>27</b> Excess readership costs (Schedule J)   | <b>27</b>  |                     |                 |
| <b>28</b> Other deductions (attach schedule)   | <b>28</b>  |                     |                 |
| <b>29</b> Total deductions. Add lines 14 through 28  | <b>29</b>  |                     | <b>196,054</b>  |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | <b>30</b>  |                     | <b>(33,870)</b> |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)  | <b>31</b>  |                     |                 |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30   | <b>32</b>  |                     | <b>(33,870)</b> |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)   | <b>33</b>  |                     |                 |
| <b>34</b> Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | <b>34</b>  |                     | <b>(33,870)</b> |

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

## 2015

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**NATIONAL ALLIANCE OF BLACK SCHOOL EDUCATORS, INC**

Name and title of officer

**Marietta English, PRESIDENT**

Employer identification number

**23-7451661**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|                             |                                       |  |    |                  |
|-----------------------------|---------------------------------------|--|----|------------------|
| 1a Form 990 check here      | ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <b>1,149,459</b> |
| 2a Form 990-EZ check here   | ▶ <input type="checkbox"/>            | b Total revenue, if any (Form 990-EZ, line 9)                      | 2b |                  |
| 3a Form 1120-POL check here | ▶ <input type="checkbox"/>            | b Total tax (Form 1120-POL, line 22)                               | 3b |                  |
| 4a Form 990-PF check here   | ▶ <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |                  |
| 5a Form 8868 check here     | ▶ <input type="checkbox"/>            | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b |                  |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ **08-14-2016**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**520366 24818**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ **08-15-2016**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.