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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)

OMB No 1545-0047

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

Open to Public Inspection

A	Fo <u>r the</u>	2011 calendar year, or tax year beginning JUL 1, 2011 and	ending J	<u>UN 30, 2012</u>	
В	Check if applicable	C Name of organization EDUCATION ENTERPRISE OF NEW YORK		D Employer identific	cation number
	Addres change	FOUNDATION, INC.			
	Name change	Doing Business As		16-1	557039
F	∏lnitial ∏return ∏ermin	,	Room/suite	E Telephone number)334-8010
F	—ated □Amend _return			G Gross receipts \$	1,839,599.
F	Applica			H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
_	pendin	F Name and address of principal officer: JOSEPH M. MARTINO		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3)	or 527	1 ' '	list. (see instructions)
		e: ► E2NY.ORG	<u> </u>	H(c) Group exemption	
		organization X Corporation	L Year		State of legal domicile NY
		Summary		,	
		Briefly describe the organization's mission or most significant activities: ${ t TO t Bl}$	ENEFIT	AND SUPPOR	T THE
Activities & Governance		ACTIVITIES OF EDUCATION ENTERPRISE OF NEW	W YORK	, INC., THE	NORMAN
7.0	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
o Ve	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	7
ر مع	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
Σŧ	6	Total number of volunteers (estimate if necessary)	1 .	6	8
Acti	7a	Total unrelated business revenue from Part VIII column(♣, [n+2V -		<u>7a</u>	0.
_	b l	Net unrelated business taxable income from Form 990-T, line 34	4	7b	0.
		Contributions and grants (Part VIII, line 1h)	·1 -	Prior Year	Current Year
ě	8 (Contributions and grants (Part VIII, line 1h)	!\	1,140,939.	1,442,334.
en.		Program service revenue (Part VIII, line 2g)	·\	360,000.	360,000.
Revenue	10	nvestment income (Part VIII, column (A), lines 3 4, and 70 DEN, U	⊢ الـ	<140,248.	> 37,265.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8e , 9c, 10c, and 11e)	·	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,360,691.	1,839,599.
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)		1,122,582.	1,145,755.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
Ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	50.	U •	
Ä	b		50•	395,767.	284,870.
	L	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,518,349.	1,430,625.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<157,658.	
7.8	19	Revenue less expenses. Subtract line 18 from line 12	- ·	ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)	_ De	4,644,902.	4,733,739.
ASS	21	Fotal liabilities (Part X, line 16)	-	1,787,827.	1,548,223.
E E	22	Net assets or fund balances. Subtract line 21 from line 20	•	2,857,075.	3,185,516.
	art fi	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	v knowledge and belief, it is
	-	, and complete Declaration of preparer (other than officer) is based on all information of wi			,
		Aso dellando		11.6.1	<u>'Z</u>
Sig	ın	Signature of officer	-	Date	
He		▲ JOSEPH M. MARTINO, CEO			
		Type or print name and title			
	_	Print/Type preparer's name Preparer's signature		Date, Check	PTIN
Pai	d į	NANCY J. SNYDER Music Many	Cat	///2/12sett-employ	P00434465
Pre	parer	Firm's name BONADIO & CO., LLP		Firm's EIN	16-1131146
Use	Only	Firm's address 171 SULLY'S TRAIL, SUITE 201			
		PITTSFORD, NY 14534	_	Phone no (<u>585) 381-1000</u>
Мa	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
1320	001 01-23	1-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

132002 02-09-	2 -12	Form 9	30 (2011)
4e	Total program service expenses ► 1,380,219.		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
.,	/ Leavening & Treatment & Trea		
	(Code) (Expenses \$		
	PROVIDED USE OF THE BUILDING FOR THE STUDENTS OF NORMAN HOWARI	SCHO	OL.
4b	(Code) (Expenses \$ 234,464 • including grants of \$) (Revenue \$		000.
	TO APPROX 130 LEARNING DISABLED STUDENTS. GRANTS GIVEN TO ENCORESOURCES FOR LEARNING, INC. THAT PROVIDED EDUCATIONAL SERVICE 2,000 STUGGLING LEARNERS.		
4a	(Code) (Expenses \$ 1,145,755. including grants of \$ 1,145,755.) (Revenue \$ GRANTS GIVEN TO NORMAN HOWARD SCHOOL THAT PROVIDED EDUCATIONAL		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a others, the total expenses, and revenue, if any, for each program service reported.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		X No
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.	Yes	X No
	YORK, INC., THE NORMAN HOWARD SCHOOL AND ENCOMPASS: RESOURCES LEARNING, INC.	FOR	
1	Briefly describe the organization's mission: TO 'BENEFIT AND SUPPORT THE ACTIVITIES OF EDUCATION ENTERPRISE YORK INC. THE NORMAN HOMARD SCHOOL AND ENCOMPASS & DESCRIBERS		W
rai	Check if Schedule O contains a response to any question in this Part III		
	rt 祖 Statement of Program Service Accomplishments	7039	Page 2

Form 990 (2011)

EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

Part IV Checklist of Required Schedules

16-1557	039	P	<u>age 3</u>
		Yes	No
	1	Х	
	2	X	
to candidates for			
	3		X
1(h) election in effect			v
	4		<u> X</u>
, assessments, or	_		X
have the right to	5		<u> </u>
e Schedule D, Part I	6		х
ice,			
· ·	7		Х
es," complete			
	8		Х
rt X; or provide			
dule D, Part IV	9		Х
wments, permanent	10	х	
/I, VII, VIII, IX, or X			
olete Schedule D,	11a	x	
ore of its total	110		
or no total	11b	x	
ore of its total			
	11c		X
ets reported in	44.4	x	
), Part X	11d 11e	X	-
at addresses	110		
le D, Part X	11f	x	ŀ
complete			
•	12a		Х
?			
XIII is optional	12b	X	
	13		X
	14a	 	X
Iraising, business,			
alued at \$100,000			.
	14b	-	X
organization	15		X
	15	L	1 1

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
٥	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
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	- 0 -		
3	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	-		
	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, VII, 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	X	
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	
c	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		<u>X</u>
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI, XII, and XIII	12a		X
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	Х	
40	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
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	145		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		-	
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	055	<u> </u>
		Form	990 (2011)

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	Х	
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		X
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		17	
	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			v
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	05-		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
Þ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
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			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?	24	X	
35a	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 35a		X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	338		<u> </u>
U	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	500		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2011)

FOUNDATION, INC.

Check if Schedule O contains a response to any question in the Part V 1a Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable be Enter the number of Forms W-26 included in lan 1a. Enter 0-if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gammling) within your with backup withholding rules for reportable payments to vendors and reportable gamming (gammling) within your with backup withholding rules for reportable payments to vendors and reportable gamming (gammling) with making with cwithin they were covered by this return 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the canadral year endoring with or within the year covered by this return 3b If a least one is reported on line 2a, did the organization fille all required to e-file (see natructions) 4c It all least one is reported on line 2a, did the organization fill in the second of 15 (1000 or more during the year) 4c If If Yes, in the fill in a foreign country (see in some of 15 (1000 or more during the year) 5c If Yes, in the fill in a foreign country (see in a see in a party to a prohibitor tax very or the second or any open to the financial accountry) 5c If Yes, in the fill in sequenements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c If Yes, in the second or the production of the second or th	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of form 1096. Enter of rind applicable Enter the number of Forms W2C included in the 1a. Enter of in the applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize with a proper of the properties of the properties of the region of the properties of the		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W2C included in len 1s. Enter 9-of not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lied for the calendar year and ong with or within the year covered by this return I 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 1 and 2 is greater than 250, you may be required to e-life (see instructions) 3 Did the organization have unrelated business gross income of \$1.000 or more during the year? 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If "Yes," enter the name of the foreign country." 5 See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did say taxable party nority for enganization that it was or as party to a prohibited tax shelter transaction? 5 Did say taxable party nority for enganization that it was or as party to a prohibited tax shelter transaction? 5 Did the organization have annual special time and a solution and party for goods and services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the viganization necessary and the section of the value of the goods or services provided? 7 Did the organization receive a payment in excess 5/3° made party as a contribution and party for goods and services provided to the payor? 7 Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1046-C7 8 Did the organization receive				Yes	No
Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [filled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 23, did the organization fille all required federal employment tax returns? Note. If the sum of lines 1a and 2 as ig reader than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$10,000 or more dumpt the year? 5b If "Yes," has it filled a Form 990 T for this year? If "No." provide an explanation in Schedule O 6 At any time duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ■ 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," to line 5a or 5b, did the organization like and it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization life Form 889617? 6d Does the organization and party to a prohibited that was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization life Form 889617? 6d Does the organization neal manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 6d Different 8820? 6d If "Yes," it was not the comparation in the form solicitation an express statement that such contributions or griffs were not tax deductible? 6d Different 8820? 7d Different 8820? 7d Different 8820? 7d Different 8820? 7e Different 8820? 7e Different 8820? 7e Different 8820? 7e Different 8820? 8	1a	Enter the nethods reported in Box of all of the recording to the recording			
gambing) wrinings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, prize and the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, dot the organization file all required debral 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 unrelated business gross income of \$1,000 or more during the year? 5a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a Was the start of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ★1 Tyes, return the name of the foreign country. ★2 See instructions for filing requirements for form TD F 90-22-1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b If Yes, to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shefter transaction at any time during the tax year? 5b If Yes, to line 5a or 5b, did the organization file Form 8886-T? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If Yes, did the organization include with every excluditions under section 170(c). 7b Unique formation start may receive deductible contributions under section 170(c). 9c Did the organization received a payment in excess of 375 made party as a contribution of ground any contributions and party for goods and services provided to the payor? 7c Did the organization received a contribution of year dispose of tangible personal property for which it was required to file Form 8282? 1d If Yes, Indicate the number of Forms 8282 filed during the year 9c Did the organization received a	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of demployees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year andring with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated buseness gross income of \$1,000 or more during the year? 3a At any time duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 3b If "Yes," has if filed a form 990-1 for this year? If "No." provide an explanation in Schedule O 3b If "Yes," the organization have the foreign country (such as a bank account, securities account, or other financial accounts? 5b Was the organization and the foreign country (such as a bank account, securities account, or other financial accounts. 6a Was the organization for form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 6a Was the organization for the organization that if was or is a party to a prohibited tuming the tax year? 5c If "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tuming the tax year? 5b Da over the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," to the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b Uff was, and the organization and excess of 375 made party as a contribution of organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7c Variation of the organization received and co	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
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					<u>X</u>
	<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_	000	400 1 11

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, 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
<u>Sec</u>	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 1a 7			
	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 6			
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_	-	<u>X</u>
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_		<u>X</u>
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			17
	more members of the governing body?	7a		<u>X</u>
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			.,
_	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v	
	The governing body?	_8a_	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-	Did the average tree have level abordone have been as efflicted.	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
11.	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	118	-	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	In Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1-7		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
~	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
ь	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
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) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: ▶	•	
	PATRICIA DELL - 585-334-8010			
	275 PINNACLE RD., ROCHESTER, NY 14623			
132008 01-23-		Form	990 (2011)

Part VII 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

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

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

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	box	not c	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	er all trustational trustates	od a d		Highest compensated anyloge employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RICHARD SANDS	1 00	X		X				0.	0.	0
CHAIRMAN	1.00	^	-	^		<u> </u>		0.	0.	
(2) WILLIAM NAPIER	1 00	x		x				0.	0.	0
TREASURER (3) JOSEPH M. MARTINO	1.00	^		┢		.		0.	0.	
EXECUTIVE DIRECTOR/SECRETARY	40.00	X		Х				0.	144,687.	12,324
(4) GINNY CLARK						-				
BOARD MEMEBER	1.00	Х						0.	0.	0
(5) RICHARD FOX										
BOARD MEMEBER	1.00	X				ļ		0.	0.	0
(6) HORACE GIOIA										
BOARD MEMEBER	1.00	X						0.	0.	0
(7) GEORGE H. GRAY, ESQ.		ł	İ			ĺ			_	
BOARD MEMEBER	1.00	X				ļ		0.	0.	0
(8) PATRICIA DELL CFO	40.00			х				0.	98,763.	11,016
	10.00	_	_						3077000	
								_		

132007 01-23-12

EDUCATION FOUNDATION			NEW YORK	ζ	16-1557	0.3
ers, Directors, Tru			lighest Compen	sated Employ	ees (continued)	
	(B)	(C)		(D)	(E)	ĺ

	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	stee or director object or object or object or director object or	not ci unle:	Pos heck ss pe	tion more rson l recto		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	C) C((F) Estimat amount other ompens from the organiza and rela organizat	of ation ne tion ted
c	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but		ose	liste	ed al	bove	b whe) wh	no re	0 . 0 . 0 . eccived more than \$100	243,45 243,45 0,000 of reportable	0.	23,3	0.
3 4 5 Sec	Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest or	such individual sum of reportab 50,000? If "Yes, r accrue comper mplete Schedul	le co " <i>coi</i> nsati e <i>J f</i> e	ompo mple on f	ensa ete S rom uch	ation Sche any pers	n and edule unr	d oti e <i>J t</i>	her compensation from for such individual ed organization or indiv	the organization	3 4 5 pensatio	X	4 No X
	the organization. Report compensation for (A) Name and busines	or the calendar y	ear e		ng v					year.		(C) pensati	on
	Total number of independent contractors \$100,000 of compensation from the orga		ot lir	mite	d to		se lis	stec	d above) who received n	nore than			

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16-1557039 Page **9**

Pai			Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ	1	а	Federated campaigns	1a	5,000.				
		ь	Membership dues	1b					
P, G		С	Fundraising events	1c					
ar Sit			Related organizations	1d					
S.E		е	Government grants (contribut	ions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, gran similar amounts not included abo	ve 1f	1437334.				
SE		_	Noncash contributions included in lines Total. Add lines 1a-1f	: 1a-1f \$		1442334.			
<u> </u>		**	Total. Add lines 1a-11	*	Business Code				
o l	2	а	RENTAL INCOME		900003	360,000.	360,000.	İ	
Program Service Revenue	_	b							
Se		c							
e a		d							
90		e							
٦		f	All other program service reve	enue					
\Box		g	Total. Add lines 2a-2f			360,000.			
	3		Investment income (including	dıvıdends, ı	nterest, and				
			other similar amounts)		>	37,265.		<u></u>	37,265.
	4		Income from investment of ta	x-exempt bo	ond proceeds				
	5		Royalties		▶		***************************************		
				(ı) Rea	(II) Personal				
	6	а	Gross rents						
			Less: rental expenses						
			Rental income or (loss)	<u> </u>					
			Net rental income or (loss)		<u> </u>				
	7	а	Gross amount from sales of	(i) Securit	ies (ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
	_		Net gain or (loss)						
9	8	а	Gross income from fundraising		ot				
Other Revenue			including \$ contributions reported on line						
e l			•	1c). See					
횰		_	Part IV, line 18 Less: direct expenses		a b				
გ ∣			Net income or (loss) from fund	draining ava	· · · · · · · · · · · · · · · · · · ·			1	
	٥		Gross income from gaming a		1113				
	8	a	Part IV, line 19	J. 17 1.103. OCE	a l				
		h	Less: direct expenses		ь				
			Net income or (loss) from gan	nina activitie	·	İ			
	10		Gross sales of inventory, less			-			
	•	_	and allowances		а				ı
l		ь	Less: cost of goods sold		ь				i
l			Net income or (loss) from sale	es of invento	ory . D				
Ī			Miscellaneous Revenu		Business Code				
Ţ	11	а				<u> </u>			
		b				-			
		c							
		d	All other revenue						
		е	Total. Add lines 11a-11d		•				
	12		Total revenue. See instructions		>	1839599.	360,000.	0.	
13200 01-23	9 -12								Form 990 (2

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	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	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				
	organizations in the United States See Part IV, line 21	1,145,755.	1,145,755.		
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				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
¢	Accounting	3,151.		3,151.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	26,004.		26,004.	
12	Advertising and promotion				
13	Office expenses	3,097.		3,097.	
14	Information technology				
15	Royalties				
16	Occupancy	3,734.	3,734.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<u>_</u>		
19	Conferences, conventions, and meetings				
20	Interest .	23,329.	23,329.		
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	207,366.	207,366.		· ·
23	Insurance	4.		4.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O')				
а	MISCELLANEOUS	18,185.	35.	18,000.	150
b					
c					
d					
-	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	1,430,625.	1,380,219.	50,256.	150
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 if following SOP 98-2 (ASC 958-720)				

Pai	tΧ	Balance Sheet				
		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		23,601.	2	92,273. 1,777,099.
	3	Pledges and grants receivable, net		1,142,471.	3	1,777,099.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	•			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru			6	
Assets	7	Notes and loans receivable, net	J. 10110,		7	
SS	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a 4,156,683.			
	h	Less: accumulated depreciation	10a 4,156,683. 10b 2,427,334.	1,936,715.	10c	1,729,349.
	11	Investments - publicly traded securities	100 = 7 == . 7 = = .	758,491.	11	506,872.
	12	Investments - other securities. See Part IV, line 1	14	406,552.	12	1,729,349. 506,872. 312,236.
	13	Investments - program-related. See Part IV, line		100,000	13	/
	14	Intangible assets	11		14	
	15	Other assets. See Part IV, line 11		377,072.	15	315.910.
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	4,644,902.	16	4.733.739.
	17	Accounts payable and accrued expenses	a line 34)	245,218.	17	315,910. 4,733,739. 182,227.
	18	Grants payable			18	
	19	Deferred revenue			19	· -
	20	Tax-exempt bond liabilities			20	······································
un.	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	·
Liabilities	22	Payables to current and former officers, director				
Ē		highest compensated employees, and disqualifi				
Ľi		of Schedule L	ed persons. Complete i ait ii		22	
	23	Secured mortgages and notes payable to unrela	ated third portion	1,279,040.	23	1,362,956.
	24	Unsecured notes and loans payable to unrelated		1/2/5/0100	24	2,002,75000
	25	Other liabilities (including federal income tax, pa	•			
	20	parties, and other liabilities not included on lines		1		
		Schedule D	17-24). Complete Falt X O	263,569.	25	3,040.
	26	Total liabilities. Add lines 17 through 25		1,787,827.		1,548,223.
	20	Organizations that follow SFAS 117, check he	ere X and complete			
w		lines 27 through 29, and lines 33 and 34.	and complete			
Ö	27	Unrestricted net assets		1,714,604.	27	1,408,417.
<u>la</u>	28	Temporarily restricted net assets		1,142,471.	28	1,777,099.
œ :	29	Permanently restricted net assets		1/112/1/10	29	2711110000
Ĕ	28	Organizations that do not follow SFAS 117, c	heck here and		20	
Ē		=	neck nere			
Net Assets or Fund Balances	30	complete lines 30 through 34.			30	
Sel	30	Capital stock or trust principal, or current funds			31	
₹	31	Paid-in or capital surplus, or land, building, or ed	•			
Ne.	32	Retained earnings, endowment, accumulated in	come, or other funds	2,857,075.	32	3,185,516.
•	33	Total net assets or fund balances		4,644,902.	33 34	4,733,739.
	34	Total liabilities and net assets/fund balances		7,077,302.	J44	5 000 (0011)

Form **990** (2011)

Form **990** (2011)

Form	1990 (2011) FOUNDATION, INC.	10-100	11033	Pag	<u> 12 95</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,839		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,430		
3	Revenue less expenses. Subtract line 2 from line 1	3	40	3,9	<u>74.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,85°	7,0	<u>75.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<80),5	<u>33.</u>
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	3,18	5,5	<u> 16.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	ე.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	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 Sched	dule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a			
	separate basis, consolidated basis, or both:				
	Separate basis X 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 Sing	gle Audit			
	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 require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury

Name of the organization

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.

Inspection

OMB No 1545-0047

Internal Revenue Service

EDUCATION ENTERPRISE OF NEW YORK

Employer identification number 16-1557039

FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 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.) 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.) X 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). 11 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 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? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (III) Type of (vi) is the (iv) is the organization (v) Did you notify the (ii) EIN (vii) Amount of (i) Name of supported organization in col organization in col (i) listed in your organization in col organization (I) organized in the support (described on lines 1-9 |aoverning document?| (i) of your support? above or IRC section (see instructions)) Yes No Yes Nο

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

Schedule A (Form 990 or 990-EZ) 2011

132021

P	Support Schedule for (Complete only if you checke	_			•		-
	fails to qualify under the tests			=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Se	ction A. Public Support						
Cale	endar 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.")						
2	Tax revenues levied for the organ- ization'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						
5	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)						
	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u> </u>			
Se	ction B. Total Support		,		,		
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
8	_						
O	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9		-	 			-	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		<u> </u>			-	-
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)			12	
	First five years. If the Form 990 is for		•	rd. fourth. or fifth t	ax vear as a sect		
	organization, check this box and stop	-		,	,	,	▶□
Se	ction C. Computation of Publ		ercentage	•			
14	Public support percentage for 2011 (ine 6, column (f) o	divided by line 11,	column (f))		14	%
	Public support percentage from 2010	• •	-			15	%
	a 33 1/3% support test - 2011. If the o		•	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	-					▶□
ı	b 33 1/3% support test - 2010. If the		_		d line 15 is 33 1/3	% or more, check to	nis box
	and stop here. The organization qual	-				•	ightharpoons
178	a 10% -facts-and-circumstances tes	• •			e 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop i	here. Explain in P		
	meets the "facts-and-circumstances" b 10% -facts-and-circumstances tes	·-				- 170 and line 45 :-	10% 6"
	u iv/o *lacis*anu=circumstances tes	ı - zviv. II ine or	uanizadon dio not	uneuk a dox on III	e io. ida. idb. 0	ı ıza. anu ille ib is	1U 70 UI

Schedule A (Form 990 or 990-EZ) 2011

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part # 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	ction A. Public Support	elow, please comp	nete Part II.)		··		
_	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 include any "unusual grants.")		895,391.	1,143,170.		1,442,334.	5,287,580.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the				1,140,939.		
	organization's tax-exempt purpose	360,000.	360,000.	360,000.	360,000.	360,000.	1,800,000.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	1,025,746.	1,255,391.	1,503,170.	1,500,939.	1,802,334.	7,087,580.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons		100,000.	100,000.	100,000.	100,000.	400,000.
t	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						0.
	Add lines 7a and 7b		100,000.	100,000.	100,000.	100,000.	
	Public support (Subtract line 7c from line 6)			200/0000			6,687,580.
	ction B. Total Support			•		<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	1,025,746.	1,255,391.	1,503,170.	1,500,939.	1,802,334.	7,087,580.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,820.	7,095.	19,166.	23,777.		132,123.
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	44 920	7,095.	10 166	23,777.	37,265.	132,123.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	44,820.	7,095.	19,166.	23,777.	37,265.	132,123.
12	Other income. Do not include gain or loss from the sale of capital			2,623.			2,623.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	1,070,566.	1,262,486.	1,524,959.	1,524,716.	1,839,599.	7,222,326.
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here				_		. ▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2011 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	92.60 %
	Public support percentage from 2010			 		16	90.77 <u>%</u>
<u>Se</u>	ction D. Computation of Inves	<u>stment Income</u>	e Percentage			, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 20	11 (line 10c, colun	nn (f) divided by lir	e 13, column (f))	•	17	1.83 %
18	Investment income percentage from a					18	2.91 %
	a 33 1/3% support tests - 2011. If the more than 33 1/3%, check this box at	nd stop here. The	organization qual	fies as a publicly s	supported organiz	ation	. X
t	33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che	·-					. —
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	<u>▶</u>
1320	23 01-24-12				Sch	edule A (Form 99	0 or 990-EZ) 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internat Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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

EDUCATION ENTERPRISE OF NEW YORK

Employer identification number 16-1557039

Pa	Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
1.5	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)		
3 -	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad	=	
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	,	Yes No
Pa	† # Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n 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
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	in Part XIV, describe how the organization reports conservation	n easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	Till Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	ublic 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 trea		ıal gaın, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

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

132051 01-23-12 Schedule D (Form 990) 2011

	t III Organizations Maintaining C		t, Historical	Treasures,	or Othe	er Similar As	sets (continued)
3	Using the organization's acquisition, accession						· -
	(check all that apply):	,	,				
а	Public exhibition	d	Loan or	exchange progr	ams		
ь	Scholarly research	е	Other	0.0			
c	Preservation for future generations	_					· -
4	Provide a description of the organization's co	ellections and explain	how they furth	er the organizat	ion's exe	mpt purpose in F	Part XIV.
5	During the year, did the organization solicit or						
	to be sold to raise funds rather than to be ma						Yes No
Pai	t IV Escrow and Custodial Arran				"Yes" to	Form 990, Part I	
	reported an amount on Form 990, Par						,
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribu	tions or other a	ssets not	Included	
	on Form 990, Part X?		•				Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:		•		
		•	•				Amount
c	Beginning balance					1c	
	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes No
	If "Yes," explain the arrangement in Part XIV.						
Pa	T V Endowment Funds. Complete it	the organization ans	swered "Yes" to	Form 990, Par	l IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	604,002.	347,9	95. 34	6,295.	339,84	7.
b	Contributions	401,624.	256,0	07.	1,700.	6,44	8.
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	1,005,626.	604,0	02. 34	7,995.	346,29	5.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colun	n (a)) held as:			
а	Board designated or quasi-endowment	-	%				
b	Permanent endowment ► 100.00	%	_				
С	Temporarily restricted endowment ▶	<u></u>					
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.					
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are he	ld and administ	ered for t	the organization	
	by:						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
þ	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?				3ь
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.				
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10	·			
	Description of property	(a) Cost or ot	ther (b) (ost or other	(c) A	ccumulated	(d) Book value
		basis (investm	nent) ba	sis (other)	de	preciation	
1a	Land			158,518.			158,518.
b	Buildings		3,	928,165.	2,	427,334.	1,500,831.
C	Leasehold improvements						· · · · · · · · · · · · · · · · · · ·
d	Equipment						
е	Other			70,000.			70,000.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), li	ne 10(c)) .			1,729,349.

Schedule D (Form 990) 2011

Part VI	Investments - Other Securities. Se	e Form 990, Part X, line 1	12.		
	(a) Description of security or category (including name of security)	(b) Book value	(0	c) Method of valuat or end-of-year mark	
1) Financ	cial derivatives				
2) Close	y-held equity interests				
(3) Other		212 226			
	LTERNATIVE INVESTMENTS	312,236	. END-OF-YE	AR MARKET	VALUE
(B)					
(C)		 	 		
(D)		<u> </u>			
(E) (F)				•	
(G)		_			
(H)					
(I)				•	
	(b) must equal Form 990, Part X, col (B) line 12)	312,236	•		
	II Investments - Program Related. S				
	(a) Description of investment type	(b) Book value	(6	c) Method of valuation or end-of-year mark	
(1)					
(2)					
(3)					· <u>-</u> -
(4)	·				
(5)					
(6)					***
(7)					
(8) (9)					
(10)					<u> </u>
	(b) must equal Form 990, Part X, col (B) line 13)				······································
Part IX		15.			
		Description			(b) Book value
(1) D	UE FROM RELATED PARTY				315,910
(2)					
(3)					
(4)	· · ·				
(5)					
(6)					
(7)			•		.
(8)		· · · · · · · · · · · · · · · · · · ·			
(9)	-				
(10)	lumn (b) must equal Form 990, Part X, col (B) line	0.15.)	·	•	315,910
Part X	Other Liabilities. See Form 990, Part X,				010,710
<u>* **** * * * * * * * * * * * * * * * *</u>	(a) Description of liability	1110 20.	(b) Book value		
(1) Fe	ederal income taxes				
	UE TO RELATED PARTY		3,040.		
(3)			•		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	<u> </u>				
(10)					
(11)			2 040		
FIN 48 (lumn (b) must equal Form 990, Part X, col (B) line ASC 740) Footnote In Part XIV, provide the text of the footnote to	e 25.) o the organization's financial state	3,040.	tion's liability for uncertain	n tax positions under

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR

YEARS BEFORE 2008.

SCHEDULE (Form 990)

Internal Revenue Service

Department of the Treasury

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.

OMB No 1545-0047	2011	Open to Public Inspection
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► Attach to Form 990.

Schedule I (Form 990) (2011) **ջ** Employer identification number 16-1557039(h) Purpose of grant or assistance X Yes GENERAL SUPPORT 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 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 ame and address of organization (b) EiN (c) IRC section or government (d) Amount of received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of recash grant non-cash assistance assistance other) 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 Ž ó Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 232,146. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table OF NEW YORK 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) EDUCATION ENTERPRISE 11-9904502 General Information on Grants and Assistance INC criteria used to award the grants or assistance? FOUNDATION, 1 (a) Name and address of organization NORMAN HOWARD SCHOOL ROCHESTER, NY 14623 Name of the organization 275 PINNACLE ROAD Part

EDUCATION ENTERPRISE OF NEW YORK

FOUNDATION, INC.

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. Schedule | (Form 990) (2011)
Part III Grants and Other

Page 2

16-1557039

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e the information	required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: FOUNDATION	TION REV	EWS THE B	REVIEWS THE BUDGET OF THE NORMAN	HE NORMAN	
HOWARD SCHOOL, WHICH INCLUDES BOARD APPROVAL.	D APPROV?	Ľ.			

132102 01-27-12

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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions. EDUCATION ENTERPRISE OF NEW YORK

Employer identification number 16-1557039

FOUNDATION, INC.

78	If the Questions Regarding Compensation			
		 	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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	İ		ĺ
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	Эе		
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.			
5	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	i		
	contingent on the net earnings of:			
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
ΙНΔ		hedule J (Form	n 000)	2011

Page 2

16-1557039

FOUNDATION, INC.

Schedule J (Form 990) 2011

Part # 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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
	8	0	0	0	0	0.	0	
1 JOSEPH M. MARTINO	: 6	144,687.		0	6,577.	5,747.	157,01	0
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4	(ii)							
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ro.	€							
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12	Ξ							
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				Ç			Schedu	Schedule J (Form 990) 2011

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

EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

Employer identification number 16-1557039

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOWARD SCHOOL AND ENCOMPASS: RESOURCES FOR LEARNING, INC.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS E-MAILED TO ALL MEMBERS.
THE MEMBERS THEN HAVE THE OPPORTUNITY TO RESPOND AT THE FOLLOWING BOARD
MEETING.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS
REVIEWED ANNUALLY BY THE CFO. ANY ISSUES ARE THEN BROUGHT TO THE ATTENTION
OF THE EXECUTIVE DIRECTOR.
OF THE EXECUTIVE DIRECTOR:
FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF EMPLOYEES OF
EDUCATION ENTERPRISE OF NEW YORK, INC. AND OTHER KEY EMPLOYEES ARE REVIEWED
BY THE HR COMMITTEE. THIS COMMITTEE REVIEWS COMPARATIVE SALARY INFORMATION.
FORM 990, PART VI, SECTION C, LINE 19: A COPY OF THE 990 IS AVAILABLE AT
EACH LOCATION. A COPYING FEE IS CHARGED FOR EACH REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -80,533.
FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING:
NO CHANGES HAVE BEEN MADE TO THE OVERSIGHT PROCESS.

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

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Employer identification number 16-1557039

EDUCATION ENTERPRISE OF NEW YORK ► Attach to Form 990.

FOUNDATION, INC. Name of the organization

٤ 3 3 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (0) Parti

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part	Part It Identification of Related Tax-Exempt Organizations (Complete II	ions (Complete if the organization ans	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	it had one or more re	lated tax-exempt

organizations during the tax year.)

(a)	(9)	(0)	(p)	(e)	ω	(B)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 312(b)(ξ π Σ
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
THE NORMAN HOWARD SCHOOL - 11-9904502					EDUCATION		
275 PINNACLE ROAD	EDUCATION SUPPORT AND				ENTERPRISE OF NEW		
ROCHESTER, NY 14623	SERVICES	NEW YORK	501(C)	LINE 7	YORK, INC.	~	×
EDUCATION ENTERPRISE OF NEW YORK, INC						-	
26-0181589, 275 PINNACLE ROAD , ROCHESTER,	EDUCATION SUPPORT AND						
NY 14623	SERVICES	NEW YORK	501(C)	LINE 11A, I	N/A	~	_
ENCOMPASS: RESOURCES FOR LEARNING, INC.					EDUCATION		
20-1612594, 275 PINNACLE ROAD , ROCHESTER,	EDUCATION SUPPORT AND				ENTERPRISE OF NEW	_	
NY 14623	SERVICES	NEW YORK	501(C)	LINE 7	YORK, INC.	~	

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

Schedule R (Form 990) 2011

EDUCATION ENTERPRISE OF NEW YORK

Schedule R (Form 990) 2011 FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part #

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Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 $\hat{\boldsymbol{\varepsilon}}$ Yes No . 9 Share of end-of-year assets Code V-UBI camount in box no 20 of Schedule ϵ Share of total income £ ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e Direct controlling entity Share of total income ₤ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত <u>e</u> 31 Primary activity Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> 132162 01-23-12 Part IV

EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

Schedule R (Form 990) 2011 FOUNDATION, INC.

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Partv

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	£
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	ated organizations listed in	Parts II·IV?			
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				-e		×
Gift, grant, or capital contribution to related organization(s)				1	×	ı
Gift, grant, or capital contribution from related organization(s)				10		×
Loans or loan guarantees to or for related organization(s)				14		×
Loans or loan guarantees by related organization(s)				16		×
Sale of assets to related organization(s)				=		×
Purchase of assets from related organization(s)				19		×
Exchange of assets with related organization(s)				1		×
Lease of facilities, equipment, or other assets to related organization(s)				Ħ	Х	
					····	•
Lease of facilities, equipment, or other assets from related organization(s)				=		⋖
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			¥		×Þ
Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			=		۱,
$oldsymbol{m}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)			Ę	:	×
Sharing of paid employees with related organization(s)				두	×	
Reimbursement paid to related organization(s) for expenses				9	****	×
Rembursement paid by related organization(s) for expenses				1p		×
Other transfer of cash or property to related organization(s)				ţ		
Other transfer of cash or property from related organization(s)				1-		×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	is line, including covered re	lationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved			
						i
						1
						1
122162 01-22-12	32		Schedul	Schedule R (Form 990) 201	, 990)	8

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Schedule R (Form 990) 2011 FOUNDATION, INC

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

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

(k) ercentage wnership					
General or Pomanaging of partner?				·	
Gene Gene 1 part Yes	 		 		
(h) (i) (j) (k) Disproported broads broads broads allocations 2 of Schedule K-1 Ves No Code V-UBI cenneal or Percentage managing ownership partner? Or Schedule K-1 partner? Ownership ves No					
(h) Disproportonate allocations?		-			
(9) Share of P end-of-year assets					
(f) Share of total Income					
Are all Are all Sociolo(3) orgs?					
(related, unrelated, excluded from fax, excluded from fax, under section 512-514) Yes No					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EiN of entity					

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16261 # · Current year section 179 (D) · Asset disposed