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SCANNED NOV 3 0 2010

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2009

101	alen	dar year 2009, or tax year beginning		, and e	naing		
GC	heck	all that apply: Initial return	Initial return of a for	•	harity	Final return	
		Amended return	Address chang	t		Name change	
Use	the l	Name of foundation	TN CMEN			A Employer identification	number
	abel.		IN STEM			20 0622102	
	erwis	EDUCATION, INC. Number and street (or P O box number if mail is not de	luvered to etreet address)		Room/suite	20-8622102	
	print r type	, , , , , , , , , , , , , , , , , , , ,		ZIDATI TID	ROOMVSUILE	B Telephone number	76
	Spec	ifia 1000 Dantolani lambi / 10	900 EUCLID AV	ENUE	<u> </u>	443-421-10	
	ructio	ne City of town, State, and ZIP code				C If exemption application is pe	
	M I .	"SCLEVELAND, OH 44106				D 1. Foreign organizations 2. Foreign organizations med check here and attach cor	check here
H (_	type of organization: X Section 501(c)(3) ex				check here and attach cor	mputation
1 5			Other taxable private foundat			E If private foundation stat	
		, , , , , , , , , , , , , , , , , , , ,	•	Accr	UAI	under section 507(b)(1)(, ,,
	<i>om F</i> ∙\$	Part II, col. (c), line 16) U1 (Part I, colu	her (specify)	2010)		F If the foundation is in a 6 under section 507(b)(1)(
_	ırt I					1	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	408,000.				
	2	Check In the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	Ь	Net rental income or (loss)					
Φ	6a	Net gain or (loss) from sale of assets not on line 10					
nue	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
ш	8	Net short-term capital gain				0.	
	9 10a	Income modifications Gross sales less returns and allowances			 		
	ь	Less Cost of goods sold					
	С	Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 through 11	408,000.		<u> </u>	0.	<u> </u>
	13	Compensation of officers, directors, trustees, etc	78,767.		0.	0.	<u>78,767.</u>
	14	Other employee salaries and wages					
'n	15	Pension plans, employee benefits				· · · · · · · · · · · · · · · · · · ·	
enses	16a	Legal fees STMT-1	7,560.		0,	0.	7,560.
þe	b	Accounting fees RECEIVSTMT 2	2,644.		0.	0.	2,644.
Exp	C	Other professional fees					
ti Ve	17	Other professional fees Interest & NOV 19 2010					
tra		Taxes S					
inis	19	Depi eciation and depietion			_		
and Administrative	20	Occupancy OGDEN. UT	51 445				F1 447
۷ و	1	Travel, conferences, and meetings	51,447.		0.	0.	51,447.
a	22	Printing and publications	406 505				406 707
Operating		Other expenses STMT 3	426,707.	•	0	0.	426,707.
rat	24	Total operating and administrative	565 405		^		F C F 1 1 1 F
ဇ္ဇ		expenses. Add lines 13 through 23	567,125.		0.	0.	567,125.
		Contributions, gifts, grants paid					
	26	Total expenses and disbursements.	565 405		^		F C F 10 F
_	<u> </u>	Add lines 24 and 25	567,125.		0	0.	567,125.
		Subtract line 26 from line 12:	150 105				
		Excess of revenue over expenses and disbursements	-159,125.				
		Net investment income (if negative, enter -0-)			0		
9235		Adjusted net income (if negative, enter -0-)	<u> </u>			0.	For 000 DE (0000)

1

ENVISION...EXCELLENCE IN STEM 20-8622102 Page 2 Form 990-PF (2009) EDUCATION, INC. Balance Sheets Attached schedules and amounts in the description Beginning of year End of year Part II column should be for end-of-year amounts only (c) Fair Market Value (a) Book Value (b) Book Value 179,357. 20,232 20,232. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation Other assets (describe 20,232. 179,357 20,232 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Net Assets or Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 0 27 Capital stock, trust principal, or current funds 0 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 179,357 20,232 Retained earnings, accumulated income, endowment, or other funds 179,357 20,232 Total net assets or fund balances 179.357 20,232 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	1	1'	79,357.
2	Enter amount from Part I, line 27a	2	-1	59,125.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		20,232.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		20,232.
_				

Form **990-PF** (2009)

Form **990-PF** (2009)

567,125.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

8

ENVISION...EXCELLENCE IN STEM

Forr	n 990-PF	<u> </u>	EDUCATION	ON,	INC.									8622			Page 4
Pa	art VI	Excise Ta	x Based or	า Inve	stmen	t Incom	e (Section	4940(a),	494	40(b), 49	940(e), c	r 49	48	- see i	nstru	ctio	ns)
18	a Exempt	operating founda	itions described	ın secti	on 4940(d	d)(2), check	chere 🕨 🗀	and enter "N/	/A" o	n line 1.)			ļ			
		ruling or determin									ns)						
t	Domest	ic foundations tha	at meet the sect	ion 494	O(e) requi	rements in l	Part V, check h	ere 🕨 🗶	and	d enter 1%	•	L	1				0.
	of Part I	l, line 27b															
C	All other	r domestic founda	ations enter 2%	of line 2	27b. Exem	ipt foreign d	organizations e	nter 4% of Par	rt I, lı	lıne 12, col.	(b) J	i					
2	Tax und	ler section 511 (d	omestic section	4947(a	a)(1) trusts	s and taxab	le foundations	only. Others ei	nter	-0-)		L	2	ļ			<u>0.</u>
3	Add line	es 1 and 2										L	3	<u> </u>			0.
4	Subtitle	A (income) tax (c	domestic section	n 4947(a	a)(1) trust	s and taxab	le foundations	only. Others e	enter	· -0-)		Ļ	4	<u> </u>			<u>0.</u>
5	Tax bas	ed on investmen	t income. Subt	ract line	4 from lir	ne 3. If zero	or less, enter -	0-					5	<u> </u>			0.
6	Credits/	Payments:						Í									
a	2009 es	stimated tax paym	ents and 2008	overpay	ment cred	lited to 200	9	<u>6a</u>	4_			_					
t	Exempt	foreign organizat	ions - tax withh	eld at so	ource			6b	↓_			_					
C	: Tax paid	with application	for extension o	f time to	file (Form	า 8868)		6c_	1								
(1 Backup	withholding error	neously withheli	d				_6d									_
7		edits and paymen		-		_	_					L	7	ļ		_	0.
8		ny penalty for und) is attached				L	8	ļ			
9		e. If the total of lin			-							▶	9	 			0.
10		yment. If line 7 is				-		paid		۱		▶	10	 			
		e amount of line					<u> </u>	- · · · - · · · · · · · · · · · · · · ·			Refunded		11	<u> </u>			
		A Stateme													I	Vaa	NI-
18		the tax year, did th	he foundation at	ttempt t	o influenc	e any natioi	nal, state, or lo	cal legislation (or di	id it particip	ate or inter	vene ir	1		<u> </u>	res	No
		itical campaign?	400 1 11									٠.			1a		X
t		end more than \$													1b		X
		nswer is "Yes" t				-		ies and copi	es o	of any mate	enais pubi	isnea	or				
_		ited by the four				activities	•										
		foundation file Fo		•		405	·c\	41							1c		X
(e amount (if any)										0.					
		the foundation.] ie reimbursement								naced on fe		<u>u.</u>					
,		ers. 🕨 \$	(ii aliy) palu by	0.	nuation u	urnig tile ye	ai iui puniicai	ехренините та	X IIII	iposeu on n	Juliuation						
2	•	foundation engag	ned in any activi		t have not	nreviously	heen renorted	to the IRS2							2		x
_		" attach a detai	-				been reported	to the mo:									
3		foundation made	•				IRS in its any	ernina instrum	nent	articles of	incornorati	on or					
Ū		or other similar in	-					-	10114	, ai tiolos oi	moor porati	o., o.			3		x
4:		foundation have u						=							4a		X
		has it filed a tax r		-			····-						N	I/A	4b		
		ere a liquidation, to					action during th	ne vear?						•	5		Х
	If "Yes,	" attach the sta	tement requir	ed by (General li	nstruction	Т.	_									
6		requirements of s	=	-				sfied either:									
		nguage in the gov		-			,										1
	● By sta	ate legislation that	t effectively ame	ends the	governin	g instrumer	nt so that no m	andatory direc	tions	s that confl	ct with the	state I	aw				1
	rema	ın ın the governin	g instrument?												6	X	
7	Did the	foundation have a	at least \$5,000 i	n assets	s at any tir	ne during ti	he year?								7	Х	
	If "Yes,	" complete Pari	t II, col. (c), an	d Part	XV.												
88	a Enter th	e states to which	the foundation	reports	or with wi	hich it is req	gistered (see in	structions) 🕨									
	OH																
t	If the an	nswer is "Yes" to li	ne 7, has the fo	undatio	n furnishe	d a copy of	Form 990-PF	to the Attorney	y Gei	neral (or de	signate)						
	of each	state as required	by General ins	structio	n G? If "	No," attac	h explanation	l							8b	X	<u> </u>
9	Is the fo	oundation claiming	g status as a pri	vate op	erating for	undation wi	thin the meani	ng of section 4	1942	?(j)(3) or 49	42(j)(5) foi	calen	dar				
	year 20	09 or the taxable	year beginning	ın 2009	(see instr	uctions for	Part XIV)? If •	Yes," comple	ete F	Part XIV					9	X	<u> </u>
<u>10</u>	Did any	persons become	substantial con	<u>itributor</u>	s during t	he tax year	? If "Yes," attach	a schedule listin	g the	r names and	addresses	SI	ľMľ	<u> 4</u>	10	X	

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2009)

X

3b

4a

Yes X No

N/A

during the year?

ENVISION...EXCELLENCE IN STEM 20-8622102 Page 6 Form 990-PF (2009) EDUCATION, INC. Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes 🗓 No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations 5b N/A section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? X 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (If not paid, (a) Name and address allowances enter -0-) EXECUTIVE DIRECTOR JANICE S. MORRISON 2108 LAMBERTON ROAD 0. 78,767 0 CLEVELAND HEIGHTS, OH 44118 10.00 CHAIRMAN OF THE BOARD LEIGH R. ABTS 13807 CRIPPLEGATE ROAD 0 0. 0. PHOENIX, MD 21131 2.00 RAYMOND V. BARTLETT DIRECTOR 6417 WHITE PEACH PLACE 0. 0. 0. COLUMBIA, MD 21045 2.00

2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	7			
			1	
Total number of other employees paid over \$50,000	<u> </u>		•	(

Form 990-PF (2009)

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
THE PAST FOUNDATION	STEM NETWORK		
	PROFESSIONAL DE	EVELOP	188,664.
		_	
Total number of others receiving over \$50,000 for professional services			0
Part IX-A Summary of Direct Charitable Activities	_		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers productions.	al information such as the ced, etc.		Expenses
1		\dashv	
SEE STATEMENT 5			113,425.
2			
SEE STATEMENT 6			425,344.
3 TECHNICAL ASSISTANCE AND PROFESSIONAL DEVELOP		_	
CLEVELAND METROPOLITAN SCHOOL DISTRICT STEM S	CHOOL.		28,356.
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lir	nes 1 and 2.		Amount
1N/A			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3		-	0.
A STATE OF THE STA			n 990-PF (2009)

Form 990-PF (2009) 20-8622102 Page 8 EDUCATION, INC. Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a Average of monthly cash balances 1b c Fair market value of all other assets 10 90,853 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 363. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 5 89,490. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 6 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here > X and do not complete this part.) Minimum investment return from Part X, line 6 Tax on investment income for 2009 from Part VI, line 5 2a 2b Income tax for 2009. (This does not include the tax from Part VI.) Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 567,125. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: 3 3а a Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) 567,125 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
B rotal to prior yours.		0.		
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ N/A				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				•
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount	•			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.	···		0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
				Farm 000 DE (0000)

Check here \(\sum \text{\text{\$\sum X}} \) If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2009)

' Form 990-PF (2009)

EDUCATION, INC.

20-8622102 Page 11

Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
Recipient	If recipient is an individual,		Durages of great or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
NONE				
·				
Total			▶ 3a	
Approved for future payment				
NONE				
NONE	!			
Total			▶ 3b	

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

Enter gross amounts unless atherwise indicated	Unrelated	business income	Exclud	led by section 512, 513, or 514	(-)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	7,11100111	code	Amount	Turiction income
a	-		+		
b	-		+ +		
<u> </u>		·			
d	1 1		1 -1		
e	-		+-+		
g Fees and contracts from government agencies	-	-	1		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 1		_
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:			1		
a Debt-financed property			1		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		•			
a	_				
b					
C					
d		<u>.</u>			
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	nplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which inc	ome is reported in	column (a) of Part VVI-A	\ contribi	utad importantly to the accor	anlichment of
the foundation's exempt purposes (other than			1 COITH ID	uted importantly to the accom	ihiisiiiiiciir oi
•	, р. с				
		. -			
				•	
					•
			-		
923621 02-02-10				. 	Form 990-PF (2009)

Form **990-PF** (2009)

	EDUCATION, INC.		<u> 20-8622</u>	104	² age 13
	tion Regarding Transfers T Organizations	o and Transactions ar	nd Relationships With Nonchari	itable	
	tly or indirectly engage in any of the folio	owing with any other organization	described in section 501(c) of	Yes	s No
	ion 501(c)(3) organizations) or in section				
· ·	ing foundation to a noncharitable exemp				
(1) Cash		·		1a(1)	X
(2) Other assets				1a(2)	X
b Other transactions:					
(1) Sales of assets to a r	oncharitable exempt organization			16(1)	X
	from a noncharitable exempt organizatio	n		1b(2)	X
(3) Rental of facilities, ed	juipment, or other assets			1b(3)	Х
(4) Reimbursement arra	ngements			1b(4)	X
(5) Loans or loan guarar	ntees			1b(5)	X
(6) Performance of servi	ces or membership or fundraising solicit	tations		1b(6)	X
c Sharing of facilities, equip	oment, mailing lists, other assets, or paid	employees		1c	X
d If the answer to any of the	above is "Yes," complete the following s	schedule. Column (b) should alwa	ays show the fair market value of the goods, ot	her assets,	
or services given by the r	eporting foundation. If the foundation red	ceived less than fair market value	in any transaction or sharing arrangement, sh	ow in	
column (d) the value of th	ne goods, other assets, or services receiv	ved.			
(a) Line no (b) Amount inv	olved (c) Name of noncharit	able exempt organization	(d) Description of transfers, transactions, and st	naring arranger	nents
	N/2	A			
2a Is the foundation directly	or indirectly affiliated with, or related to,	one or more tax-exempt organiza	ations described		
	ode (other than section 501(c)(3)) or in	section 527?	<u> </u>	Yes .	X No
b If "Yes," complete the folio					
(a) Na	ame of organization	(b) Type of organization	(c) Description of relationship	ip	
	N/A				
			.		
					
	d				
	ciare-that I have examined this return, including eparer <u>(other t</u> han taxpayer or fiduciary) is based		ints, and to the best of my knowledge and belief, it is tr has any knowledge	ue, correct,	
1 (///		תו או מו אנו			
Stanature of officer or	trustas	MITHIU	EXECUTIVE DIRECTOR		
Sygnature of officer or Preparer's signature	anaises	Uayre /	Title Chark if Preparer	e identifianc -	umber
Preparer's	12 12 CM	Da	self-	s identifying n	unber
signature signature	WA WY CH		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Paid Signature Paid Signature Firm, s usume (or konns it sett-embloked) Signature	HERTZBACH & COMPAI		EIN ►		
if sett-employed),	800 RED BROOK BOU		1	63-32	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number Name of the organization ENVISION...EXCELLENCE IN STEM EDUCATION, INC. 20-8622102 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. □ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page 1 of 2 of Part I

Name of organization

ENVISION...EXCELLENCE IN STEM

EDUCATION, INC.

Employer identification number

20-8622102

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693	_ \$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	AMERICAN INSTITUTES FOR RESEARCH 1000 THOMAS JEFFERSON ST, NW WASHINGTON, DC 20007-3835	\$25,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	S.D. BECHTEL, JR. FOUNDATION 199 FREMONT STREET SAN FRANCISCO, CA 94105-2245	\$50,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>4</u>	NATIONAL MATH & SCIENCE INITIATIVE 325 NORTH SAINT PAUL STREET, SUITE 2900 DALLAS, TX 75201-3829	\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </u>	NOYCE FOUNDATION 2500 EL CAMINO REAL, SUITE 110 PALO ALTO, CA 94306-1723	\$25,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	GE VOLUNTEERS FOUNDATION 3135 EASTON TURNPIKE	_ \$5,000.	Person X Payroll Noncash
923452 02-0	FAIRFIELD, CT 06828-0001	Cahadula B /Farm	(Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2009)

ENVIS	ganization IONEXCELLENCE IN STEM		Employer identification number
EDUCA Part I	TION, INC. Contributors (see instructions)		20-8622102
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d)
7	W.K. KELLOGG FOUNDATION 1 MICHIGAN AVENUE EAST BATTLE CREEK, MI 49017-4012	\$50,0	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) tions Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d)
		\$	Person Payroli Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d) tions Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d) tions Type of contribution
			Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	(d) tions Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

Name of organization

ENVISION...EXCELLENCE IN STEM

Employer identification number

Part II Noncash Property (see instructions) (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) Date receive \$
No. from Description of noncash property given (a) No. from Description of noncash property given (b) S (c) FMV (or estimate) (see instructions) (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receive (see instructions) (a) No. from Description of noncash property given (a) No. Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date receive (see instructions)
(a) No. from Description of noncash property given \$
No. from Part I (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) See instructions (d) Date receiver (a) No. from Description of noncash property given Part I (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (d) Date receiver (a) See instructions)
(a) No. from Part I (a) Description of noncash property given \$ (b) FMV (or estimate) (see instructions) \$ (c) Date receive \$ (a)
No. from Part I Description of noncash property given \$
(a) (c)
No. (b) FMV (or estimate) (d) from Description of noncash property given (see instructions) Part I
(a) No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (see instructions) Date received
(a) No. (b) from Part I (c) FMV (or estimate) (see instructions) Date received

of

Name of organization
ENVISION...EXCELLENCE IN STEM
EDUCATION. INC.

20-8622102

Employer identification number

art III	more than \$1,000 for the year. Complet Part III, enter the total of exclusively religi \$1,000 or less for the year (Enter this interpretation)	e columns (a) through (e) and th ous, charitable, etc., contributior	ion so t(c)(7), (o), or (10) organizations aggregating le following line entry. For organizations completing is of (10) ▶ \$				
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- -							
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-							
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee				
- -							
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee				
-							

FORM 990-PF	LEGAL	FEES	STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
LEGAL FEES ASSOCIATED WITH OBTAINING TEMPORARY PUBLIC CHARITY STATUS	7,560.	0.	0.	7,560.		
TO FM 990-PF, PG 1, LN 16A	7,560.	0.	0.	7,560.		
FORM 990-PF	ACCOUNTING FEES		STATEMENT 2			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING, BOOKKEEPING AND TAX PREP FEES	2,644.	0.	0.	2,644.		
TO FORM 990-PF, PG 1, LN 16B	2,644.	0.	0.	2,644.		
FORM 990-PF	OTHER E	XPENSES	SI	'ATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
BANK FEES COMPUTER EXPENSES DUES AND SUBSCRIPTIONS TELEPHONE OFFICE SUPPLIES AND EXPENSE	131. 1,288. 105. 193. 324.	0. 0.	0. 0. 0. 0.	131. 1,288. 105. 193. 324.		
EDUCATIONAL MATERIALS AUTO TECHNICAL ASSISTANCE AND	8,490. 582.		0.	8,490. 582.		
CONSULTING POSTAGE STEM NETWORK PROFESSIONAL	250,060. 534.	0.	0.	250,060. 534.		
DEVELOPMENT STEM PROJECT MANAGEMENT FEES INTERNET SEMINARS, MEETINGS,	700. 149. 12.		0. 0. 0.	700. 149. 12.		
armuniano, rice il INUSA.	163,676.	0.	0.	163,676.		
CONFERENCES PROMOTION	463.	0.	0.	463.		

	CANTIAL CONTRIBUTORS STATEMENT 4
NAME OF CONTRIBUTOR	ADDRESS
AMERICAN INSTITUTES FOR RESEARCH	1000 THOMAS JEFFERSON STREET, NW WASHINGTON, DC 20007-3835
NATIONAL MATH & SCIENCE INITIATIVE	325 NORTH SAINT PAUL ST, SUITE 2900 DALLAS, TX 75201-3829
NOYCE FOUNDATION	2500 EL CAMINO REAL, SUITE 110 PALO ALTO, CA 943061723
S.D. BECHTEL, JR. FOUNDATION	199 FREMONT STREET SAN FRANCISCO, CA 94105-2245
W.K. KELLOGG FOUNDATION	1 MICHIGAN AVENUE EAST BATTLE CREEK, MI 49017-4012

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

ACTIVITY ONE

TECHNICAL ASSISTANCE MANAGEMENT AND CONTENT DEVELOPMENT FOR THE OHIO STEM LEARNING NETWORK (OSLN). NUMBER OF ORGANIZATIONS SERVED: 5 SCHOOLS, 5 OSLN HUBS, 25 TEACHERS, 5 PRINCIPALS AND 227 BUSINESS / INDUSTRY PARTNERS. ADDITIONAL SITE SUPPORT FOR OSLN.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

113,425.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

6

ACTIVITY TWO

RACE TO THE TOP TWO-DAY RESOURCE CONFERENCE TO STRENGTHEN THE COLLABORATION OF THE PUBLIC AND PRIVATE SECTORS FOR THE ADVANCEMENT OF STEM EDUCATION. OVER 200 PARTICIPANTS ATTENDED.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

425,344.

Form 88	368 (Rev. 4-2009)			Page	2	
• If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed for an Automatic 3-Month Extension, complete only Part I (on page 1).		 8868.	. ▶ [X]		
Part		pies n	eeded).		_	
Type o	Name of Exempt Organization	Empl	Employer identification number			
File by the extended due date filing the return Se instruction	Number, street, and room or suite no. If a P.O. box, see instructions. 105B BINGHAM HALL, 10900 EUCLID AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions.		S use only			
F	type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	= ` `	rm 5227 rm 6069	Form 887	— '0	
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ly file	d Form 886	8.	_	
Tele If th If th box 4 F 6 7 8	books are in the care of 800 RED BROOK BLVD., SUITE 300 - OWINGS sphone No (410)363-3200 FAX No (410)356-005 se organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box and attach a list with the names and EINs of all request an additional 3-month extension of time until NOVEMBER 15, 2010. For calendar year 2009, or other tax year beginning fithis tax year is for less than 12 months, check reason: Initial return Final return Final return Final return State in detail why you need the extension PREPARE A COMPLETE AND	8 is for	the whole gers the extension	proup, check the nision is for.	 od	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	(0.	
b i	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated ax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$,	0.	
_	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		, Y		_	
wi	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. Signature and Verification			(<u>0.</u>	
	renalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.	best o	f my knowled	ge and belief,		
Signatu	re ► Title ► EXECUTIVE DIRECTOR	Date	•			

Form 8868 (Rev. 4-2009)