

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

**2015**

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 2015 calendar year, or tax year beginning **OCT 1 2015** and ending **SEP 30 2016**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **NATIONAL ENDOWMENT FOR DEMOCRACY**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **1025 F STREET NW**  
 Room/suite: **800**  
 City or town, state or province, country, and ZIP or foreign postal code: **WASHINGTON DC 20004**

**D** Employer identification number: **52 1344831**

**E** Telephone number: **(202) 378 9700**

**G** Gross receipts: **181,272,850**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.NED.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1983** **M** State of legal domicile: **DC**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O**

**2** Check this box  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>29</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>209</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>28</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	154,663,280	180,882,305
<b>9</b> Program service revenue (Part VIII, line 2g)	349,556	351,002
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,531	35,194
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,401	4,349
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	154,936,966	181,272,850
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	126,353,101	150,862,785
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,678,950	19,581,554
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	9,352,128	10,977,064
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	154,384,179	181,421,403
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	52,787	148,553

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	104,540,179	123,023,928
<b>21</b> Total liabilities (Part X, line 26)	101,555,183	170,120,404
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,984,996	2,903,524

**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. My preparation of this return is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *[Signature]* Date: **8/17/17**  
**J. WILLIAM LEONARD, CHIEF OPERATING OFFICER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **YONG ZHANG CPA** Preparer's signature: *[Signature]* Date: **08/07/17** Check  self-employed PTIN: **01249785**  
 Firm's name: **RSM US LLP** Firm's EIN: **42 0714325**  
 Firm's address: **1861 INTERNATIONAL DRIVE, SUITE 400** Phone no.: **703 336 6400**  
**MCLEAN VA 22102**

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

SCANNED AUG 28 2017

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