DLN: 93493216005286

Form **990** 

Department of the Treasury Internal Revenue Service

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

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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A Fo	r the	2015 ca		ginning 01-01-2015 , and end	ing 12-31-20	015			
		pplicable	C Name of organization FOUNDATION FOR EXCELLENCE	CE			D Emplo	yer ide	entification number
Addr		_	IN EDUCATION INC				26-0	61517	5
Nam			Doing business as						
Initia		ım	Number and street (or P.O. bo	ox if mail is not delivered to street add	dress) Room/:	suite	E Teleph	one nun	nber
_ Final retur	I rn/teri	mınated	215 SOUTH MONROE STREET		aress) Room,	Suite	(850	391-	4090
Ame			City or town, state or province TALLAHASSEE, FL 32301	e, country, and ZIP or foreign postal c	ode		<b>G</b> Gross	receipts	\$ 28,569,844
Appli	ıcatıor	n pending	·						+,,
			<b>F</b> Name and address of PATRICIANNA LEVES				s this a group		
			215 SOUTH MONROE				ubordinates? re all subord		□Yes □No □Yes □No
			TALLAHASSEE,FL 32	2301		ır	ncluded?		
Tax-	-exen	npt status	<b>▽</b> 501(c)(3) <b>┌</b> 501(c) (	) ◀ (Insert no )	<b>□</b> 527		r No, attaci Group exemp		(see instructions) mber ►
J We	bsite	e: ► WW	/W EXCELINED ORG						
<b>K</b> Form	of or	ganızatıon	Corporation Trust Ass	sociation Other 🕨		<b>L</b> Year	of formation 2	007 <b>N</b>	State of legal domicile FL
Par	tΙ	Sum	mary						
Governance	=			OON SYSTEM THAT EQUIPS I					
<u> </u>			•					1	ı
Activities &				overning body (Part VI, line 1a) bers of the governing body (Par				3	9
<b>₽</b>				ed in calendar year 2015 (Part				5	71
<b>5</b>				te if necessary)				6	14
			·	om Part VIII, column (C), line :				7a	0
				me from Form 990-T, line 34				7b	0
				<u> </u>			Prior Year		Current Year
	8	Contri	butions and grants (Part V)	III, line 1h)			11,392	695	8,433,866
9	9	Progra	am service revenue (Part V	III, line 2g)			190		186,464
Revenue	10			olumn (A), lines 3, 4, and 7d)		309	309,875		
<b>#</b>	11					-8,	244	7	
	12	Total 12)	revenue—add lines 8 throug	gh 11 (must equal Part VIII, co	olumn (A ), lı	ne	11,884	,963	8,616,101
	13	Grants	s and similar amounts paid	(Part IX, column (A), lines 1-3	:)		697	,132	118,621
	14	Benefi	ts paid to or for members (	Part IX, column (A), line 4) .				0	0
8	15	Saları 5–10		nployee benefits (Part IX, colun	nn (A ), lines	1	5,490	,334	5,881,427
Expenses	16a	Profes	ssional fundraising fees (Pa	art IX, column (A), line 11e) .				0	0
훒ㅣ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶642,636							
	17			(A), lines 11a-11d, 11f-24e)			6,421	,369	4,787,724
	18	Total	expenses Add lines 13-17	7 (must equal Part IX, column (	A), line 25)		12,608	.835	10,787,772
	19	Reven	ue less expenses Subtract	t line 18 from line 12	<u> </u>		-723	872	-2,171,671
Net Assets or Fund Balances						Beginni	ng of Current	Year	End of Year
988 88	20	Total	assets (Part X, line 16) .				14,437	440	12,422,065
5 등	21	Total	liabilities (Part X, line 26)				676	,529	879,125
<b>2</b> 2	22 Net assets or fund balances Subtract line 21 from line 20								11,542,940
my kno	pena owle	alties of dge and as any ki	belief, it is true, correct, an nowledge **	ve examined this return, includi d complete Declaration of prep					
Sign		Signa	ature of officer				Date		
Here			RICIANNA LEVESQUE CEO e or print name and title						
			Print/Type preparer's name	Preparer's signature	T	Date	Check If	PTIN	
Paid		ľ	IICHAEL C CARTER	MICHAEL C CARTER			self-employed	P0029	2302
Prep		er 🗀	irm's name 🕩 CARR RIGGS & 🗎	Ingram LLC			Firm's EIN 🕨 7	2-13966	521
Use		1 1	rim's address ► 1713 MAHAN DR	IVE			Phone no (85	0) 878-8	3777
	J 11	٠,	TALLAHASSEE FI	1 32308					

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ┌ No

Form	990 (2015)	Page 2
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>¬.</u>
1	Briefly describe the organization's mission	
<u>TO I</u>	UILD AN AMERICAN EDUCATION SYSTEM THAT EQUIPS EVERY CHILD TO ACHIEVE THEIR GOD-GIVEN POTENTIAL	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	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?	
	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 \$ 4,779,819 including grants of \$ 6,151 ) (Revenue \$ )	
	EXCELINED'S POLICY PROGRAM PROVIDES THOUGHT LEADERSHIP AND SUPPORTS STATES WITH TECHNICAL EXPERTISE IN DEVELOPING AND IMPLEMENTIN PROVEN EDUCATION REFORM POLICIES THAT ARE INCREASING STUDENT ACHIEVEMENT AND EXPANDING CHOICE IN EDUCATION 2015 PROGRAM HIGHLIG INCLUDE -ENGAGED IN 39 STATES TO DEVELOP AND IMPLEMENT STUDENT-CENTERED POLICIES -PUBLISHED THE DIGITAL LEARNING REPORT CARD - A COMPREHENSIVE EVALUATION OF DIGITAL LEARNING POLICIES IN ALL 50 STATES WITH 13 IN-DEPTH STATE PROFILES -PUBLISHED ORIGINAL RESEARCH OF DEMOGRAPHIC CHANGE AND THE FUTURE OF AMERICAN EDUCATION AND RELEASED WHITE PAPERS ON STUDENT DATA PRIVACY AND COURSE ACCESS -ENGAGED IN THE EFFORT TO UPDATE THE FEDERAL ELEMENTARY AND SECONDARY EDUCATION ACT, DEVELOPING FIVE PRINCIPLES FOR REAUTHORIZATIC LAUNCHED ED POLICY LEADERS ONLINE, FEATURING FOUR FREE, SELF-PACED MASSIVE OPEN ONLINE COURSES FOR POLICYMAKERS AND EDUCATION LEAPROVIDED EXPERT TESTIMONY ON TWENTY OCCASIONS IN TEN STATES AND PRESENTED AT MORE THAN 95 SPEAKING ENGAGEMENTS ACROSS THE COUNCULABORATED WITH CLOSE TO 190 EDUCATION REFORM PARTNERS	OHTS ON AGE ON - DERS -
	(Code ) (Expenses \$ 1,769,966 including grants of \$ 50,000 ) (Revenue \$ )	
70	THE ADVOCACY PROGRAM PROMOTES STUDENT-CENTERED POLICIES IN STATES ACROSS THE NATION TO GENERALLY INFORM AND SUPPORT STATE POLICYMAKERS, EDUCATION LEADERS AND ADVOCACY PARTNERS AS THEY UNDERTAKE BOLD EDUCATION REFORM TO BENEFIT STUDENTS	
	(Code ) (Expenses \$ 1,524,332 including grants of \$ 9,986 ) (Revenue \$ 186,471 )	
40	HOSTED THE EIGHTH ANNUAL NATIONAL SUMMIT ON EDUCATION REFORM, WHICH CONVENED EDUCATION STAKEHOLDERS FROM ACROSS AMERICA AND A THE WORLD TO SHARE STRATEGIES TO IMPROVE THE QUALITY OF EDUCATION FOR ALL CHILDREN	\ROUND
	See Additional Data	
	Other program services (Describe in Schedule O )	
-ru	(Expenses \$ 1,010,321 including grants of \$ 52,484 ) (Revenue \$ )	
4e	Total program service expenses ► 9.084.438	

	•		
Part IV	Checklist of	Required Sched	ıles

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
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? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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? If "Yes," complete Schedule D, Part VIII 2	11c		No
	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? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	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>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36	Yes	_

	990 (2015)			Page
Pai	**T V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 46			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
8	Form 1098-C?	7h		
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

Part VI	Governance.	Management,	and	Disclosu
	OCT CHILDING	, manayement,	ana	DISCIUSA

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

Se	ction A. Governing Body and Management	• •	<u> </u>	•		<u> ~</u>
36	Ction A. Governing body and management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	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	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	siness	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		Νo
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4	Yes	
5	$\label{eq:definition} Did the organization become aware during the year of a significant diversion of the o$	rganız	zation's assets? .	5		No
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	verto	elect or appoint one or	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	•		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ.	ired by the Internal R	evenu	ıe Cod	e.)
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organizati			10b		
.1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ts gov • •	erning body before filing	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this F	Form 9	990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?		erests that could give	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done			12c	Yes	
.3	Did the organization have a written whistleblower policy?			13	Yes	
.4	Did the organization have a written document retention and destruction policy? .			14	Yes	
.5	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization $\ldots$ . $\ldots$ . $\ldots$ .			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?		nılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16		
_	ction C. Disclosure	-		16b		

List the States with which a copy of this Form 990 is required to be filed▶

 $\mathsf{AL}$  ,  $\mathsf{AK}$  ,  $\mathsf{AR}$  ,  $\mathsf{CA}$  ,  $\mathsf{CT}$  ,  $\mathsf{FL}$  ,  $\mathsf{GA}$  ,  $\mathsf{HI}$  ,  $\mathsf{IL}$  ,  $\mathsf{KS}$  ,  $\mathsf{KY}$  ,  $\mathsf{MD}$  ,  $\mathsf{MA}$  , MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC TN, UT, VA, WV, WI

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶PAMELA GRIGGS 215 SOUTH MONROE STREET NO 420 TALLAHASSEE, FL 32301 (850) 391-4090

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

# 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, or 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) Name and Title	Name and Title Average hours per week (list any hours for related						k ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	orner	MISC)	MISC)	and related organizations
(1) CONDOLEEZZA RICE CHAIRMAN	2 00	х		х				0	0	0
	6.00									
(2) F PHILIP HANDY PRESIDENT	2 00	х		х				0	0	0
(3) ELIZABETH DEVOS	1 00	х		х				0	0	0
SECRETARY	1 00	``		''					J	
(4) WILLIAM E OBERNDORF TREASURER	1 00	х		х				0	0	0
(5) REGINALD J BROWN DIRECTOR	1 00	х						0	0	0
	1 00									
(6) WILLIAM SIMON DIRECTOR THRU MAY 2015		×						0	0	0
(7) BRIAN S YABLONSKI DIRECTOR THRU MAY 2015	1 00	х						0	0	0
(8) CESAR CONDE DIRECTOR	1 00	х						0	0	0
(9) JOEL I KLEIN DIRECTOR	1 00	х						0	0	0
(10) CHARLES R SCHWAB DIRECTOR	1 00	х						0	0	0
(11) GASTON CAPERTON DIRECTOR FROM OCT 2015	1 00	х						0	0	0
(12) PATRICIANNA LEVESQUE	31 00			х				362,092	82,491	8,724
(13) PAMELA M GRIGGS DIRECTOR OF FINANCE	9 00 27 00 13 00			х				113,495	0	4,842
(14) DEENA REPPENCHIEF OF STAFF/VP OF ADMIN	32 00				×			256,101	0	16,858
	1 300				_			ı		Form <b>990</b> (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl k, unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(15) JOHN BAILEY  VP OF POLICY	40 00					х		388,350	C	13,742	
(16) FONDA L ANDERSON CHIEF DEVELOPMENT OFFICER	32 00 8 00					х		188,296	47,088	8,693	
(17) CLIFTON M LADNER SENIOR ADVISOR, POLICY & RESEARCH	39 00 1 00					х		161,722	18,392	16,014	
(18) CHRISTY L SANDBERG SENIOR POLICY FELLOW	40 00						х	121,050	C	9,800	
(19) LOWELL MATTHEWS JR POLICY DIRECTOR	40 00						х	115,685	C	14,081	
(20) CARRIE A JENKINS DIRECTOR ADMINISTRATIVE SERVICES	25 00 15 00						х	101,016	C	10,677	
1h Cub Tatal					►I						
to Total from continuation sheets to Part  d Total (add lines 1b and 1c)				•	•			1,807,807	147,971	103,431	
2 Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	those	liste	ed al	00V6	e) who	rec	eived more than			

			res	IAO
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	3	Yes	
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 I for such			
	ındıvıdual	4	Yes	
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	5		Νo

### **Section B. Independent Contractors**

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)	(B)	(C)
Name and business address	Description of services	Compensation
GETTING SMART	POLICY CONSULTING	233,509
1600B SW DASH POINT RD 311		
FEDERAL WAY, WA 98023		
PENN HILL GROUP LLC	POLICY CONSULTING	170,056
777 6TH STREET NW SUITE 500		
WASHINGTON, DC 20001		
NELSON MULLINS RILEY & SCARBOROUGH LLP	POLICY CONSULTING	154,000
1320 MAIN STREET 17TH FLOOR		
COLUMBIA, SC 29201		
THE WINSTON GROUP LTD	RESEARCH	146,219
101 CONSTITUTION AVENUE NW SUITE		
WASHINGTON, DC 20001		

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 ► 7

Part V	Ш	Statement o						_
		Check if Schedi	ule O contains a respor	se or note to any lin	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					rotarrevende	exempt function revenue	business revenue	excluded from tax under sections 512-514
(0	1a	Federated cam	paigns 1a					
Gifts, Grants ilar Amounts	ь	Membership du	es <b>1b</b>					
Gra not	С	Fundraising eve						
IS, I								
Gif ilar	d		rations 1d					
ig.	е	Government grants	s (contributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b>	8,433,866				
멸	g		ons included in lines					
Contributions, and Other Sim		1a-1f \$						
Co an	h	Total. Add lines	s 1 a - 1 f	· · · · •	8,433,866			
e				Business Code				
Program Serwice Revenue	2a	NATIONAL SUMMIT	· 	900099	186,464	186,464		
Rеv	b							
92	С							
ier vi	d							
<u>ا</u>	е							
∑ Gra	f	All other progra	im service revenue					
₹.	g	Total. Add lines	s 2a – 2f		186,464			
	3	Investment inc	ome (including dividen	ds, interest,				205.004
			aramounts)	<u> </u>	205,899			205,899
	4		tment of tax-exempt bond	· · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(i) iteal	(II) I ersonar				
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	19,743,608					
	b	Less cost or other basis and sales expenses	19,953,743					
	С	Gain or (loss)	-210,135					
	d	Net gain or (los	s)		-210,135			-210,135
venue	8a	Gross income f events (not inc \$	luding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) ie 18 a					
5	b		penses b					
	c 9a	Gross income f	(loss) from fundraising (rom gaming activities le 19	events 🛌				
			а					
	b		penses b					
		Net income or ( Gross sales of	(loss) from gaming activ	/ities <b>j.</b> -				
	104	returns and allo						
	b		oods sold <b>b</b>					
	С		(loss) from sales of inve					
	11-	Miscellaneous		Business Code 900099	7	7		
	11a	OTHER INCOM	<u>1</u>	900099	/			
	D							
	C	A II a + h a						
	d e	Total. Add lines	ue   s 11a-11d	🕨				
					7			
	12	lotal revenue.	See Instructions	· · · · •	8,616,101	186,471	0	-4,236

	IX Statement of Functional Expenses				<del>-</del>
Section	n 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	his Part IX T	(B)		
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	52,945	52,945		
2	Grants and other assistance to domestic individuals See Part IV, line 22	65,676	65,676		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	03,070	03,070		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	706,240	398,601	243,926	63,713
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,310,761	3,484,768	408,408	417,585
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	179,181	143,705	22,511	12,965
9	Other employee benefits	317,175	257,474	33,671	26,030
10	Payroll taxes	368,070	280,415	55,443	32,212
11	Fees for services (non-employees)				
а	Management				
b	Legal	43,584	6,255	26,220	11,109
c	Accounting	45,550	30,401	11,661	3,488
d	Lobbying	50,046	50,046		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	20,576		20,576	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	991,763	983,906	7,857	
12	Advertising and promotion	240,645	236,158	2,758	1,729
13	Office expenses	141,861	91,556	39,946	10,359
14	Information technology	116,816	77,299	29,001	10,516
15	Royalties				
16	Occupancy	506,122	365,881	130,236	10,005
17	Travel	376,108	339,222	15,619	21,267
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	450,746	450,746		
19	Conferences, conventions, and meetings	1,019,777	1,000,201	1,935	17,641
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,828	17,434	6,539	1,855
23	Insurance	17,866	12,238	4,391	1,237
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	COMMUNICATIONS	740,436	739,511		925
ь		,	,		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,787,772	9,084,438	1,060,698	642,636
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here F if following SOP 98-2 (ASC 958-720)	10,707,772	J,2057,T30	1,000,000	V72,030

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . 304,650 913,547 1 1 2 Savings and temporary cash investments 2 4,249,335 2,387,500 3 Pledges and grants receivable, net . 3 4 70.286 4 19.461 Accounts receivable, net . . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

		contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see instr II of Schedule L		` '\ '			
						6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		[	59,840	8	60,834
	9	Prepaid expenses and deferred charges		[	101,029	9	131,516
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	126,131			
	b	Less accumulated depreciation	10b	65,741	68,337	<b>10</b> c	60,390
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .			9,544,529	12	8,809,383
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets		[		14	
	15	Other assets See Part IV, line 11		[	39,434	15	39,434
	16	Total assets.Add lines 1 through 15 (must equal line 34)		[	14,437,440	16	12,422,065
	17	Accounts payable and accrued expenses			665,029	17	879,125
	18	Grants payable		[	11,500	18	
	19	Deferred revenue		[		19	
	20	Tax-exempt bond liabilities		[		20	
	21	Escrow or custodial account liability Complete Part IV o	fSched	lule D		21	
)	22	Loans and other payables to current and former officers, on key employees, highest compensated employees, and dis					
		persons Complete Part II of Schedule L		[		22	_
	23	Secured mortgages and notes payable to unrelated third i	parties			23	
	24	Unsecured notes and loans payable to unrelated third par	ties .	[		24	
	25	Other liabilities (including federal income tax, payables to	relate	d third parties,			

	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	7,077,910	27	8,865,635
28	Temporarily restricted net assets	6,683,001	28	2,677,305
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ►  and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	

and other liabilities not included on lines 17-24)

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

Total liabilities and net assets/fund balances . . . . . . . . . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total net assets or fund balances . .

Complete Part X of Schedule D

26

31

32

33

Net Assets or Fund Balances

Form **990** (2015)

11,542,940

12,422,065

879,125

25

26

31

32

33

34

676,529

13,760,911

14,437,440

	990 (2013)				Page 12
Par	Reconcilliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,6	616,101
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,	787,772
3	Revenue less expenses Subtract line 2 from line 1	3		-2,:	171,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		13,	760,911
5	Net unrealized gains (losses) on investments	5			-46,299
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			-1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,!	542,940
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 26-0615175

Name: FOUNDATION FOR EXCELLENCE

IN EDUCATION INC

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	128,406	including grants of \$	52,324 ) (Revenue \$	)
ARTS FOR LIFE AV	WARDED SCHOLARSHIPS TO	GRADUATIN	NG FLORIDA HIGH SCHO	OOL SENIORS WHO EXCELLED IN VIS	UAL ARTS,
MUSIC, DANCE, D	RAMA OR CREATIVE WRITIN	G TO SUPPO	ORT THEIR GOAL OF HI	GHER EDUCATION	
(Code	) (Expenses \$	881.915	ıncludıng grants of \$	160 ) (Revenue \$	)
EXCELINED'S OU	TREACH PROGRAM RAISES PL	JBLIC AWAI	RENESS FOR EDUCATION	N REFORM POLICIES, THEIR IMPACT	AND

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493216005286

Employer identification number

OMB No 1545-0047

SCHEDULE A

Department of the Treasury Internal Revenue Service

Total

Name of the organization

(Form 990 or 990EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**2015** 

Open to Public Inspection

	DATION UCATIO	FOR EXCELLENCE N INC					26-0615175	
Pa	rt I	Reason for Publi	c Charity S	<b>Status</b> (All organiza	tions must co	mplete this p		ons.
The	organi	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(l</b>	b)(1)(A)(i).	
2	Г	A school described in	section 170(b	)(1)(A)(ii).(Attach So	hedule E (Form	1990 or 990-E	Z))	
3	Г	A hospital or a cooper						
4	Γ	A medical research or hospital's name, city,	ganızatıon ope					). Enter the
5	_	170(b)(1)(A)(iv). (C	omplete Part I				-	described in <b>section</b>
6		A federal, state, or loc	al government	t or governmental unit	described in <b>se</b>	ection 170(b)(1	L)(A)(v).	
7	_ -	An organization that n described in <b>section 1</b>	70(b)(1)(A)(v	<b>/i).</b> (Complete Part II	)		ental unit or from the g	general public
8	<u> </u>	A community trust de						
9		receipts from activition from gross investmen	es related to it it income and	ves (1) more than 33 is exempt functions—s unrelated business tall eesection 509(a)(2).	subject to certai xable income (le	in exceptions, ess section 51	and (2) no more than	331/3% of its suppor
10	Γ	An organization organ					n 509(a)(4).	
11		An organization organ						ut the purposes of
		one or more publicly s			• •			
_	_	the box in lines 11a th						
а	ı	<b>Type I.</b> A supporting of supported organization						
		organization You mus				cy of the direct	ors or crustees or the	Supporting
b	Γ	Type II. A supporting	organization s	upervised or controlle	d in connection			
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) <b>You</b>
С	$\vdash$	must complete Part IV Type III functionally			n operated in c	onnection with	and functionally inter	grated with its
•	'	supported organization						gracea with, its
d	Γ	Type III non-function						anızatıon(s) that ıs
		not functionally integr	_		•		ement and an attentiv	eness requirement
e	_	(see instructions) <b>Yo</b> Check this box if the o					ca Tuno I Tuno II T	vno III functionally
e	'	integrated, or Type III					s a rype i, rype ii, r	ype III lunctionally
f	Ente	r the number of support						
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nam	ne of s	upported organization	(11)=111	Type of	Is the organ		A mount of	A mount of other
		,,		organization	listed in your	governing	monetary support	support (see
				(described on lines	docume	nt?	(see instructions)	ınstructions)
				1- 9 above (see instructions))				
					Yes	No		

Pa	Support Schedule f (Complete only if you Part III. If the organiz	checked the bo	ox on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qu	
S	ection A. Public Support	to qu	damy diaci the	tests listed be	iow, piedse com	ipiete i are		
	Calendar year	(2)2011	<b>(b)</b> 2012	(a)2012	(4)2014	<b>(e)</b> 201!	$\equiv$	( <b>5)</b> T atal
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e)201:	<u>,                                    </u>	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	8,483,334	9,972,454	11,409,393	11,583,332	8,43	3,866	49,882,379
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	8,483,334	9,972,454	11,409,393	11,583,332	8,43	3,866	49,882,379
5	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)							21,578,238
6	Public support. Subtract line 5 from line 4							28,304,141
S	ection B. Total Support							
	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	;	<b>(f)</b> Total
(or 7	fiscal year beginning in) F A mounts from line 4	8,483,334	9,972,454	11,409,393	11,583,332		3,866	49,882,379
8	Gross income from interest,	0,403,334	3,372,434	11,403,333	11,303,332	0,43	3,000	45,002,515
9	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated	10,378	84,196	62,866	309,875	20	5,899	673,214
9	business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	4,842		38	1,471		7	6,358
11	<b>Total support.</b> Add lines 7 through 10							50,561,951
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12		186,464
13	First five years. If the Form 990 is check this box and stop here	<u> </u>	<u> </u>					organization,
	ection C. Computation of Pu	• •		- d d l - //*		<u> </u>		
14	Public support percentage for 201			e 11, column (†))		14		55 980 %
15	Public support percentage for 201	•	•			15		54 930 %
	and stop here. The organization quality 33 1/3% support test—2014. If the box and stop here. The organization 10%-facts-and-circumstances test 10% or more, and if the organization Part VI how the organization metals.	ualifies as a publice organization did on qualifies as a part of the organization meets the formation meets and meets are not meet the formation meets are not meet the formation meets and meets are not meet the formation meets are not meet the formation meets and meet the formation meets are not meet the formation meets and meets are not meet the formation meets are not meet the formation meet the formatio	cly supported org not check a box publicly supported anization did not acts-and-circums	anization on line 13 or 16a d organization check a box on lir stances test, chec	, and line 15 is 33 ne 13, 16a, or 16l ck this box and <b>st</b>	3 1/3% or mo b, and line 1 <b>op here.</b> Exp	ore, che 4 olain	eck this
b 18	organization  10%-facts-and-circumstances tes  15 is 10% or more, and if the orga- Explain in Part VI how the organiz- supported organization  Private foundation. If the organizations	anization meets th ation meets the "	ne "facts-and-circ facts-and-circum	cumstances" test nstances" test Th	, check this box a ne organization qu	nd <b>stop her</b> alıfıes as a p	<b>e.</b> publicly	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

# Part IV Supporting Organizations

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

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	··		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
<b>4</b> a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?			
	If "Yes," explain in 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.	4c		
5 <b>a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

# 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).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

Political Campaign and Lobbying Activities

DLN: 93493216005286

OMB No 1545-0047

**Inspection** 

# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** FOUNDATION FOR EXCELLENCE IN EDUCATION INC. 26-0615175 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

		ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public of lobbying)	oinion (grass roots	1,383	
b	Total lobbying expenditures to influence a legisla	79,070		
c	Total lobbying expenditures (add lines 1a and 1b	80,453		
d	O ther exempt purpose expenditures		10,707,319	
е	Total exempt purpose expenditures (add lines 1c	10,787,772		
f	Lobbying nontaxable amount Enter the amount fr	689,389		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line	e 1f)	172,347	
h	Subtract line 1g from line 1a If zero or less, ente	r-0-	o	
i	Subtract line 1f from line 1c If zero or less, enter	0 -	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total				
2a	Lobbying nontaxable amount		669,340	780,442	689,389	2,139,171				
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					3,208,757				
_c	Total lobbying expenditures		12,533	15,373	80,453	108,359				
d	Grassroots nontaxable amount		167,335	195,111	172,347	534,793				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					802,190				
f	Grassroots lobbying expenditures			25	1,383	1,408				

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige <b>S</b>
<i></i>	1	(	a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	01(c	)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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DLN: 93493216005286

OMB No 1545-0047

Open to Public

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **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.

ai Novolitto Golvito	D (Form 990) and its instructions is at <u>www.i.</u>		
nme of the organization UNDATION FOR EXCELLENCE		Emplo	oyer identification number
EDUCATION INC	and Adviced Freedom Other Circiles		515175
	nor Advised Funds or Other Similar I vered "Yes" on Form 990, Part IV, line 6.	runas o	r Accounts.
	(a) Donor advised funds	<b>(b)</b> F	unds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during yea	r)		
Aggregate value at end of year			
Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in do to the organization's exclusive legal control?	nor advis	ed Yes No
	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor, or for a		purpose
tt II Conservation Easements. Com	plete if the organization answered "Yes"	on Form	990, Part IV, line 7.
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizati	creation or education)	ı certified	historic structure
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	neid at the End of the Year
Total acreage restricted by conservation ease	ements	2b	
Number of conservation easements on a certi		2c	
Number of conservation easements included in historic structure listed in the National Regist		2d	
Number of conservation easements modified, tax year ►	transferred, released, extinguished, or termina	ted by the	organization during the
Number of states where property subject to co	onservation easement is located <b>&gt;</b>		
	garding the periodic monitoring, inspection, ha	ndling of	┌ Yes
Staff and volunteer hours devoted to monitoring year	ng, inspecting, handling of violations, and enfor	cing cons	ervation easements during the
<b>*</b>			
	specting, handling of violations, and enforcing	conservat	tion easements during the year
<b>\$</b>			- 4
(B)(ı) and section 170(h)(4)(B)(ıı)?	n line 2(d) above satisfy the requirements of se		☐ Yes ☐ No
	ports conservation easements in its revenue all ext of the footnote to the organization's financial neasements		
	lections of Art, Historical Treasures,	, or Oth	er Similar Assets.
·	vered "Yes" on Form 990, Part IV, line 8.		
works of art, historical treasures, or other sim	r SFAS 116 (ASC 958), not to report in its revillar assets held for public exhibition, education ootnote to its financial statements that describ	, or resea	rch in furtherance of public
	r SFAS 116 (ASC 958), to report in its revenue ilar assets held for public exhibition, education g to these items		
i) Revenue included on Form 990, Part VIII, li	ne 1	<b>►</b> \$_	
i) Assets included in Form 990, Part X		<b>-</b> \$	
If the organization received or held works of a	rt, historical treasures, or other similar assets er SFAS 116 (ASC 958) relating to these item		ial gain, provide the
Revenue included on Form 990, Part VIII, line	e 1		<b>▶</b> - \$

Assets included in Form 990, Part X

Part	100	Organizations Maintaining (continued)	Collections of A	Art, H	istorio	cal '	Trea	sures,	or O	ther S	Similar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other re	cords,	check a						gnıfıcant us	e of its	
а	┌ P	ublic exhibition		d	Г	Loa	nore	xchange	progr	ams			
b	┌ s	cholarly research		е	Γ	Oth	ier						
c	ГР	reservation for future generations											
4	Provide Part X	de a description of the organization? KIII	s collections and ex	plaın h	ow they	furt	her th	e organız	zatıon	's exem	npt purpose	: In	
5	Durin	g the year, did the organization solic	it or receive donati	ons of	art, hıst	orica	al trea	sures or	othe	sımıla	r		
		s to be sold to raise funds rather th		as par	t of the	orga	ınızatı	on's colle	ection	?	☐ Yes	. □ No	<b>)</b>
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	າ 990,	Part	t IV, I	lıne 9, o	r rep	orted	an amour	nt on Fo	rm 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	rmedia	ry for co	ntrı	bution	s or othe	erass	ets not	┌ Yes	. ⊢ No	)
b	If"	Yes," explain the arrangement in Pa	art XIII and comple	te the f	ollowing	j tab	le				Am	ount	
c	Beg	ginning balance							1c				
d	A d	ditions during the year							1d				
e	Dis	tributions during the year							1e				
f	End	ding balance							1f				
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21	, for es	crow	vorcu	stodial a	ccoui	nt liabil	ıty? <b>厂 Yes</b>		•
b	If"Ye	es," explain the arrangement in Part	XIII Check here if	the exi	olanatio	n ha	ıs hee	n provide	ed in F	art XII	T		Г
	t V	Endowment Funds. Comple											
			(a)Current year	(b)	Pnor yea	r	b (c)	Two years	back	(d)Three	e years back	(e)Four	years back
1a	Begir	nning of year balance											
b	Conti	ributions											
c	Net II	· · · · · · · · · · · · · · · · · · ·											
d		ts or scholarships							-				
e	Othe	r expenditures for facilities rograms											
e	· Admi	nistrative expenses							$\dashv$				
f		of year balance											
g 2		de the estimated percentage of the	Lurrant vaar and hal	lanco (l	ına 1 a	colu	l	\\ hald a					
		· -	current year end bar	iance (i	me rg,	COIU	iiiiii (a	)) Helu as	5				
a		I designated or quasi-endowment 🕨											
Ь		anent endowment 🕨											
С	•	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%										
3a	organ	nere endowment funds not in the pos ization by related organizations	_	nızatıo	n that a	re he	eld an	d adminis	stered	l for the		Ye:	s No
		elated organizations		· . · .	· . · .	٠.	٠. ٠					(ii)	<del>                                     </del>
b		es" on 3a(II), are the related organize									;	3b	<u> </u>
4	Desci	ribe in Part XIII the intended uses o	f the organization's	endow	ment fu	nds						•	
Par	t VI	Land, Buildings, and Equip		F	000 5		TV L.	44- (	C F		00 D+ )	( luna d	0
		Complete if the organization a Description of property	inswered Yes to	Form		( <b>a)</b> other	basis	ne 11a.s (b Cost or of (oth	<b>))</b> ther ba		Accumulated Accumulated ()depreciation	(d)E	U. Book value
1a	and			†	(		•	, , , ,		$\top$			
		gs											
		old improvements		.						$\dashv$			
d i	Equipm	nent		.					126,1	31	65,	741	60,390
_e (	Other		<u> </u>	<u>.</u>									
		lines 1a through 1e <i>(Column (d) mus</i>			umn (B	) lini	e 10/c	) )			<b>b</b> -		60,390

<b>Part VIII Investments—Other Securities.</b> Com See Form 990, Part X, line 12.	iplete if the organiz	zation answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Fınancıal derivatives			,
(2)Closely-held equity interests (3)O ther			
(A) SHORT TERM INVESTMENTS - U S TREASURIES		844,214	F
(B) FIXED INCOME SECURITIES - ETFS		5,777,280	F
(C) MUTUAL FUNDS		624,777	F
(D) COMMON STOCK		1,563,112	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.	•	8,809,383	
Complete if the organization answered '	Yes' on Form 990,	Part IV, line 11c. <sub>See</sub>	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	Þ		
Part IX Other Assets. Complete if the organization (a) Descrip		orm 990, Part IV, line 11	d See Form 990, Part X, line 15 (b) Book value
(1) 5 3 3 3 1 1			(5) 2001 14140
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	nization answered	'Yes' on Form 990, Pa	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
		7	
		-	
		-	
		4	
		_	
	<u></u>		
		7	
		1	
		-	
		4	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	oer F	Return
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,810,685
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -46,299		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	194,585
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,616,100
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	1
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	8,616,101
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	r Return.
1	Total expenses and losses per audited financial statements	1	11,028,656
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	240,884
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,787,772
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10.787.772

# 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

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION HAS IMPLEMENTED ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FASB ASC 740, INCOME TAXES USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION AS OF DECEMBER 31, 2015, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS
PART XI, LINE 4B - OTHER ADJUSTMENTS	ROUNDING 1
_	

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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**DLN: 93493216005286**OMB No 1545-0047

2015

Open to Public

# Schedule I (Form 990)

Department of the

Treasury

# 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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Inspection

nternal Revenue Service							
ame of the organization	C.F.					Employer identifi	cation number
OUNDATION FOR EXCELLENCE NEDUCATION INC  Part I General Information on Grants and Assistance  L 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 cnteria used to award the grants or assistance?							
the selection criteria used  Describe in Part IV the ord	to award the grants ganızatıon's procedu	or assistance? res for monitoring the i		United States		·	,
					ızatıon answered "Yes" o	on Form 990, Part IV, lin	e 21, for any recipient
organization	(b) EIN	` '	• •	cash	(book, FMV , appraisal,		(h) Purpose of grant or assistance
AMERICAN FEDERATION FOR CHILDREN GROWTH FUND 1160 L STREET NW	52-2111508	501(C)(3)	50,000			26-0615175  Istance, and  FYes  Form 990, Part IV, line 21, for any recipient  (g) Description of non-cash assistance  GRANT SUPPORTI SCHOOL CHOICE FLORIDA  EVENT SPONSORS IN SUPPORT OF K-	GRANT SUPPORTING SCHOOL CHOICE IN FLORIDA
	51-0198509	501(C)(3)	2,945				EVENT SPONSORSHI IN SUPPORT OF K-3 READING
							_
							+
2	I = = = = = = = = = = = = = = = = = = =			-1-	I	<b>L</b>	
	. , , ,	•					
Enter total number of othe	i organizations listed	i iii tiie iiiie 1 table .					

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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance
(1) ARTS FOR LIFE	25	50,000	924		SCHOLARSHIPS AND AWARDS FOR ARTS FOR LIFE WINNERS
NATIONAL SUMMIT ON EDUCATION (2) REFORM	1000		9,986	COST	BOOKS,COINS, AND PHONE WALLET CLINGS FOR SUMMIT ATTENDEES
SCHOOL REPORT CARD DESIGN (3) COMPETITION	14		2,800	COST	GIFT CARDS
(4) POLICY	29		406	cost	воокѕ
(5) TEACHER RECOGNITION	2		160	COST	GIFT CARDS
(6) ARTS FOR LIFE	14	1,400		cost	JUDGE STIPENDS

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

Return Reference	Explanation
·	THE ORGANIZATION SENDS A FORM TO THE RECIPIENTS OF SCHOLARSHIP FUNDS REQUESTING THAT THE RECIPIENT CONFIRM THAT THE FUNDS ARE BEING USED FOR THE INTENDED PURPOSE, WHICH IS THE PURSUIT OF HIGHER EDUCATION FOR CASH AMOUNTS GRANTED TO ORGANIZATIONS, A GIFT IS ACCOMPANIED BY A LETTER STATING THE EXEMPT PURPOSE RESTRICTING ITS USE TO THAT PURPOSE, OR IF PAID IN ARREARS OF SUCH AN EXEMPT PURPOSE, IS SUPPORTED BY DOCUMENTATION OF ACTUAL COST

Schedule I (Form 990) 2015

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DLN: 93493216005286

OMB No 1545-0047

### Schedule J (Form 990)

# Compensation Information

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

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

Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

FOUNDATION FOR EXCELLENCE IN EDUCATION INC 26-0615175 **Questions Regarding Compensation** Part I No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract 굣 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(111) 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		SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
l		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 PATRICIANNA LEVESQUE CEO	(i)	246,728	73,134	42,230	6,288	774	369,154	0
	(ii)	61,233	21,258	0	1,662	0	84,153	0
2 DEENA REPPEN CHIEF OF STAFF/VP OF	(i)	215,250	31,602	9,249	7,946	8,912	272,959	0
ADMIN	(ii)	0	0	0	0	0	0	0
3 JOHN BAILEYVP OF POLICY	(i)	277,625	71,724	39,001	8,475	5,267	402,092	0
	(ii)	0	0	0	0	0	0	0
4 FONDA L ANDERSON CHIEF DEVELOPMENT	(i)	187,269	1,100	-73	5,651	1,629	195,576	0
OFFICER	(ii)	46,813	275	0	1,413	0	48,501	0
5 CLIFTON M LADNER SENIOR ADVISOR, POLICY &	(i)	165,525	112	-3,915	4,969	10,493	177,184	0
RESEARCH	(ii)	18,392	0	71,724     39,001     8,475     5,267     402,092       0     0     0     0     0       1,100     -73     5,651     1,629     195,576       275     0     1,413     0     48,501       112     -3,915     4,969     10,493     177,184	18,944	0		
6 CHRISTY L SANDBERG SENIOR POLICY FELLOW	(i)	121,881	693	-1,524	3,677	6,123	130,850	0
	(ii)	0	0	0	0	0	0	0
7 LOWELL MATTHEWS JR POLICY DIRECTOR	(i)	119,492	108	-3,915	3,588	10,493	129,766	0
	(ii)	0	0	0	0	0	0	0
8 CARRIE A JENKINS DIRECTOR ADMINISTRATIVE	(i)	101,366	5,188	-5,538	3,197	7,480	111,693	0
SERVICES	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

# Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TRAVEL PROVIDED TO BOARD MEMBERS VALUED AT \$2,144
,	CEO COMPENSATION WAS NEGOTIATED WITH THE COMPENSATION AND ADMINISTRATION COMMITTEE THE COMMITTEE APPROVED AND SIGNED A WRITTEN OFFER LETTER OUR EMPLOYMENT ATTORNEYS WERE ALSO CONSULTED IN THE PROCESS
PART I, LINE 4B	COMPENSATION FOR EACH PATRICIANNA LEVESQUE, JOHN BAILEY, AND DEENA REPPEN INCLUDE CONTRIBUTIONS TO A 457(F) PLAN
•	COMPENSATION FOR EACH DEENA REPPEN, JOHN BAILEY, PAM GRIGGS, AND CARRIE JENKINS INCLUDED A DISCRETIONARY BONUS RELATED TO PERFORMANCE DURING THE YEAR

Schedule J (Form 990) 2015

DLN: 93493216005286

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

2015

Department of the Treasury Internal Revenue Service

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

									En	nploye	r identi	fication	number	
Part 1													10 b	
1														ected?
-	` ,	,			`	•	-	•		•			· · ·	No
												<del>-  </del>		
Name of the organization POLIDITION INC.  POLIDITION INC.  POLIDITION INC.  Complete fithe organization answered "Yes" on Form 990, Part IV, line 25s or 255, or Form 990-EZ, Part V, line 40b  Complete fithe organization answered "Yes" on Form 990, Part IV, line 25s or 255, or Form 990-EZ, Part V, line 40b  2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4955.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  4956.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  5 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, or 22  (a) Name of interested persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (b) Relationship between dispulsed persons during the year under section.  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization organization and the organiz														
			•			anagers or dis				.				
<b>3</b> E	nter the a	mount of tax	(, ıf ar	ny, on line 2,	, above, re	ımbursed by tl	he organizatio	n			<b>F</b> \$			
							-							
Part	III Loa	ans to and	d/or	From Int	terested	Persons.	0 57 0	l.n. 20		0 D-			6 4 14	
								line 38a, or Fo	orm 99	U, Par	τιν, iir	ie 26, o	rittne	
			ship				1					-		
			ıon				1 ' ' '	due	defa	ult?			(i) Writte agreemen	ent?
ρe	13011	organizaci	to f tax incurred by organization answer disqualified person  at of tax incurred by organization and from Interested person  to and/or From Interested an amount of the organization and from Interested person interested person interested person interested person interested person interested person interested interested person interested person interested person interested interested person interested perso	organizaci	011.	amount								
					То	From	1		Yes	No	Yes	No	Yes	No
							-					<u> </u>		
							_							
							+				-	1		
												1		
Total				<b>▶</b> \$							1	1		
	••• Gra	nts or As	sista		efiting I	nterested F	Persons.							
								rt IV, line 27						
(a)							ofassistance	e <b>(d)</b> Type	ofassi	stance	e (e)	Purpos	e of assı	stance
	perso	n	Inte											
				organiza	CIOII									
			1											
			T T											
											$\perp$			
			1			1		I						

Part IV Business Transactions Involving Interested Persons.

Complete if the organizat		· · · · · · · · · · · · · · · · · · ·	1	1, , , , ,	
(a) Name of interested person	(b) Relationship between interested	(c) A mount of transaction	(d) Description of transaction	(e) Sh	_
	person and the			organi	zatıon's
	organization			reven	
-				Yes	No
(1) DEENA REPPEN	CHIEF OF STAFF/VP OF ADMIN		REIMBURSEMENT - THERE ARE SOME OVERLAPPING CURRENT AND FORMER OFFICERS, DIRECTORS, AND KEY EMPLOYEES WITH THE RELATED ORGANIZATION, EXCELLENCE IN EDUCATION NATIONAL, INC BOARD OFFICERS AND DIRECTORS ARE UNPAID, THUS BUSINESS TRANSACTIONS PERTAINING TO THE EMPLOYEES RELATE TO COMPENSATION REIMBURSEMENTS BETWEEN THE ORGANIZATIONS FOR USE OF SHARED PERSONNEL WHERE THERE IS NO DIRECT PAYROLL TO THE EMPLOYEE FROM THE RELATED ORGANIZATION THE PERSONNEL SERVICES TRANSACTIONS FROM THE RELATED ORGANIZATION INCLUDE REIMBURSEMENT FOR THE SHARED TIME OF		No
			THIS INDIVIDUAL		
(2) PAMELA M GRIGGS	DIRECTOR OF FINANCE		REIMBURSEMENT - THERE ARE SOME OVERLAPPING CURRENT AND FORMER OFFICERS, DIRECTORS, AND KEY EMPLOYEES WITH THE RELATED ORGANIZATION, EXCELLENCE IN EDUCATION NATIONAL, INC BOARD OFFICERS AND DIRECTORS ARE UNPAID, THUS BUSINESS TRANSACTIONS PERTAINING TO THE EMPLOYED OFFICERS AND KEY EMPLOYEES RELATE TO COMPENSATION REIMBURSEMENTS BETWEEN THE ORGANIZATIONS FOR USE OF SHARED PERSONNEL WHERE THERE IS NO DIRECT PAYROLL TO THE EMPLOYEE FROM THE RELATED ORGANIZATION THE PERSONNEL SERVICES TRANSACTIONS FROM THE RELATED ORGANIZATION INCLUDE REIMBURSEMENT FOR THE SHARED TIME OF THIS INDIVIDUAL		No
(3) CARRIE A JENKINS	DIRECTOR ADMINISTRATIVE SERVICES		REIMBURSEMENT - THERE ARE SOME OVERLAPPING CURRENT AND FORMER OFFICERS, DIRECTORS, AND KEY EMPLOYEES WITH THE RELATED ORGANIZATION, EXCELLENCE IN EDUCATION NATIONAL, INC BOARD OFFICERS AND DIRECTORS ARE UNPAID, THUS BUSINESS TRANSACTIONS PERTAINING TO THE EMPLOYED OFFICERS AND KEY EMPLOYEES RELATE TO COMPENSATION REIMBURSEMENTS BETWEEN THE ORGANIZATIONS FOR USE OF SHARED PERSONNEL WHERE THERE IS NO DIRECT PAYROLL TO THE EMPLOYEE FROM THE RELATED ORGANIZATION THE PERSONNEL SERVICES TRANSACTIONS FROM THE RELATED ORGANIZATION INCLUDE REIMBURSEMENT FOR THE SHARED TIME OF THIS INDIVIDUAL		No
	1			+	+
				+	+
	<u> </u>			+	+
				+	+
				<del>                                     </del>	<del>                                     </del>
					1
Part V Supplemental Informa	tion		•	•	

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

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493216005286

OMB No 1545-0047

2015

Open to Public Inspection

# 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.

Name of the organization FOUNDATION FOR EXCELLENCE IN EDUCATION INC Employer identification number

26-0615175

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THERE ARE BUSINESS RELATIONSHIPS FOR SEVERAL OF THE OFFICERS, DIRECTORS AND KEY EMPLOYEES AS THEY SERVE ON A RELATED PARTY BOARD AND/OR WORK WITH THE RELATED PARTY PHILIP HANDY, WILLIAM OBERNDORF, ELIZABETH DEVOS, PATRICIANNA LEVESQUE, DEENA REPPEN, AND PAMELA GRIGGS
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BY LAWS WERE CHANGED IN 2015 TO SEGREGATE THE ROLE OF THE CHAIRPERSON AN D PRESIDENT INTO TWO ROLES AS SUCH, AMENDMENTS REGARDING SETTING MEETINGS AND AUTHORITY FOR EACH THE CHAIRPERSON AND PRESIDENT WERE DEFINED
FORM 990, PART VI, SECTION B, LINE 11	REVIEWED BY MANAGEMENT INTERNALLY REVIEWED INDEPENDENTLY BY PEER OF CPA FIRM REVIEWED BY EXTERNAL LEGAL COUNSEL ALL RECOMMENDATIONS AND ADJUSTMENTS REVIEWED WITH CPA FIRM IN COL LABORATION ON FINAL 990 FINAL DRAFT REVIEWED BY FINANCE AND AUDIT COMMITTEE
FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY IS DISTRIBUTED ON AN ANNUAL BASIS AND PHYSICALLY SIGNED COPIES ARE MAINTAINED A ND UPDATED ALL CONTRACTS ARE REVIEWED FOR POTENTIAL CONFLICTS OF INTEREST BEFORE SIGNED DIRECTORS, OFFICERS, AND EMPLOYEES ARE REQUIRED TO IMMEDIATELY DISCLOSE ALL RELATIONSHIPS AND ACTIVITIES THAT COULD GIVE RISE TO CONFLICTS OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15	IN REFERENCE TO BOTH LINES 15A AND 15B THE CEO'S COMPENSATION WAS NEGOTIATED WITH THE COM PENSATION AND ADMINISTRATION COMMITTEE. THE COMMITTEE APPROVED AND SIGNED A WRITTEN OFFER LETTER THE ORGANIZATION'S ATTORNEY'S WERE ALSO CONSULTED IN THE PROCESS COMPENSATION FOR VICE PRESIDENT AND KEY EMPLOYEE POSITIONS DURING THE HIRING PROCESS IS PROPOSED BY THE POS ITION MANAGER AND THE CEO CONSULTS WITH THE CHAIRMAN OF THE COMPENSATION AND ADMINISTRATIO N COMMITTEE ON SUCH SALARY REQUIREMENTS ANNUALLY, A COMPENSATION ANALYSIS IS CONDUCTED AN D SALARIES OF TOP LEVEL EMPLOYEES ARE COMPARED AGAINST SIMILAR ORGANIZATIONS TO AID IN SET TING AND BENCHMARKING COMPENSATION
FORM 990, PART VI, SECTION C, LINE 18	AVAILABLE UPON REQUEST FORM 990S ARE ALSO AVAILABLE ON GUIDESTAR ORG THE THREE MOST CURR ENT RETURNS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE, EXCELINED ORG
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ALL OF THE DOCUMENTS LEGALLY REQUIRED FOR DISCLOSURE AVAILABLE UPON REQUEST
FORM 990, PART VIII, LINE 7	SECURITIES SALES ACTIVITY DURING THE YEAR INCLUDED A FULL INVESTMENT ACCOUNT LIQUIDATION A ND TRANSFER TO A NEW INVESTMENT MANAGEMENT FIRM AS WELL AS A SUBSEQUENT PORTFOLIO ALLOCATI ON CHANGE AS SUCH, SALES ACTIVITY IS GREATER THAN USUAL, WHICH ALSO INCREASES GROSS RECEI PTS CALCULATED ON PAGE 1, ITEM G
FORM 990, PART XI, LINE 9	ROUNDING -1
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR SELECTION OF AN INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE AUDIT OF FINANCIAL STATEMENTS

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

DLN: 93493216005286

2015

Inspection

OMB No 1545-0047

Open to Public

Schedule R (Form 990) 2015

**Employer identification number** 

# **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization FOUNDATION FOR EXCELLENCE

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

► Attach to Form 990.

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

IN EDUCATION INC				26-06151	75			
Part I Identification of Disregarded Entities Comp	lete if the organization	answered "Yes" on	Form 990, Par					
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	Dı	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations Complete if the tax year.	ne organization ans	swered "Yes" o	n Form 990, Pa	rt IV, lı	ne 34 because it	had on	e
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) (d) Legal domicile (state or foreign country)		(e) Public charity (if section 501		<b>(f)</b> Direct controlling entity	Section (13) co en	ontrolle tity?
(1)EXCELLENCE IN EDUCATION NATIONAL INC 215 S MONROE ST STE 420 TALLAHASSEE, FL 32301 46-3332269	LOBBYING TO PROMOTE POLICIES THAT WILL IMPROVE EDUCATION IN THE US	FL	501(C)(4)				Yes	No No

Cat No 50135Y

lle R (Form 990) 2015													Page :
III Identification of Related ( because it had one or more i						ation answ	ered "Ye	s" on	Form	990, Part I	V, lır	ıe 34	;
<b>(a)</b> Name, address, and El related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets		n) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	(j) eral or laging tner?	( <b>k</b> ) Percent owners
					514)			Yes	No		Yes	No	
IV Identification of Related (34 because it had one or mo							ation ansv	wered	"Yes'	" on Form 9	€90, I	Part	IV, line
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of entit (C corp, S corp, or trust)		total Share e of	(g) of end- year ssets		(h) ercentage ownership	Section (b) cont	(i) on 512 (13) trolled tity?	
											Yes		No

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end- of-year assets	Percentage ownership	(b)(13)	controlled		
								Yes	No	_	
									+		
										-	
Schedule R (Form 990) 2015											

Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No					
1 During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity											
Gift, grant, or capital contribution to related organization(s)											
<b>c</b> Gift, grant, or capital contribution from related organization(s)											
<b>d</b> Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)				1e		No					
<b>f</b> Dividends from related organization(s)				1f		No					
g Sale of assets to related organization(s)											
<b>h</b> Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)											
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No					
I Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)				10	Yes						
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes						
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	Yes						
r Other transfer of cash or property to related organization(s)				1r		No					
s Other transfer of cash or property from related organization(s)				1s		No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	vered relationships	and transaction thresholds								
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	ınt ınvolved						
1)EXCELLENCE IN EDUCATION NATIONAL INC	0	512,021	COST								

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																	
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) (f) Share of section 501(c)(3) rganizations?	total end-of-year			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
											l	1	I				

# Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015