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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 black lung
benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A 1	ror the	2011 Calendar year, or tax year beginning and t	ending		
В	Check if applicable	C Name of organization	_	D Employer identifi	cation number
_	Addres	I THE FRIEDMAN FOUNDATION FOR EDUCATIONA	AL		
L	change	CHOICE INC.		٠, ١	070350
	change				978359
F	return Termin	,	Room/suite 2 4 2 0		r 681-0745
늗	ated Amend	od	2420	 	6,619,582.
늗	return ∏Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$	
	tiòn الـــ pendin	INDIANAPODIS, IN 40202		H(a) Is this a group re	etum Yes X No
		ONE AMERICAN SQUARE, SUITE 2420, INDIAN	JAPOT.	for affiliates?	
_	Tay ave	mpt status: X 501(c)(3)			list. (see instructions)
		e: ► WWW.EDCHOICE.ORG	Ji JE	H(c) Group exemptio	
		organization: X Corporation	I Year	<u> </u>	A State of legal domicile: IN
		Summary	L 100	or tormation. 233 of R	y Otate of logal dofficier 224
		Briefly describe the organization's mission or most significant activities PROMO	OTING	SCHOOL CHOI	CE IN ORDER
Governance	1 .	TO IMPROVE, THROUGH COMPETITION, $K-12$ EDU	JCATI	ON FOR ALL.	
na.		Check this box if the organization discontinued its operations or dispos			ssets
S/e		Number of voting members of the governing body (Part VI, line 1a)		3	13
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	11
ళ		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	16
į		Total number of volunteers (estimate if necessary)		6	0
Activities	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990 T, line 34		7b	0.
		RECEIVED		Prior Year	Current Year
ø	8	Contributions and grants (Part V White 1h)		4,214,115.	4,498,513.
Revenue		Program şepvice revenue (Part VIOine 2g)		0.	0.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		121,634.	310,624.
Œ		Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue: ad Hines & through 11 (must equal Part VIII, column (A), line 12)		4,335,749.	4,809,137.
		Grants-and-similar amounts paid (Part IX, column (A), lines 1-3)	ĺ	779,500.	839,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,178,624.	1,262,017.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 575,02	21.	·	
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,125,209.	2,007,701.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,083,333.	4,109,218.
	19	Revenue less expenses Subtract line 18 from line 12		252,416.	699,919.
0.00 0.00			В	eginning of Current Year	End of Year
Assets o	20	Total assets (Part X, line 16)		6,218,677.	6,461,598.
t As	21	Total liabilities (Part X, line 26)		233,586.	142,260.
Net		Net assets or fund balances. Subtract line 21 from line 20		5,985,091.	6,319,338.
	art II	Signature Block		<u> </u>	
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules		-	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepare		
					2-12
Sig	ın	Signature of officer		Date	
He	re	ROBERT C. ENLOW, PRESIDENT, CEO	~		
		Type or print name and title	11/1	Cate Check	PTIN
	,	Print/Type preparer's name COOMIN A CONTIGUED COOM			I
Pai		SCOTT A. SCHUSTER SCOTT A. SCHUSTI	ek .	10/10/12 self-employ	P00019243
•	parer	Firm's name KSM BUSINESS SERVICES, INC.		Firm's EIN	35-2123203
USE	Only	Firm's address P.O. BOX 40857			217) 600 2000
ź		INDIANAPOLIS, IN 46240-0857		Phone no. (317) 580-2000
_		RS discuss this return with the preparer shown above? (see instructions)	_	·	X Yes No
1320 وس	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

Form	990 (2011) CHOICE INC. 35-1978359 Page 2
	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission. THE FOUNDATION WAS ESTABLISHED BY MILTON AND ROSE D. FRIEDMAN IN 1996 TO EDUCATE THE PUBLIC ON THE NEED FOR AND BENEFITS OF PARENTAL SCHOOL
	CHOICE. OUR EDUCATIONAL WORK INCLUDES RESEARCH, COMMUNICATIONS AND
	MARKETING, PUBLIC OUTREACH, AND GRANT-MAKING.
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? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 839,500 • Including grants of \$ 839,500 •) (Revenue \$)
4a	(Code) (Expenses \$ 839,500. Including grants of \$ 839,500.) (Revenue \$) GRANTMAKING: THE FOUNDATION AWARDED 106 GRANTS TO CHARITABLE
	ORGANIZATIONS FOR EDUCATIONAL PURPOSES.
	ORGANIZATIONS FOR EDUCATIONAL FORFOSES.
4b	(Code) (Expenses \$ 1,827,477. including grants of \$) (Revenue \$)
	EDUCATION ACTIVITIES - THE FOUNDATION WORKED AROUND THE COUNTRY TO
	EDUCATE THE PUBLIC ON THE PRACTICE AND BENEFITS OF SCHOOL CHOICE, IN
	EACH INSTANCE PROVIDING EDUCATIONAL SERVICES TO STATE-BASED ORGANIZATIONS, INDIVIDUALS AND POLICY MAKERS. THESE SERVICES INCLUDE:
	ORGANIZATIONS, INDIVIDUALS AND POLICY MAKERS. THESE SERVICES INCLUDE: SPONSORING FACT-FINDING TRIPS TO CITIES/STATES WITH SCHOOL CHOICE
	PROGRAMS; HOSTING INFORMATIONAL SYMPOSIUMS; SPONSORING VISITS BY EXPERT
	SPEAKERS; TESTIFYING IN FRONT OF VARIOUS LEGISLATIVE BODIES AT THEIR
	REQUEST; PARENT EDUCATION EFFORTS AND TRAINING; MEDIA SUPPORT AND MEDIA
	TRAINING; PROVIDING TECHNICAL ADVICE ON THE DRAFTING OF LEGISLATION;
	AND SPONSORING MEETINGS WITH FOUNDATION STAFF AND VARIOUS SCHOOL CHOICE
	EXPERTS.
4c	(Code) (Expenses \$633,626 • including grants of \$) (Revenue \$)
	RESEARCH AND COMMUNICATION - THE FOUNDATION PRODUCED PUBLICATIONS AND
	RESEARCH REPORTS INCLUDING, BUT NOT LIMITED TO, ITS BIMONTHLY
	NEWSLETTER (THE SCHOOL CHOICE ADVOCATE); STATE AND NATIONAL RESEARCH
	REPORTS; PUBLIC POLICY SURVEYS; AND OUR ANNUAL BROCHURE ENTITLED THE ABC'S OF SCHOOL CHOICE. THE FOUNDATION PRODUCED EDUCATIONAL MARKETING
	FLIERS AND PROMOTIONAL BROCHURES FOR STATE SCHOOL CHOICE PARTNERS. THE
	FOUNDATION UNDERTOOK POLLS IN EFFORTS TO GAUGE PUBLIC OPINION.
	LOOMDWITOM ONDEWLOOK LONDS IN ELLOWIS TO GROSE LODDIC OLIMIOM.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,300,603.
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	990 (2011) CHOICE INC.	333	P	age 🍛
Par	t IV Checklist of Required Schedules		. 1	
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	.	х	İ
_	If "Yes," complete Schedule A	2	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?			-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			 -
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		- T
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Α.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			l
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	х	
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		X
С	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	11c		X
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		١,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		٦,	
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		l	₩.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>^</u>
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	445		х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>^^</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	· · ·		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- "	 	† 🛅
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			 -
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		†= <u>-</u>
13	complete Schedule G, Part III	19		Х
ე ∩	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
ZVd	Did the organization operate one of more hospital lacindos Too, somplete consessor.			+

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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Form 990 (2011) CHOICE INC.

[Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
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? If "Yes," complete			
	Schedule J	23	X	
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			х
	Schedule K If "No", go to line 25	24a		
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	24c		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
254	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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		X
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):			х
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	X	<u> </u>
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		\vdash
Č	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			₩
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
35a		35a		<u> </u>
b	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	 		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	L
		Form	990 (2011)

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Series the number reported in Box 3 of Form 1096, Enter-0- if not applicable 1s 2.77		Check if Schedule O contains a response to any question in this Part V			
a Enter the number reported in Box 3 of Form 1098. Enter 0-if not applicable be filter the number of Forms W20 finuled with inter is a Enter 0-if in the applicable be filter the number of Forms W20 finuled with interest and presentable payments to vendors and reportable gaming (gamiling) university of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) university of the presentable payments to vendors and reportable gaming (gamiling) university of the presentable of the calendar year ending with or within the year covered by this return. 2				V	NI-
b Effect the number of Forms W-23 included in line 1s. Enter 0-f not applicable © Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gembling) winnings to prize winner? 22 Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return 16 bit at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1s and 2 as genetic than 250, you may be required to e-fife (see instructions) 33 Did the organization have unrelated business gross income of \$1,000 or more during the year? 44 At any time during the calendary year, did the organization have an interest in, or a signature or other such only over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts? 54 Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 55 Did any taxabile party notify the organization that it was or as a party to a prohibited tax sheller transaction? 56 Did be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did be 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? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shall may receive deductible contributions under section 170(c). 9 Did the organization receive a primerial receives \$15 made party as a contribution and party for goods and services provided to the payor? 7 Organizations that imay receive deductible contributions under section 170(c). 9 Did the organization	10	Enter the number reported in Box 3 of Form 1006. Enter 0, if not applicable.	r	res	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamthing) winnings to prize without the ventor that ventor that the ventor that the ventor that the ventor that ventor the ventor the ventor the ventor that ventor that ventor that ventor the ventor the ventor the ventor the ventor that ventor the ventor the ventor the ventor the ventor that ventor the ventor the ventor that ventor the ventor			1		
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year andring with or within the year covered by this return. 16 If at least one is reported on line 2s, did the organization fine all inequined devel employment tax returns? Note. If the sum of lines 1s and 2s greater than 250, you may be required to e-fife (see instructions). 3a Do the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1'ves, "has t filled a Form 9907 for this year? If No," provide an explination in 2-berdule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? so that is a bark account, securities account, or other financial accountly? 5b If Yes," an large the name of the foreign country. Implementation to the organization have an interest in, or a signature or other authority over, a financial accountly? 5a Was the organization a party to a prohibited tax sheller financiation at any time during the tax year? 5a Was the organization aparty to a prohibited tax sheller financiation at any time during the tax year? 5b Did any tixeable party notify the organization that it was or as a party to a prohibited tax sheller financiation at any time during the tax year? 5c Did any tixeable party notify the organization file form 8898 1? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(s). 8 Did the organization state were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(s). 8 Did the organization received a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 The payment of the form 8282? 8 Did the organization received a contribution of customers of the services provided t		· · · · · · · · · · · · · · · · · · ·	1		
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return 16 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) 3a Did the organization have unnetled business gross income of \$1,000 or more dump the year? 3a If Yes, *Insist filed a Form 990*T for this year? If *No.* *Jrounde an explanation in Schedule O 3b If Yes, *Insist filed a Form 990*T for this year? If *No.* *Jrounde an explanation in Schedule O 3b If Yes, *Insist filed a Form 990*T for this year? If *No.* *Jrounde an explanation in Schedule O 3c At any time dump the calendary 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 accounts. 3a X 3b If Yes, *Insist filed a Form 990*T for this year? If *No.* *Jrounde an explanation in Schedule O 3c If Yes, *Insist filed a Form 990*T for this year? If *No.* *Jrounde an explanation in Schedule O 3c If Yes, *Insist filed a form 990*T for this year? If *No.* *Jrounde an explanation in Schedule O 3c If Yes, *Insist filed a form 990*T for this year? If *No.* *Jrounde an explanation in Schedule O 3c If Yes, *Insist filed a form 990*T for this year? If *No.* *Jrounde an explanation filed fi	C		10	N/Z	ι Δ
bif at least one is reported on line 2a, did the organization file all required feederal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has tifted a Form 990°T for this year? If "No," provide an explanation in Schedule O 4c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; or some or a sub a bank account, so or the second or a financial account; or the	22	1 1	- " -		<u> </u>
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					v
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	D	it ites, has it lieu a Form 720 to report these payments? It ivo, provide an explanation in Schedule O		990/	20111

CHOICE INC.

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Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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 13			
	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 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			77
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		x	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Α.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
Sec	tion B. Policies (This Section B requests illionnation about policies not required by the internal nevertue code)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	MT	342	MT
17	List the states with which a copy of this Form 990 is required to be filed IN, AK, AR, CA, FL, GA, HI, KY, ME			, MI
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	avaılat	oie	
	for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request			
40	· · · · · · · · · · · · · · · · · · ·	al 6	anc!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u iinai	icial	
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
20	CAREY FOLCO, VICE PRESIDENT OF OPER - 317-681-0745	aon p		
	ONE AMERICAN SQUARE, STE 2420, INDIANAPOLIS, IN 46282			
13200 01-23	CDE COUEDITE O BOD BILL LICH OF CHAMES	Form	990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT C. ENLOW PRESIDENT AND CEO	45.00	x		Х				193,000.	0.	20,762.
(2) GORDON ST. ANGELO (DECEASED 10/			\vdash		\vdash		一			
PRESIDENT EMERITUS	20.00	X		Х				25,000.	0.	0.
(3) PATRICK M BYRNE										
CHAIRMAN	2.00	X		X	L			0.	0.	0.
(4) JANET FRIEDMAN MARTEL									_	
VICE CHAIRPERSON	2.00	Х	L	Х			<u> </u>	0.	0.	0.
(5) LAWRENCE A O'CONNOR, JR										
TREASURER	1.00	X		X			<u> </u>	0.	0.	0.
(6) DAVID D FRIEDMAN					ŀ					_
DIRECTOR	1.00	X	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	0.	0.	0.
(7) CHARLES H BRUNIE	1 00	١,,						1	0	_
DIRECTOR	1.00	X	▙		<u> </u>			0.	0.	0.
(8) WILLIAM J HUME	1 1 00	x						0.	0.	0.
DIRECTOR	1.00	<u> </u>	┡	-	_			0.	0.	<u> </u>
(9) HOWARD S. RICH	1.00	x						0.	0.	0.
DIRECTOR (10) FRED REAMS	1.00	┝	┢	-	⊢	-		0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(11) MICHAEL WALKER	1.00	₽	╁		┝	\vdash	┢	0.		
DIRECTOR	1.00	$ _{\mathbf{x}}$	İ					0.	0.	0.
(12) FRED S. KLIPSCH	1 2 3 3		┢╾	_	\vdash	\vdash				
DIRECTOR	1.00	x						0.	0.	0.
(13) VIRGINIA WALDEN-FORD	1	⇈	T							
DIRECTOR	1.00	X						6,000.	0.	0.
(14) J. SCOTT ENRIGHT				Π						
SECRETARY	5.00			X				0.	0.	0.
(15) CAREY FOLCO										
ASSISTANT SECRETARY	40.00			X				75,800.	0.	13,207.
(16) LESLIE HINER								4	_	
V.P. OF PROGRAMS AND STATE	45.00	<u> </u>	<u> </u>	<u> </u>	X	_	$oxed{oxed}$	153,300.	0.	5,629.
(17) CYNTHIA SPARKS	45.00]		110 604	_	_
VICE PRESIDENT EXTERNAL RE	45.00	<u> </u>	<u> </u>	<u>L</u>	L	X		119,604.	0.	0 · Form 990 (2011)

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CHOICE INC.

Parl	VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
·	(A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Posi heck i ss pe	tion more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	on	ar	(F) stimate nount other	
		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ie.	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om the anizat d relat anizati	e ion ed
		0)	npul	Instri	Officer	Keye	E Hgh	For						
				_				_					•••	
			_		_		_						<u>.</u>	
							<u> </u>	_						
			_											
1b	Sub-total	L				<u> </u>		<u> </u>	572,704.		0.	3	9,5	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					^		572,704.		0.	3	9,5	0. 98.
2	Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportab	le			3
	Did the organization list any former officer,	director or tr	ıcto	0 k	N/ OF	nnle	27/00	05	highest compensated a	mployee on			Yes	No
3	line 1a? If "Yes," complete Schedule J for s	such individual			-		-		-			3		X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete S	Sch	edul	e J	for such individual			4	х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							relat	ted organization or indiv	idual for services	3	5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	omnensated in	den	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of cor	nnens	sation	from	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	ON	E				(B) Description of s	services		Compe	C) nsatio	n
						_								
						_	-		,					
					-		•							
2	Total number of independent contractors (-	not I	ımıte	ed to		_	ste	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					0					F	990 (0011

Form 990 (2011) CHOICE INC.
Part VIII Statement of Revenue 35-1978359 Page 9

					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from
						exempt function revenue	business revenue	tax under sections 512,
						revenue	revenue	513, or 514
nts	1 a	Federated campaigns	1a					
윤리	b	Membership dues	1b					
A,t		Fundraising events	1c					
		Related organizations	1d					
S.E.		Government grants (contribut						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grant		4400540				
들욁		similar amounts not included above		4498513.				
P D	_	Noncash contributions included in lines	1a-1f \$		4498513.			
0 8	<u>h</u>	Total. Add lines 1a-1f		Buarnaga Cada	4490313.			
ه ا	2 a			Business Code				
Program Service Revenue	z a b							
Ser	c							
E S	d							
P. P.	e	-						
F	f	All other program service reve	DITIE					
		Total. Add lines 2a-2f	1140	•				
	3	Investment income (including	dividends, intere	-				
	-	other similar amounts)	,,	>	59,604.			59,604.
	4	Income from investment of tax	k-exempt bond p	proceeds				
	5	Royalties		•				
		,	(i) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•			-	_
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	2,061,465.		•			
	þ	Less: cost or other basis						
ĺ		and sales expenses	1,810,445.	,				
		Gain or (loss)	251020.			:		
		Net gain or (loss)			251,020.			251,020.
e	8 a	Gross income from fundraisin-	g events (not					
renue		ıncluding \$	of					
اڇَ		contributions reported on line	1c). See	1				
Other Rev		Part IV, line 18	а					
히		Less direct expenses	b					
		Net income or (loss) from fund						
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gam						
	ių a	Gross sales of inventory, less and allowances						
	h	Less: cost of goods sold	a b					
		Net income or (loss) from sale						
t	<u> </u>	Miscellaneous Revenu		Business Code				
ł	11 a			24311033 0000	i			
- 1	b							
]	c				· -	-		
	d	All other revenue				-		
	e							
	12	Total revenue. See instructions		•	4809137.	0.	0.	310,624.
13200 01-23								Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do.	not include amounts reported on lines 6b,	se to any question in thi	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	024 500	924 500		
	organizations in the United States. See Part IV, line 21	834,500.	834,500.		·
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	5,000.	5,000.		
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members	3,0001	- 3,0001		
5	Compensation of current officers, directors,				
•	trustees, and key employees	486,697.	300,369.	90,215.	96,113
6	Compensation not included above, to disqualified				····
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	35,506.	35,506.		
7	Other salaries and wages	594,529.	389,028.	45,172.	160,329
8	Pension plan accruals and contributions (include				-
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	71,545.	51,081.	7,967.	12,497 16,479
10	Payroll taxes	73,740.	48,600.	8,661.	16,479
11	Fees for services (non-employees):				
а	Management				
b	Legal	18,189.	10,146.	8,043.	
С	Accounting	21,713.	1 - 2 - 2	21,713.	
d	Lobbying	45,000.	45,000.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	45.	200 200	45.	1.0 4.00
g	Other	333,245.	302,379.	14,398.	16,468
12	Advertising and promotion	437,775.	437,775.	10 777	10 060
13	Office expenses	82,676.	53,881.	18,727.	10,068
14	Information technology				
15	Royalties	93,403.	64,448.	11,208.	17,747
16	Occupancy	200,641.	162,167.	11,200.	38,474
17	Travel	200,041.	102,107.		30,474
18	Payments of travel or entertainment expenses	30,448.	30,448.		
	for any federal, state, or local public officials	224,790.	215,873.	1,420.	7,497
19	Conferences, conventions, and meetings	224,750.	213,073	1,1200	,,,,,,
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	9,233.	6,371.	1,108.	1,754
22 23	Insurance	17,763.	12,250.	2,140.	3,373
23 24	Other expenses. Itemize expenses not covered	.,	,		<u> </u>
	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 0.)				
а	אאדו דאור פופים אאור הפדאותד [359,513.	165,014.	2,777.	191,722
a b	CONTRACT DOLL TRIC	65,700.	65,700.	= ,	
C	CDEAVED /MODEDATION PEEC	30,227.	30,227.		
d	CDONCODED DIMMERC	22,270.	19,770.		2,500
	All other expenses FACT FINDING, OTHER	15,070.	15,070.		
25 25	Total functional expenses. Add lines 1 through 24e	4,109,218.	3,300,603.	233,594.	575,021
<u></u> 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 rif following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

CHOICE INC.

Part X Balance Sheet (A) (B) Beginning of year End of year 704,876. 1,178,128. 1 Cash · non-interest-bearing 876,496. 2,369,731. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 11,535. 26,156. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 198,359. basis. Complete Part VI of Schedule D 10a 154,688. 26,158. **43,671.** 10c 10b b Less accumulated depreciation 2,843,912. 4,599,612. 11 Investments - publicly traded securities 11 12 Investments - other securties. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 6,461,598. 142,260. 6,218,677. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 233,586. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 233,586. 142,260. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,985,091. 6,319,338. 27 27 Unrestricted net assets 28 28 Temporanly restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 5,985,091. 6,319,338. 33 Total net assets or fund balances 6,218,677. 6,461,598. Total liabilities and net assets/fund balances

Form 990 (2011)

35-1978359 Page 11

<u>Form</u>	1990 (2011) CHOICE INC.	33-T3	10339	<u>Pa</u>	ge 12
Pa	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI				X
			4 00		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,10		
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,98		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			72.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,31	<u>9,3</u>	<u>38.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
			<u></u>	Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service 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. ► See separate instructions.

THE FRIEDMAN FOUNDATION FOR EDUCATIONAL

OMB No 1545-0047

Open to Public Inspection

Employer identification number

35-1978359 CHOICE INC. Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐☐ Type II c ____ Type III - Functionally integrated d Type III - Other a L Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (v) Did you notify the (iv) is the organization (ii) EIN (vii) Amount of (i) Name of supported organization in col. (i) organized in the U.S.? organization n col. (i) listed in your organization in col. support organization (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Νo Yes Nο

organization (described on lines 1-9 above or IRC section (see instructions))

Yes No Yes No Yes No

Total

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 CHOICE INC.

Part II Support Schedule for Organizations In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule for Organization In Experimental Schedule

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)
	A. Dubilia Command

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	4,029,775.	3,614,015.	3,484,296.	4,214,115.	4,498,513.	19,840,714.
2	Tax revenues levied for the organ-						
	ızatıon'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	Total. Add lines 1 through 3	4,029,775.	3,614,015.	3,484,296.	4,214,115.	4,498,513.	19,840,714.
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)						9,100,230.
6	Public support. Subtract line 5 from line 4						10,740,484.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	4,029,775.	3,614,015.	3,484,296.	4,214,115.	4,498,513.	19,840,714.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	331,094.	257,849.	134,075.	96,407.	59,604.	879,029.
9	Net income from unrelated 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 IV)	6,747.	509.				7,256.
11	Total support. Add lines 7 through 10					·	20,726,999.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
	organization, check this box and sto	p here					
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2011 (line 6, column (f) d	ıvıded by line 11, d	column (f))		14	51.82 %
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15	54.93 %
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			\triangleright X
t	33 1/3% support test - 2010. If the	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not d	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	nis box and stop h	ere. Explain in Pa	rt IV how the organ	iization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	l organization		▶□
t	10% -facts-and-circumstances tes	i t - 2010. If the org	anization did not d	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t				-		
	organization meets the "facts-and-cir-		-	•			▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			_
					Sche	dule A (Form 990	or 990-EZ) 2011

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

(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

Sec	etion A. Public Support	slow, picase comp	oloto i ait ii j				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not					Ì	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the			1		1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that	ļ					
	are not an unrelated trade or bus-						
	iness under section 513	;					
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			ļ			
	the organization without charge			<u> </u>			
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					<u> </u>	
Ł	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					<u> </u>	
(: Add lines 7a and 7b			1		<u> </u>	
	Public support (Subtract line 7c from line 6.)			5. 1 8.1			,
Se	ction B. Total Support			,			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on					<u> </u>	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	L	l		-		
14	First five years. If the Form 990 is for	r the organization'	s first, second, the	rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) or	rganization,
_	check this box and stop here	:- O D.			·· · · · ·		
_	ction C. Computation of Publ					T T	
	Public support percentage for 2011 (column (f))		15	%
	Public support percentage from 2010					16	<u>%</u>
_	ction D. Computation of Inves					Tan T	
	Investment income percentage for 20	-		ne 13, column (t))		17	<u>%</u>
18				an line 4.4 and 1	45	23.1/20/	<u>%</u>
19:	a 33 1/3% support tests - 2011. If the						iine 1/ is not
	more than 33 1/3%, check this box a	-	-				▶ □ □
l	33 1/3% support tests - 2010. If the						
~~	line 18 is not more than 33 1/3%, che			•		_	ation
20	Private foundation. If the organization	in did not check a	Dox on line 14, 19	a, or 19b, check th	ns box and see in	istructions	

Schedule A (Form 990 or 990-EZ) 2011 CHOICE INC.	35-1978359 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line	10, Part II, line 17a or 17b;
and Part III, line 12. Also complete this part for any additional information (See instructions)	, , , , , , , , , , , , , , , , , , , ,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
2007 REAL ESTATE TAX REBATE	
2008 LEASE CONSTRUCTION ALLOWANCE	
	· · ·
	
	
	-
 	
	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes" to 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" to 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

	e organization answered "Yes" to Section 501(c)(4), (5), or (6) organiza		lax), or Form 990-E	Z, Part V, line 35c (Prox)	/ Tax), then
	e of organization THE FRI	EDMAN FOUNDATION	FOR EDUCAT	IONAL Em	ployer identification number
	CHOICE		., ==.,,		<u>35-1978359</u>
Pa	rt I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities		\$
Pa	rt I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
_					\$
	Enter the amount of any excise tax	• •		5	\$
	If the organization incurred a section				Yes No
	Was a correction made?	•	•		Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the org	ganization is exempt und	er section 501(c)	, except section 50	1(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt fund	ction activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities			•	· \$
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	nd on Form 1120-POL	- 1	
	line 17b			•	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and el made payments. For each organiza contributions received that were pipolitical action committee (PAC). If	ation listed, enter the amount pair comptly and directly delivered to	d from the filing organ a separate political org	ization's funds. Also enter ganization, such as a sepa	the amount of political
					(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	contributions received and
		· · · · · · · · · · · · · · · · · · ·			

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011	CHOICE INC	, I COMBINITIO	ii I Oil BDOCh	35_1	978359 Page 2
Part II-A Complete if the org	anization is exem	npt under section	n 501(c)(3) and fil	ed Form 5768	5,0555 Page 2
(election under sec		.pc and coods			
A Check Duif the filing organiza	tion belongs to an affili	ated group (and list in	Part IV each affiliated	group member's nam	ne, address, EIN,
	re of excess lobbying e	- · ·			
B Check ► ☐ if the filing organiza	tion checked box A and	d "limited control" pro	visions apply		
Limit	ts on Lobbying Expen	dituros		(a) Filing	(b) Affiliated group
	ditures" means amour		İ	organization's totals	totals
1a Total lobbying expenditures to influ	uence public opinion (g	rass roots lobbying)		23,721.	
b Total lobbying expenditures to influ	uence a legislative bod	y (dırect lobbyıng)		57,498.	
c Total lobbying expenditures (add li	nes 1a and 1b)			81,219.	
d Other exempt purpose expenditure	es			4,027,999.	_
 Total exempt purpose expenditure 	s (add lines 1c and 1d)	1		4,109,218.	
f Lobbying nontaxable amount. Ente	er the amount from the	following table in bot	n columns.	355,461.	
If the amount on line 1e, column (a) o	r(b) is: The lobb	ying nontaxable am	ount is:		
Not over \$500,000		he amount on line 1e			
Over \$500,000 but not over \$1,000		plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000 \$225,000) plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00			
	stor OFN/ of line 16			88,865.	
g Grassroots nontaxable amount (en	•			00,003.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zero 				0.	
i If there is an amount other than ze	•	no 1, did the organize	ation file Form 4720		
reporting section 4911 tax for this		ne n, did the organiza	ation the Form 4720	F	Yes No
reporting section 4911 tax for this		raging Period Under	Section 501(h)		
(Some organiz	ations that made a se			plete all of the five	
co	lumns below. See the	instructions for line	s 2a through 2f on pa	age 4.)	
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	316,378.	329,588.	354,167.	355,461.	1,355,594
b Lobbying ceiling amount (150% of line 2a, column(e))					2.033.391

23,627.

82,397.

12,803.

13,798.

79,095.

23,721. 51,987. Schedule C (Form 990 or 990-EZ) 2011

166,048.

338,899.

508,349.

81,219.

88,865

47,404.

88,542.

15,463.

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

35-1978359 Page 3

Schedule C (Form 990 or 990-EZ) 2011 CHOICE INC.

| Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filled Form 5768 (election under section 501(h)).

For ea	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	1			
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?			1	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?	_			
d	Mailings to members, legislators, or the public?				
е	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	Other activities?				
j	Total Add lines 1c through 1i			ļ .	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c	(5), or s	ection	
	501(c)(6).				
			•	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		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), sect	ion 501(c)(5), or s	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	IO "oN" b	R (b) Par	t III-A, lin	e 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	ical			
	expenses for which the section 527(f) tax was paid).		į		
а	Current year		2a]	
	Carryover from last year		2b		
	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 ex	cess		1	
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information		· · · · · · · · · · · · · · · · ·		
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, F	Part II-A: and	Part II-B. I	ne 1. Also. o	complete
	part for any additional information.	,	· · · · · · · · · · · · · · · · · · ·	,	
	E FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE IS NET	VER IN	VOLVEI) IN	
POI	LITICAL CAMPAIGNS. THE SUBSTANTIAL ACTIVITY UNDERT	AKEN B	Y THE	FRIEDN	(AN
FOU	INDATION FOR EDUCATIONAL CHOICE IS EDUCATIONAL IN	NATURE	. CONS	SISTENT	<u> </u>
WIT	TH A NONPROFIT ORGANIZATION WITH "H ELECTION," THE	FOUND	ATION	ALSO	
UNI	DERTAKES LIMITED LOBBYING ACTIVITIES IN CERTAIN ST	ATES TO	O AID	IN THE	
PAS	SSAGE OF LEGISLATION THAT ENABLES PARENTS TO RECEL			Y FUNI	

Schedule C (Form 990 or 990-EZ) 2011 CHOICE INC.	35-1978359 Page 4
Part IV Supplemental Information (continued)	
VOUCHER OR A TAX CREDIT FUNDED SCHOLARSHIP TO SEND T	THEIR CHILDREN TO
APPROVED PRIVATE SCHOOLS. IN 2011, THESE ACTIVITIES	INCLUDED ALLOCATING
STAFF TIME FOR DIRECT LOBBYING TO STATE LEGISLATORS	AND ENCOURAGING THE
GENERAL PUBLIC TO SUPPORT SPECIFIC LEGISLATION.	
	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2011
Open to Public Inspection

Name of the organization

THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE INC.

Employer identification number 35-1978359

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		_
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		anization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ea		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements o	luring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	libition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	fucation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2011 CHOICE	INC.					3 !	5-19	<u> 78359</u>	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, e	or Other	Similar	Asse	ts (contin	iued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a sig	nificant us	e of its	collection	ıtems
	(check all that apply):									
а	Public exhibition	C	<u>. L</u>	Loan or exc	hange progra	ams				
b	Scholarly research	•	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	hey further tl	ne organizati	on's exem	pt purpose	e in Parl	: XIV	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar a	ıssets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	ınızatıon's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	lete if the	e organizatio	n answered	"Yes" to F	orm 990, F	Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	ıan or other ınterme	diary for	contribution	s or other as	sets not ir	cluded	_	_	
	on Form 990, Part X?							L.	Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table [.]				_		
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, Ime	21?						Yes	L∐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" to Fo	rm 990, Part	IV, line 10	<u> </u>			
		(a) Current year	(b) F	rıor year	(c) Two yea	rs back (c	ı) Three yea	rs back	(e) Four	years back
1a	Beginning of year balance		<u> </u>							
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships								_	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								<u></u>	
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	zation th	at are held a	nd administe	ered for the	organızat	ion	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	-
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm							- ,		
	Description of property	(a) Cost or o			or other		umulated		(d) Book	value
		basis (invest	ment)	basis	(other)	depr	eciation			
1a	Land		_							
b	Buildings			<u></u>	0.400		20 50			
С	Leasehold improvements				2,480.		30,509			,971.
d	Equipment			$\frac{12}{}$	5,879.	1.	24,179	٠.	1	,700.
	Other						<u> </u>		4.	<u> </u>
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pan	t X, colui	mn (B), line 1	O(c))	_		▶	43	,671.

Schedule D (Form 990) 2011 CHOICE IN				-19/0339 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line	12	(c) Method of valua	ution
(a) Description of security or category (including name of security)	(b) Book value	Co	st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-heid equity interests				·····
(0) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		-		•
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related		 e 13		
	- 1	C 10.	(c) Method of valua	ation:
(a) Description of investment type	(b) Book value	Со	st or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		<u> </u>		
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	>			
Part IX Other Assets. See Form 990, Part X,				
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)		•	
Part X Other Liabilities. See Form 990, Par	t X, line 25.	-		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)]	
(11)]	
	line 25)]	
Total. (Column (b) must equal Form 990, Part X, col (B) Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote. Fin 48 (ASC 740)	ote to the organization's financial su	atements that reports the organ	ization's liability for uncertain	in tax positions under
122052				

C-b-	dule D (Form 990) 2011 CHOICE INC.		35-	1978359	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	cial S			Page -
	Total revenue (Form 990, Part VIII, column (A), line 12)	1		4,809	137.
1	Total expenses (Form 990, Part IX, column (A), line 25)	2		4,109	
2	Excess or (deficit) for the year Subtract line 2 from line 1	3	_		919.
3	Net unrealized gains (losses) on investments	4			672.
4	Donated services and use of facilities	5			
5		6			
6 7	Investment expenses Prior period adjustments	7			
	Other (Describe in Part XIV.)	8			·
8	Total adjustments (net). Add lines 4 through 8	9		<365	672.
9	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		334	247.
10 Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		er Retur		
	Total revenue, gains, and other support per audited financial statements		1	4,443	465.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			-//	
2	1 - 1 - 26	5,67	72.		
a		3,0			
b				1	
C				ĺ	
	(<365	672
_	Add lines 2a through 2d Subtract line 2e from line 1		3	<365, 4,809,	137.
3			<u> </u>	2,005	, 13, 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a				
a	, ,				
b					0.
_	Add lines 4a and 4b Table was a Add lines 2 and 4a. (This must agual Form 990. Part I. line 12.)		5	4,809	
5 Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses			, 13 / •
<u> </u>	Total expenses and losses per audited financial statements		1	4,109	218.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25		<u>'</u>	-/	
2	Donated services and use of facilities 2a				
a					
b	Prior year adjustments Other losses 2b 2c				
4	Other (Describe in Part XIV)				
d e	Add lines 2a through 2d				0.
3	Subtract line 2e from line 1		3	4,109	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>		
a	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b		4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,109	
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV. lır	nes 1b and	2b: Part V. line	4. Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro				.,
	RT X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL				
UNI	DER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.	THE	REFORE	, NO	
				- <i>i</i>	
PRO	OVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLU	DED	IN TH	E FINANC	CIAL
ST	ATEMENTS. IN ADDITION, THE FOUNDATION HAS BEEN DETER	MINI	ED BY	THE	
IN	PERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATIO	N W	THIN	THE MEAN	NING
OF	SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE	WAS	NO UN	RELATED	
<u></u>					
TA	KABLE BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 3	1, 2	2011 A	ND 2010.	

Schedule D (Form 990) 2011 CHOICE INC.	35-1978359 Page 5
Part XIV Supplemental Information (continued)	
THE FOUNDATION FILES U.S. FEDERAL AND STATE OF INDIANA	INFORMATIONAL TAX
RETURNS. THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FE	DERAL AND STATE TAX
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008.	
	<u> </u>

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection OMB No 15:45-0047

ê | Employer identification number 35-1978359 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. THE FRIEDMAN FOUNDATION FOR EDUCATIONAL General Information on Grants and Assistance criteria used to award the grants or assistance? CHOICE INC. Name of the organization Part I ٥

		The second states		Jointon.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	• United States. C	omplete if the orga	ınızatıon answered "Y	es" to Form 990, Part I	V, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Check thi	s box if no one recipier	nt received more th	an \$5,000. Part II	can be duplicated if a	additional space is need	per hed
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(ħ)
or government		ıf applicable	cash grant	non-cash assistance	FMV, appraisal, other)	non-cash assistance	or assistance
AGUDATH ISRAEL OF ILLINOIS DBA							
AGUDATH ISRAEL OF AMERICA - 42				•			
BROADWAY, 14TH FLOOR - NEW YORK,							
NY 10004	36-3529801	501(C)(3)	10,000.	0.		Y	SENERAL OPERATING SUPPORT
						Y	SUPPORT TO HOST OR
AMERICANS FOR PROSPERITY							COORDINATE AN EVENT ON
FOUNDATION - 2111 WILSON BLVD.,							JULY 29, 2011 TO HONOR
SUITE 350 - ARLINGTON, VA 22201	52-1527294	501(C)(3)	29,000.	.0			THE LEGACY OF MILTON
							SUPPORT FOR BAEO'S 2011
BLACK ALLIANCE FOR EDUCATIONAL							NATIONAL SYMPOSIUM IN
OPTIONS - 888 16TH ST., NW, SUITE							MARCH 2011, INCLUDING
800 - WASHINGTON, DC 20006	41-2045142	501(C)(3)	17,000.	0			SUPPORT FOR THE
CITIZENS CONCERNED FOR THE							SUPPORT FOR EDUCATIONAL
CONSTITUTION DBA ADVANCE AMERICA -							MEETINGS AND MARKETING
101 W. OHIO ST., SUITE 660 -							MATERIALS FOR EDUCATION
INDIANAPOLIS, IN 46204	35-1510587	501(C)(3)	40,000.	0.			PARENTS AND LEADERS;
							SENERAL OPERATING SUPPORT
EDUCATION ACTION GROUP FOUNDATION							CONSISTENT WITH THE
801 W. NORTON AVE., FLOOR 1							EDUCATIONAL PURPOSE OF
MUSKEGON, MI 49441	26-0877115	501(C)(3)	35,000.	0.		•	THE EDUCATION ACTION
GEORGIA FAMILY EDUCATION AND							SENERAL OPERATING SUPPORT
RESEARCH COUNCIL, INC. DBA CENTER							FOR EDUCATING THE PUBLIC
FOR AN EDUCA - 3500 PARKWAY LANE,							ABOUT THE BENEFITS OF
SUITE 460 - NORCROSS, GA 30092	58-1928520	501(C)(3)	40,000.	0.		*	SCHOOL CHOICE,
Color total minimper of sectors 5040/10/10/10	400000000000000000000000000000000000000	44 1	- Inc. 4 4-1-1-				36

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

Schedule I (Form 990) (2011)

THE FRIEDMAN FOUNDATION FOR EDUCATIONAL

CHOICE INC.	
(Form 990)	

Schedule I (Form 990) CHOICE INC						3	35-1978359 Page 1
Part II Continuation of Grants and Other Assistance to Governments	Assistance to Go		nizations in the Ur	nted States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO FREEDOM FOUNDATION INC.							GENERAL OPERATING SUPPORT FOR ORGANIZING STATEWIDE
PO BOX 2801	26-3783048	501(C)(3)	26 000	0			EFFORTS TO EDUCATE PARENTS THE PRESS AND
1 2 %						:	SUPPORT TO EDUCATE THE PUBLIC ABOUT SCHOOL
- 1	35-1790240	501(C)(3)	5,000.	0.		,	снотсв.
INDIANA LEADERSHIP FORUM INC.							SUPPORT FOR EDUCATIONAL MEETINGS, THE ANNUAL
P.O. BOX 3021				,			LUNCHEON, AND THE ANNUAL
INDIANAPOLIS, IN 46206	48-1275668	501(C)(3)	7,500.	0.			CLASS TRIP TO WASHINGTON,
INDIANA NON-PUBLIC EDUCATION							SUPPORT FOR SIX-MONTH
MERIDIAN STREET - INDIANAPOLIS IN							HIRE A PRIVATE SCHOOL
	35-1474166	501(C)(3)	.000,03	0.			LIAISON TO ASSIST PRIVATE
						:	SUPPORT TO FURTHER
INSTITUTE FOR JUSTICE							RESEARCH ON SCHOOL CHOICE
\sim							TAX CREDITS IN STATES,
ARLINGTON, VA 22203	52-1744337	501(C)(3)	8,000.	0.			AND TO PREPARE REPORT
IOWA ALLIANCE FOR CHOICE IN						_	GENERAL OPERATING SUPPORT
EDUCATION - PO BOX 12219 - DES							FOR EDUCATIONAL
MOINES, IA 50312	20-4240578	501(C)(3)	26,000.	0			ACTIVITIES.
							SUPPORT FOR HOSTING A
STITUTE							FACT-FINDING EDUCATIONAL
<u> </u>							FORUM AND CONDUCTING
WICHITA, KS 67202	23-7047821	501(C)(3)	15,000.	0			ADVERTISING OUTREACH
							GENERAL OPERATING SUPPORT
MONTANA FAMILY FOUNDATION INC.							FOR EDUCATIONAL PROJECTS
P.O. BOX 485							THAT ANALYZE AND
LAUREL, MT 59044	75-3008481	501(C)(3)	10,000.	0.			COMMUNICATE THE BENEFITS
							GENERAL OPERATING SUPPORT
OKLAHOMA COUNCIL OF PUBLIC AFFAIRS							FOR EDUCATIONAL
RTH							ACTIVITIES TO BUILD
OKLAHOMA CITY, OK 73104	73-1436375	501(C)(3)	61,000.	0			AWARENESS AND SUPPORT FOR
							Schedule I (Form 990)

Page 1

CHOICE INC. Schedule I (Form 990)

O RAISE PUBLIC AWARENESS OF SCHOOL CHOICE PROGRAMS SENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT FINERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT ENERAL OPERATING SUPPORT OR EDUCATIONAL MEETINGS AND OUTREACH EFFORTS FOR SUPPORT FOR RESEARCH AND OR EDUCATIONAL EFFORTS SUPPORT FOR THE SCHOOLS JULY 29, 2011, TO HONOR OR EDUCATIONAL PROJECT THAT CAN 2011 NATIONAL WORK THAT COMMUNICATES THE BENEFITS OF SCHOOL COORDINATE AN EVENT ON DPINION LEADERS ABOUT THE LEGACY OF MILTON (h) Purpose of grant or assistance EDUCATION AND SCHOOL TO EDUCATE ON SCHOOL MARKETING MATERIALS CHOICE AND INCREASE WARENESS OF OHIO'S IDUCATE PARENTS AND SUPPORT TO HOST OR PORUM ON QUALITY OR EDUCATIONAL FOR EDUCATIONAL зсноог сногсе. CTIVITIES. ACTIVITIES. (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, 0 Ö 。 ö ٥. ٥. o Ö Ö (e) Amount of non-cash assistance 25,000. 25,000, 205,000, 15,000, (d) Amount of cash grant 10,000 32,500 20,000 000'09 11,000 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 38-3695127 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 74-2676958 | 501(C)(3) 36-4268793 20-2754466 20-4046250 20-4299824 20-1808567 20-3128872 20-3130699 (p) EIN PARENTS FOR EDUCATIONAL FREEDOM IN GERVAIS ST., SUITE 480 - COLUMBIA, MINORITY CHILDREN - 1301 GERVAIS NEUSE ROAD, SUITE 155 - RALEIGH, NORTH CAROLINA - 4900 FALLS OF 2025 N. SUMMIT AVE., SUITE 103 SOUTH CAROLINA FOR RESPONSIBLE ST., SUITE 480 - COLUMBIA, SC SOUTH CAROLINA ASSOCIATION OF TEXAS JUSTICE FOUNDATION INC. GOVERNMENT FOUNDATION - 1301 RESEARCH - P.O. BOX 198646 -SCHOOL CHOICE WISCONSIN INC. (a) Name and address of organization or government INDEPENDENT SCHOOLS SERVING TENNESSEE CENTER FOR POLICY 88 E. BROAD ST., SUITE 640 1040 FIRST AVE., SUITE 346 8122 DATAPOINT, SUITE 812 SCHOOL CHOICE INDIANA INC. SCHOOL CHOICE OHIO INC. INDIANAPOLIS, IN 46204 SAN ANTONIO, TX 78229 NASHVILLE, TN 37219 MILWAUKEE, WI 53202 COLUMBUS, OH 43215 NEW YORK, NY 10022 SCHOOLS THAT CAN P.O. BOX 441078 NC 27609 SC 29201

35-1978359

CHOICE INC.

Page 1 BENERAL OPERATING SUPPORT ACTIVITIES, SUPPORT TO HOST OR COORDINATE AN (h) Purpose of grant or assistance OR EDUCATIONAL (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non-cash assistance (d) Amount of cash grant 11,000. (c) IRC section if applicable 501(C)(3) 25-1744411 (p) EIN (a) Name and address of organization or government HARRISBURG, PA 17108 THE REACH FOUNDATION Schedule I (Form 990) PO BOX 2183

Schedule I (Form 990) (2011)

CHOICE INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

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(f) Description of non-cash assistance												Cabadula I (Form BBM) (70044)	Schedule I (Form 990) (2011)
(e) Method of valuation (book, FMV, appraisal, other)			r additional information	IS FOR GRANTS		AMOUNT	BOARD OF DIRECTORS	PROGRAM STAFF REVIEW THE	IT. AFTER		T WHICH IS	PROGRAM STAFF WORK CLOSELY WITH	
(d) Amount of non- cash assistance			line 2, and any othe	APPLICATIONS	EDUCATIONAL MISSION.	PROJECT,		RAM STAFF	EXECUTIVE MANAGEMENT.	THE	THE GRANT AGREEMENT WHICH	STAFF WORK	
(c) Amount of cash grant			on required in Part I,	N ACCEPTS A		TION OF THE	EVALUATE SUCCESS,		EXECUTIVE	REVIEWS)
(b) Number of recipients			de the informati	FOUNDATION	PURPOSE AND	DESCRIPTION	TO EVAL	THE FOUNDATION'S	S TO THE	OPERATIONS	AND WRITES	IS MADE.	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	SCHEDULE I, PART I, LINE 2: THE FO	THAT CONFORM TO OUR TAX-EXEMPT PUR	APPLICATIONS MUST INCLUDE A BRIEF	REQUESTED, PROJECT BUDGET, METHOD	LIST, AND FINANCIAL STATEMENT. THE	REQUEST AND SUBMIT SUGGESTED GRANTS	APPROVAL, THE VICE PRESIDENT OF OP	REQUEST FOR PROPER DOCUMENTATION A	SIGNED BY GRANTEE AND THEN PAYMENT IS	132102 01-27-12

Part IV | Supplemental Information

GRANTEE TO ENSURE ADHERENCE TO AGREEMENT AND USE OF GRANT FUNDS. GRANTEES

ARE REQUIRED TO SUBMIT A FINAL REPORT ON PROJECT, INCLUDING HOW FUNDS WERE

USED, IN A TIMELY MANNER AS NOTED IN THE GRANT AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICANS FOR PROSPERITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO HOST OR COORDINATE AN

EVENT ON JULY 29, 2011 TO HONOR THE LEGACY OF MILTON FRIEDMAN AND HIS

IDEAS.

NAME OF ORGANIZATION OR GOVERNMENT:

BLACK ALLIANCE FOR EDUCATIONAL OPTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR BAEO'S 2011 NATIONAL

SYMPOSIUM IN MARCH 2011, INCLUDING SUPPORT FOR THE SCHOLARSHIP FUND THAT

ASSISTS ATTENDEES WITH TUITION FEES AND EXPENSES. OPERATING SUPPORT FOR

MISSOURI CHAPTER.

NAME OF ORGANIZATION OR GOVERNMENT:

CITIZENS CONCERNED FOR THE CONSTITUTION DBA ADVANCE AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR EDUCATIONAL MEETINGS AND

MARKETING MATERIALS FOR EDUCATION PARENTS AND LEADERS; SUPPORT

IMPLEMENTATION OF INDIANA VOUCHER PROGRAM INCLUDING EMAIL AND RADIO

CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT: EDUCATION ACTION GROUP FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT CONSISTENT

WITH THE EDUCATIONAL PURPOSE OF THE EDUCATION ACTION GROUP'S 501C3

MISSION.

	(Form 990) 2011	CHOICE	INC.	 	 35-1978359	Page
Part IV	Supplemental	Information				

NAME OF ORGANIZATION OR GOVERNMENT: IDAHO FREEDOM FOUNDATION INC. (H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR ORGANIZING STATEWIDE EFFORTS TO EDUCATE PARENTS, THE PRESS AND COMMUNITY LEADERS ON THE BENEFITS OF SCHOOL CHOICE; SUPPORT TO HOST OR COORDINATE AN EVENT ON JULY 29, 2011 TO HONOR THE LEGACY OF MILTON FRIEDMAN AND HIS IDEAS.

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA LEADERSHIP FORUM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR EDUCATIONAL MEETINGS, THE ANNUAL LUNCHEON, AND THE ANNUAL CLASS TRIP TO WASHINGTON, DC.

NAME OF ORGANIZATION OR GOVERNMENT:

INDIANA NON-PUBLIC EDUCATION ASSOCIATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR SIX-MONTH IMPLEMENTATION PROJECT TO HIRE A PRIVATE SCHOOL LIAISON TO ASSIST PRIVATE SCHOOLS.

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE FOR JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO FURTHER RESEARCH ON SCHOOL CHOICE TAX CREDITS IN STATES, AND TO PREPARE REPORT ANALYZING CURRENT TAX CREDITS AVAILABLE TO IDAHO TAXPAYERS.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS POLICY INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR HOSTING A FACT-FINDING EDUCATIONAL FORUM AND CONDUCTING ADVERTISING OUTREACH EFFORTS FOR THE FORUM.

NAME OF ORGANIZATION OR GOVERNMENT: MONTANA FAMILY FOUNDATION INC.

Part IV | Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR

EDUCATIONAL PROJECTS THAT ANALYZE AND COMMUNICATE THE BENEFITS OF SCHOOL

CHOICE TO PARENTS, OPINION LEADERS AND THE MEDIA.

NAME OF ORGANIZATION OR GOVERNMENT:

OKLAHOMA COUNCIL OF PUBLIC AFFAIRS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR
EDUCATIONAL ACTIVITIES TO BUILD AWARENESS AND SUPPORT FOR SCHOOL CHOICE
IN OKLAHOMA; SPONSORSHIP OF LIBERTY GALA; SUPPORT TO HOST OR COORDINATE
AND EVENT ON JULY 29, 2011 TO HONOR THE LEGACY OF MILTON FRIEDMAN AND HIS
IDEAS.

NAME OF ORGANIZATION OR GOVERNMENT: SCHOOL CHOICE INDIANA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR

EDUCATIONAL EFFORTS TO RAISE PUBLIC AWARENESS OF SCHOOL CHOICE PROGRAMS

AND FOR RESEARCH AND EDUCATIONAL MATERIALS REGARDING SCHOOL CHOICE IN

INDIANA. SUPPORT OF MARKETING EFFORTS INCLUDING MATERIALS, STAFF,

DATABASE DEVELOPMENT AND PARENT OUTREACH.

NAME OF ORGANIZATION OR GOVERNMENT: SCHOOL CHOICE OHIO INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO EDUCATE
ON SCHOOL CHOICE AND INCREASE AWARENESS OF OHIO'S SCHOOL CHOICE PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: SCHOOLS THAT CAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE SCHOOLS THAT CAN

2011 NATIONAL FORUM ON QUALITY EDUCATION AND SCHOOL CHOICE TO HELP

ENHANCE THE COLLABORATIVE EFFORTS BETWEEN POLICY LEADERS AND QUALITY

SCHOOLS IMPLEMENTERS TO EDUCATE AND BUILD SUPPORT FOR SCHOOL CHOICE.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH CAROLINA ASSOCIATION OF INDEPENDENT SCHOOLS SERVING MINORITY CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR

EDUCATIONAL PROJECT WORK THAT COMMUNICATES THE BENEFITS OF SCHOOL CHOICE

PROGRAMS WITH A SPECIFIC FOCUS ON OPINION-LEADERS IN AFRICAN-AMERICAN

COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH CAROLINA FOR RESPONSIBLE GOVERNMENT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR RESEARCH AND MARKETING
MATERIALS TO EDUCATE PARENTS AND OPINION LEADERS ABOUT SCHOOL CHOICE.

NAME OF ORGANIZATION OR GOVERNMENT: TENNESSEE CENTER FOR POLICY RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO HOST OR COORDINATE AN

EVENT ON JULY 29, 2011, TO HONOR THE LEGACY OF MILTON FRIEDMAN AND HIS

IDEAS.

NAME OF ORGANIZATION OR GOVERNMENT: THE REACH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR

EDUCATIONAL ACTIVITIES. SUPPORT TO HOST OR COORDINATE AN EVENT ON JULY

29, 2011, TO HONOR THE LEGACY OF MILTON FRIEDMAN AND HIS IDEAS.

SCHEDULE J (Form 990)

Compensation Information

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

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

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE INC.

Employer identification number 35-1978359

Schedule J (Form 990) 2011

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, N/A 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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 Explain in Part III. X Compensation committee X Compensation survey or study Independent compensation consultant Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

132111

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

Page 2

CHOICE INC.

Schedule J (Form 990) 2011

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 in 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2	W-2 and/or 1099-MI	and/or 1099-MISC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in pnor Form 990
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4 ROBERT C ENIOW	3 3	00010	0			0	0	
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Page 3

Schedule J (Form 990) 2011

Part III | Supplemental Information

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lso complete this part for any	
nd 8, and for Part II. A	
1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also c	
lines 1a, 1b, 3, 4a, 4b,	
tions required for Part I,	
planation, or descriptiv	
de the information, ex	
ete this part to provid	nal information
Somple	dditio

Complete this part to 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
PART I, LINE 1A: THE FOUNDATION'S PRESIDENT EMERITUS (DECEASED OCT.
\sim
YEE PROVIDED TRANSPORTATION TO THE PRESIDENT EMERITUS
PROXIMATELY 2-3 TIMES PER MONTH). THE FOUNDATION EMPLO
TIME STAFF MEMBER THAT PROVIDES COMMUNICATIONS AND NEW
TO THE FOUNDATION. THE TRANSPORTATION SERVICES THAT HE PROVIDED TO THE
SSIDENT EMERITUS WAS A
i

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 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. ▶ See separate instructions. OMB No 1545-0047

Open To Public Inspection

THE FRIEDMAN FOUNDATION FOR EDUCATIONAL Name of the organization CHOICE INC.

Employer identification number 35-1978359

(a) Name of dis	au alificat para				(b) Description	of trans	action			(c) Cor	rected
(a) Name of dis	qualified pers				(b) Description	UI transc				Yes	No
	<u>-</u>									 	_
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						-	_				
Enter the amount of tax imposection 4958	osed on the o	organization	managers	s or disqualifi	ed persons during the	e year ur	nder	▶ \$		<u> </u>	
Enter the amount of tax, if a	ny, on line 2,	above, reim	bursed by	the organiza	tion			▶ \$			
art II Loans to and/o	r From Int	erested	Persons	· · · · · · · · · · · · · · · · · · ·					<u>-</u>		
					line 26, or Form 990-E	Z, Part \	√, lıne 38	3a			
(a) Name of interested person and purpose	(b) Loan t the orga	to or from nization?	(c) Origin	nal principal nount	(d) Balance due) In ault?	by bo	oroved ard or ottee?	(g) W agree	ritten ment?
<u> </u>	То	From				Yes	No	Yes	No	Yes	No
	 		 						 	<u> </u>	<u> </u>
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_{tal} art III Grants or Assis	tance Ber	nefiting li	ntereste	► \$ ed Persons	S.	<u> </u>					
Complete if the orga	ınızatıon ansv	vered "Yes'	on Form	990, Part IV,	line 27.						
(a) Name of interested	person		(b) Relati		een interested person ganization	and			iount ar assistar	nd type o	f
	···				·						
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Schedule L (Form 990 or 990 EZ) 2011 CHOICE INC.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on For	rm 990, Part I	V. line 28a 2	8b or <u>28</u> c			
(a) Name of interested person	` '	nship between and the organ		(c) Amount of transaction	(d) Description of transaction	organız reven	ues?
ANTODELL CEL ANCELO	DAMETT	MEMBED	OF CO	25 50 <i>6</i>	EMPLOYMENT;	Yes	No
ANDREW ST. ANGELO EMMIS COMMUNICATIONS CORP.		MEMBER			CONTRACT; S		$\frac{x}{x}$
EMMIS COMMUNICATIONS CORF.	OFFICE	N BCOTT	BIVILG	210,323.	CONTINUELY D		
Part V Supplemental Information Complete this part to provide additional	l information	for response	s to question	ns on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS T	RANSAC	TIONS I	NVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: ANDREW							
(B) RELATIONSHIP BETWEEN I			SON AN	D ORGANIZAT	CION:	·	
FAMILY MEMBER OF GORDON ST (C) AMOUNT OF TRANSACTION					 		
(D) DESCRIPTION OF TRANSAC	-		ENT; A	NDREW ST. A	NGELO IS TH	E	
GRANDSON OF GORDON ST. ANG							
EMERITUS. ANDREW ST. ANGE	LO IS	EMPLOYE	D BY T	HE FOUNDATI	ON AND RECE	IVED	
REASONABLE COMPENSATION FO	R SERV	ICES HE	PROVI	DES TO THE	FOUNDATION.		
(E) SHARING OF ORGANIZATIO	N REVE	NUES? =	NO				
(A) NAME OF PERSON: EMMIS							
(B) RELATIONSHIP BETWEEN I							
OFFICER SCOTT ENRIGHT IS			D GENE	RAL COUNSEL	OF EMMIS		
(C) AMOUNT OF TRANSACTION (D) DESCRIPTION OF TRANSAC			יייי. פרר	ТОТСИТ	TC BOARD		
SECRETARY (EX OFFICIO) OF						TS	
EXEC. VICE PRESIDENT AND G							
FRIEDMAN FOUNDATION FOR ED							
TO CREATE AND MANAGE A PUB	LIC AW	ARENESS	CAMPA				
				S	chedule I. (Form 990)	or 990.F	Z1 2011

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Schedule L (Form 990 or 990 EZ) 2011 CHOICE INC. 35-1978359 Page 2
Part V Supplemental Information
Complete this part to provide additional information for responses to guestions on Schedule L (see instructions).
THE BENEFITS OF SCHOOL CHOICE IN INDIANA. THE FOUNDATION EXECUTIVE STAFF
DETERMINED THAT THE TRANSACTION REPRESENTED AN ARMS' LENGTH FAIR-MARKET
VALUE FOR THE BENEFIT OF THE FOUNDATION. MR. ENRIGHT WAS NOT INVOLVED IN
ANY DECISION-MAKING ASPECT OF THE TRANSACTION. THE BOARD OF DIRECTORS
REVIEWED THE TRANSACTION, WITHOUT THE PARTICIPATION OF MR. ENRIGHT, AND
DETERMINED THERE WAS NOT A CONFLICT OF INTEREST.
(E) SHARING OF ORGANIZATION REVENUES? = NO
· ·

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.

2011
Open to Public Inspection

Name of the organization

THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE INC.

Employer identification number 35-1978359

FORM 990, PART VI, SECTION A, LINE 2: JANET FRIEDMAN MARTEL AND DAVID FRIEDMAN ARE SIBLINGS.

FORM 990, PART VI, SECTION B, LINE 11: THE IRS FORM 990 IS COMPLETED BY AN OUTSIDE ACCOUNTING FIRM, KATZ SAPPER & MILLER, IN CONJUNCTION WITH THE FOUNDATION'S VICE PRESIDENT OF OPERATIONS AND CONTROLLER. ONCE THE 990 IS COMPLETE, IT IS REVIEWED BY A PARTNER OF KATZ SAPPER & MILLER AND THEN BY THE FOUNDATION PRESIDENT & CEO, VICE PRESIDENT OF OPERATIONS, CONTROLLER, SECRETARY AND AN OUTSIDE ATTORNEY. UPON COMPLETION, THE FINAL FORM IS SENT TO THE FULL BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION'S BOARD OF DIRECTORS HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES DIRECTORS, OFFICERS AND KEY EMPLOYEES TO SUBMIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE. THE ANNUAL DISCLOSURE REQUIRES DIRECTORS, OFFICERS AND KEY EMPLOYEES TO DISCLOSE, IN WRITING, ANY KNOWN FINANCIAL INTEREST THAT THE INDIVIDUAL (TOGETHER WITH FAMILY MEMBERS) HAS IN ANY BUSINESS ENTITY THAT TRANSACTS BUSINESS WITH THE FOUNDATION. IN ADDITION DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO IMMEDIATELY DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST THAT ARISES MID-YEAR IN RELATION TO A THE CONFLICT OF INTEREST POLICY REQUIRES THAT ANY PROPOSED TRANSACTION. INDIVIDUAL WITH A CONFLICT BE RECUSED FROM THE DECISION-MAKING PROCESS THAT INDEPENDENT DIRECTORS DETERMINE WHETHER THE PROPOSED TRANSACTION IS IN THE BEST INTERESTS OF THE FOUNDATION, AND THE TRANSACTION MUST BE APPROVED BY A VOTE OF THE INDEPENDENT DIRECTORS WITHOUT THE PARTICIPATION OF ANY THE ANNUAL CONFLICT DISCLOSURE STATEMENTS ARE INTERESTED INDIVIDUAL.

Schedule O (Form 990 or 990-EZ) (2011)

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

Employer identification number 35-1978359

SUBMITTED TO, AND REVIEWED BY, THE FOUNDATION'S VICE PRESIDENT OF

OPERATIONS. IN ADDITION, THE EXECUTIVE STAFF OF THE FOUNDATION ARE

RESPONSIBLE FOR MONITORING ANY POSSIBLE CONFLICT TRANSACTIONS THAT ARISE

AND MANAGING THEM TO ENSURE THAT ALL TRANSACTIONS REPRESENT ARMS' LENGTH,

FAIR MARKET VALUE TERMS FOR THE BENEFIT OF THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15A: THE FOUNDATION'S BOARD OF DIRECTORS HAS ADOPTED AN EXECUTIVE COMPENSATION AND INTERMEDIATE SANCTIONS POLICY. THE PURPOSE OF THE POLICY IS TO ENSURE THAT THE FOUNDATION'S COMPENSATION ARRANGEMENTS WITH RELATED PARTIES ARE EVALUATED AND ENTERED AT ARMS' LENGTH AND THAT ANY COMPENSATION THAT IS PAID TO A RELATED PARTY IS REASONABLE AND REFLECTS FAIR MARKET VALUE. THE POLICY ENCOURAGES THE APPLICATION OF THE REBUTTABLE PRESUMPTION STANDARD OF CODE SECTION 4958 AND THE RELATED TREASURY REGULATIONS BY (A) EXCLUDING ANY INTERESTED PARTY FROM THE DECISION-MAKING PROCESS; (B) REQUIRING DISINTERESTED BOARD MEMBERS TO OBTAIN AND RELY UPON COMPARABILITY DATA WHEN SETTING THE PROPOSED COMPENSATION TERMS; (C) REQUIRING APPROVAL OF THE TRANSACTION IN ADVANCE BY DISINTERESTED DIRECTORS; AND (D) REQUIRING CONTEMPORANEOUS DOCUMENTATION (I.E., MINUTES) REFLECTING THE DECISION AND THE PROCESS BY WHICH IT WAS MADE. DURING JANUARY 2011, INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, MEETING AS A SEPARATE COMMITTEE EVALUATED THE COMPENSATION OF THE PRESIDENT/CEO AND PRESIDENT EMERITUS, EVALUATED COMPARABILITY DATA, USED SUCH DATA TO SET THEIR COMPENSATION FOR 2011 AND 2012.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

IN, AK, AR, CA, FL, GA, HI, KY, ME, MD, MA, MI, MS, NH, NJ, NM, NY, OK, OR, PA, WV, AL, AZ, CO, CT

IL, MN, NC, OH, RI, SC, TN, UT, VA, WI

Schedule O (Form 990 or 990 EZ) (2011)	Page 2
Name of the organization THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE INC.	Employer identification number 35-1978359
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-365,672.
FORM 990, PART XII, LINE 2C	
THE HAS BEEN NO CHANGE IN THIS PROCESS FROM PRIOR YEAR.	
FORM 990, PART IX, LINE 18	
PAYMENTS FOR TRAVEL FOR PUBLIC OFFICIALS	
PAYMENTS ARE FOR TRAVEL EXPENSES INCURRED DURING FACT-FIR	NDING
EDUCATIONAL TRIPS AND EDUCATIONAL SEMINARS HOSTED BY THE	FOUNDATION.
EXPENSES COVERED INCLUDED TRANSPORTATION, HOTEL AND MEALS	S
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Form 8	68 (Rev. 1 2012)					Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		ightharpoons	
Note. C	nly complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	ed Form (3868.		
	are filing for an Automatic 3-Month Extension, comple						
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	eded).	
			Enter filer's	identifyin	g number,	see instructions	
Type or Name of exempt organization or other filer, see instructions				Employer	mployer identification number (EIN) or		
print							
File by the	the CHOICE INC.			X	X 35-1978359		
due date f	Number, street, and footh of suite no. If a 1.0, box, see instructions.			Social security number (SSN)			
filing your return Se							
Instruction							
	INDIANAPOLIS, IN 46282						
	•						
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Application			Application			Return	
Is For		Code	Is For			Code	
Form 990		01				4	
Form 990-BL		02	Form 1041-A			08	
Form 990-EZ		01	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870				
STOPI	Do not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	iously file	d Form 886	8	
	CAREY FOLCO, V	ICE P	RESIDENT OF OPER				
• The	books are in the care of ONE AMERICAN SO	QUARE	, STE 2420 - INDIA	NAPOL	IS, IN	46282	
Tele	phone No. ► 317-681-0745		FAX No. ▶				
• If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			▶ □	
• If the	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole (group, check this	
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	ers the exte	nsion is for.	
4 request an additional 3-month extension of time until NOVEMBER 15, 2012.							
5 F	For calendar year 2011, or other tax year beginning, and ending						
	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return						
Change in accounting period							
7 5							
ORGANIZATION REQUIRES ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN.							
							_
8a 1	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
r	nonrefundable credits. See instructions				\$	0.	
b i	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
t	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	previously with Form 8868				\$	0.	
_	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using				<u>_</u>		
	EFTPS (Electronic Federal Tax Payment System). See instructions			8c	\$	0.	
	Signature and Verificat	tion mu	st be completed for Part II	only.			
Under p	enalties of perjury, I declare that I have examined this form, includ , correct, and complete, and that I am authorized to prepare this fo				of my knowled	ge and belief,	
Signatu				Date		112	
olynatu	Time P	<u></u>		Date	· ·	9969 (Pov. 1.2012)	