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Department of the Treasury

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)

Open to Public Inspection

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

OMB No 1545-0047

	4 F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	<u>J</u> UN 30, 2012	
	3 CI ap	neck if oplicable	C Name of organization	D Employer identific	cation number
	X	Addres	EDUCATIONAL ENTERPRISES, INC.		
₹		Name change		20-5	033694
Σ		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
DATE		Termin	20935 W SWENSON DR. 101	262-	542-9546
•	$\overline{}$	Ameno return	City or town, state or country, and ZIP + 4	G Gross receipts \$	4,071,171.
		Applic	WAUKESHA, WI 53186	H(a) Is this a group re	
2		pendir	F Name and address of principal officer GLENN KIECKHAEFER	for affiliates?	Yes X No
POSTIMARK			SAME AS C ABOVE	H(b) Are all affiliates inc	
-	1 3 6				list (see instructions)
			e: N/A	H(c) Group exemptio	
		rt I	organization: X Corporation	ear of formation: 2006 N	A State of legal domicile: W.L.
			Briefly describe the organization's mission or most significant activities EDUCATIO	MAI PMTPDDDIC	ES, INC. IS
	Activities & Governance		A NONPROFIT ORGANIZATION BUILDING NETWORKS O		
	ına		Check this box I if the organization discontinued its operations or disposed of n		
	Š		Number of voting members of the governing body (Part VI, line 1a)	3	3
	ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	Se		Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	16
	ŧ	6	Total number of volunteers (estimate if necessary)	6	0
	Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		b	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
				Prior Year	Current Year
	ē		Contributions and grants (Part VIII, line 1h)	4,716,777.	2,269,096.
€	Révenue		Program service revenue (Part VIII, line 2g)	1,103,699.	1,793,825.
9 ∋ ≥~	₽ Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	85.	5,763.
3		11	Other revenue (Part VIII, column (A), lines 555 56 96 100 and 11e)	41,885.	2,487.
- ز		12	Total revenue - add lines 8 through 11 (must equal Part-VIII-column (3) line 12)	5,862,446. 24,561.	4,071,171. 26,311.
	Ì	13 14	Grants and similar amounts paid (Parts) column (A), lines 133	24,301.	20,311.
	"	15	Salaries, other compensation, employee benefits (Part IX column (A), files 5-10)	2,383,175.	1,220,053.
	Expenses	16a	Professional fundraising fees (Part IX column Alba 1861), UT	0.	0.
Ó	ē		Total fundraising expenses (Part IX, celumn (D), line 25) 327,916.		
	Ω		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,018,699.	1,512,580.
	- 1	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,426,435.	2,758,944.
_		19	Revenue less expenses. Subtract line 18 from line 12	1,436,011.	1,312,227.
	Net Assets or Fund Balances			Beginning of Current Year	End of Year
1	Saa		Total assets (Part X, line 16)	12,980,928.	8,183,063.
1			Total liabilities (Part X, line 26)	11,107,535.	5,077,173.
		<u>22</u> rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1,873,393.	3,105,890.
•				-t	
			lties of perjury, I declare that I have examined this return, including accompanying schedules and stat, t, and complete. Designation of preparer Wither thap officer is based on alteriformation of which prep		y knowledge and belief, it is
	100,	001100	the confidence of paragraph of propagation in a propagation of pro	Jaier has any knowledge.	14/13
•	Sign	1	Signature of officer	Date	
	Here		GLENN KIECKHAEFER, CFO		
_			Type or print name and title	· · · · · · · · · · · · · · · · ·	
Ī			Print/Type preparer's name Braparer's signature	Date Check	PTIN
	Paid		MICHAEL W. VAN WAGENEN field W. Vallage) 5/14/13 self-employ	
		arer	Firm's name REILLY PENNER & BENTON, LLP	Firm's EIN	<u> 39-0747409 </u>
(Use (Only	Firm's address 1233 NORTH MAYFAIR ROAD, SUITE 302		4.4 004 5000
-			MILWAUKEE, WI 53226-3255	Phone no. 4	14-271-7800
	May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	1990 (2011) EDUCATIONAL ENTERPRISES, INC. 20-5033694 Page 2
Pai	rt 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:
	EDUCATIONAL ENTERPRISES, INC. IS A NONPROFIT ORGANIZATION BUILDING
	NETWORKS OF HIGH-PERFORMING LEARNING COMMUNITIES THAT INSPIRE, EQUIP
	AND SUPPORT SERVING LEADERS TO LEAVE A POSITIVE IMPRINT ON OUR WORLD.
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? Lyes X No
3	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
4a	(Code) (Expenses \$1, 468, 680. including grants of \$) (Revenue \$) (Revenue \$)
	EDUCATIONAL ENTERPRISES, INC. IS A NONPROFIT CORPORATION WHOSE PRIMARY
	PURPOSE IS TO PROVIDE EDUCATIONAL SERVICES TO CHILDREN. SUCH SERVICES
	WILL BE PROVIDED ON A NON-DISCRIMINATORY BASIS.
4b	(Code) (Expenses \$339,504. including grants of \$) (Revenue \$\$
	EEI REAL ESTATE HOLDINGS: PRIMA, LLC IS ENGAGED IN THE OWNING, LEASING,
	DEVELOPING, AND MANAGING OF EDUCATIONAL RELATED REAL ESTATE.
4c	(Code) (Expenses \$239,465. including grants of \$) (Revenue \$294,696.)
70	(Code) (Expenses \$ 239,465. including grants of \$) (Revenue \$ 294,696.) EEI REAL ESTATE HOLDINGS: FORTIS, LLC IS ENGAGED IN THE OWNING,
	LEASING, DEVELOPING, AND MANAGING OF EDUCATIONAL RELATED REAL ESTATE.
	DEADING, DEVELOFING, AND MANAGING OF EDUCATIONAL RELATED REAL ESTATE.
4-3	Other pregram equate (Decaribe in Cabrall I. C.)
4d	Other program services (Describe in Schedule O)
<u></u>	(Expenses \$ 810 · including grants of \$) (Revenue \$) Total program service expenses ▶ 2,048,459 ·
<u>4e</u>	iotal program service expenses 🚩 4,040,407.

Form 990 (2011) EDUCATIONAL ENTERPRISES, INC.

Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<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	_		7.5
_	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	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
0	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	•		
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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			İ
	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	17	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	v	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_11f	X	
124	Schedule D, Parts XI, XII, and XIII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		İ	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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,			.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	 	X
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	
	The state of the s		990	(2011)

Form 990 (2011) EDUCATIONAL ENTERPRISES, 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	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			
	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			
	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			
a	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		
238	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	05-		v
h	•	25a		X_
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	OEL		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
	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	20	- 22	
	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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		Х
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			
	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		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			v
36	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	35b		X
50	If "Yes," complete Schedule R, Part V, line 2	00	.	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	X	
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		Λ.
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2011\
				1

Form 990 (2011)
Part V Sta Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1.00	
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			i
	filed for the calendar year ending with or within the year covered by this return 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	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 shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		Х
a	If "Yes," indicate the number of Forms 8282 filed during the year	_		7.7
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		X
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of recences on head			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	4.4		v
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u> </u>
	190, 1900 a 1 offit 120 to report triese payments (ii 190, provide an explanation in Schedule U	14b Form	990 (20111
		i UIIII	- JO ((LI U.)

Form 990 (2011) * EDUCATIONAL ENTERPRISES, INC. 20-5033694 Page 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			\mathbf{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 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3				v
	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		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	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:			
а	The governing body?	8a	Х	
b	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			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	I Ia	-22	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	100	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	_12a	X	
	· · · · · · · · · · · · · · · · · · ·	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	1	v	
40		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		:	
	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	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		<u> </u>
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		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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) is	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X 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	icial	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books are person of the person of	tion: 🖿		
=	TREVOR BURBACH - 262-542-9546			
	20935 W SWENSON DRIVE, SUITE 101, WAUKESHA, WI 53186			
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EDUCATIONAL ENTERPRISES, INC.

20-5033694

Page 7

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

Check this box if neither the organizat	ion nor any related	orga	anıza	ation	cor	npe	nsat	ed any current officer, of	director, or trustee	<u> </u>
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week		Cerar	ia a a	recio	Jr/uus	iee)	from	from related	other
	(describe	lecte						the	organizations	compensation
	hours for related	P S	8			sated		organization	(W-2/1099-MISC)	from the
	organizations	nste	trus		8	ed .		(W-2/1099-MISC)		organization and related
	in Schedule	lag E	tona		흍	yee yee	_			organizations
	0)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) ANDREW NEUMANN										
OFFICER/PRESIDENT	40.00	X	<u>_</u> .	X				122,443.	0.	16,904.
(2) MARK NEUMANN										
CO-CHAIR TREASURER	1.00	X		X				0.	0.	0.
(3) JAMES RAHN										
CO-CHAIR, SECRETARY	1.00	X		X				0.	0.	0.
(4) GLENN KIECKHAEFER										
CFO	40.00			X				33,773.	0.	12,876.
(5) WENDY GREENFIELD										
DEVELOPMENT DIRECTOR	40.00				ļ	X		100,652.	0.	8,077
			L							
					1					
		<u> </u>			l					
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						1				
										
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Form **990** (2011)

Par	t VII Section A. Officers, Directors, Tru		nplo	oyee			High	est			—т			
	(A)	(B))) Posi	C) Hor	,		(D)	(E)		_	(F)	
	Name and title	Average hours per	(do not check			t check more than one nless person is both an			Reportable compensation	Reportable compensation	,		stıma moun	
		week					or/trus		from	from related		a	othe	
		(describe	ector						the	organizations			npens	
		hours for related	ㅎ	2			ated		organization	(W-2/1099-MIS	C)		from t	
		organizations	rustee	trust		 gg	mpen		(W-2/1099-MISC)				ganıza nd rela	
		ın Schedule	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	ē			l		ganıza	
		O)	횰	Instit	Officer	Ke,	Highest compensated employee	F.						
							 							
		:												
													_	
											-			
							Ļ		256 260				77 () F 77
	Sub-total								256,868. 0.		0.		5/,	357. 0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							256,868.		0.	-	37.	357 <u>.</u>
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wh	o r		0,000 of reportabl			- 	557
	compensation from the organization												1.,	2
3	Did the organization list any former officer,	director or tri	iste	e ke	v er	mole	ovee	or	highest compensated e	mplovee on	Γ		Yes	No
Ü	line 1a? If "Yes," complete Schedule J for s			O, 100	.y C.	прк	Jyou	٠.	riigiloot compensated c		İ	3		x
4	For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atior	n and	lot	her compensation from	the organization	ſ			
	and related organizations greater than \$15	0,000? If "Yes,	." co	mple	ete S	Sch	edul	J	for such individual			4		X
5	Did any person listed on line 1a receive or							elat	ted organization or indivi	dual for services				
	rendered to the organization? If "Yes," con etion B. Independent Contractors	plete Schedul	e J	for s	uch	per	son					_ 5		X
1	Complete this table for your five highest co	mnensated in	den	ende	ent c	ont	racto	re i	that received more than	\$100 000 of com	nens:	ation	from	
•	the organization Report compensation for	•									ponoc	41.01		
	(A) Name and business								(B) Description of s				(C) ensat	ıon
JO'	THAN JOHANN								PROFESSIONAL			<u> </u>	-	-
									SERVICES			_1:	31,	400.
שט	NCAN MCCRAN							CONSULTING 109,375.						
									201120211110				- <i>- ,</i>	<u>.,</u>
				_										
2	Total number of independent contractors (•	not l	mite	d to	the	se li ၁	ste	d above) who received n	nore than				

(D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 71,853. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2197243 g Noncash contributions included in lines 1a-1f \$ 2269096 h Total. Add lines 1a-1f **Business Code** Program Service 976,273 2 a EEI MANAGEMENT FEE 541610 976,273. 738,752. 78,750. ь RENT FROM RELATED 501С 531120 738,752. 78,750. HRA REVENUE 525100 d TUITION AND STUDENT FE 611110 50 50. f All other program service revenue g Total. Add lines 2a-2f <u>1793825</u> Investment income (including dividends, interest, and 5,763 5,763. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b Less: rental expenses c 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 b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** OTHER INCOME 611600 2,487 2,487. 11 a d All other revenue e Total, Add lines 11a-11d 2,487. Total revenue See instructions. 1793825 12 4071171. 0. 8,250 132009 01-23-12 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 no	Check if Schedule O contains a respon t include amounts reported on lines 6b,	(A)	s Part IX (B) Program service	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 G	rants and other assistance to governments and				
0	rganizations in the United States. See Part IV, line 21				
2 0	Grants and other assistance to individuals in				
ti	he United States See Part IV, line 22	26,311.	26,311.		
3 (Grants and other assistance to governments,				
0	rganizations, and individuals outside the				
ι	United States See Part IV, lines 15 and 16				
	Benefits paid to or for members				<u>-</u>
	Compensation of current officers, directors,				
	rustees, and key employees	265,236.	<u>196,275.</u>	37,133.	31,828
	ompensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	542 201	550 100	104 055	
	Other salaries and wages	743,391.	550,109.	104,075.	89,207
	ension plan accruals and contributions (include	0 442	6 007	1 222	1 111
	ection 401(k) and section 403(b) employer contributions)	9,442.	6,987.	1,322.	1,133
	Other employee benefits	130,226.	96,367.	18,232.	15,627
	Payroll taxes	71,758.	53,101.	10,046.	8,611
	ees for services (non-employees)				
	Management Legal	81,381.	60,222.	11,393.	0.766
	ccounting	39,600.	29,304.	5,544.	9,766 4,752
	obbying	39,000.	29,304.	5,544.	4,754
	rofessional fundraising services. See Part IV, line 17	_			
	nvestment management fees		 :	· · · · ·	
	Other	448,626.	331,983.	62,808.	53,835
•	dvertising and promotion	17,681.	13,084.	2,475.	2,122
	Office expenses	48,967.	36,236.	6,855.	5,876
	nformation technology	4,244.	3,141.	594.	509
	Royalties				
	Occupancy	430,133.	318,298.	60,219.	51,616
	ravel	111,109.	82,221.	15,555.	13,333
18 P	ayments of travel or entertainment expenses			,	
fo	or any federal, state, or local public officials				
19 C	Conferences, conventions, and meetings	2,956.	2,187.	414.	355
20 lr	nterest	184,528.	136,551.	25,834.	22,143
21 P	ayments to affiliates .				-
22 E	Pepreciation, depletion, and amortization	139,193.	103,003.	19,487.	16,703
23 la	nsurance	1,730.	1,280.	242.	208
a 2	other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule O.)				
а <u>Е</u>	PROFESSIONAL DEVELOPMEN	1,057.	782.	148.	127
ьΙ	DUES AND SUBSCRIPTIONS	1,009.	747.	141.	121
c <u>I</u>	MISCELLANEOUS	366.	270.	52.	44
d _					
e A	ll other expenses				
	otal functional expenses. Add lines 1 through 24e	2,758,944.	2,048,459.	382,569.	327,916
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	theck here if following SOP 98-2 (ASC 958-720)				

Part X Balance She

Par	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,374,897.	1	1,344,208.
	2	Savings and temporary cash investments	•		2	
	3	Pledges and grants receivable, net		889,881.	3	1,244,177.
	4	Accounts receivable, net		37,941.	4	122,886.
	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	
ets	7	Notes and loans receivable, net	,		7	150,258.
Assets	8	Inventories for sale or use			8	
`	9	Prepaid expenses and deferred charges		32,479.	9	541.
	10a			32,275		
		basis Complete Part VI of Schedule D	10a 5,462,105.			
	b	Less: accumulated depreciation	10b 283,410.	10,240,995.	10c	5,178,695.
	11	Investments - publicly traded securities			11	0,2.0,030
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		404,735.	15	142,298.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	12,980,928.	16	8,183,063.
	17	Accounts payable and accrued expenses	399,913.	17	127,934.	
	18	Grants payable			18	
	19	Deferred revenue		1,005.	19	0.
	20	Tax-exempt bond liabilities			20	
υ	21	Escrow or custodial account liability Complete f	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director				
api		highest compensated employees, and disqualific	ed persons Complete Part II			
ן כ		of Schedule L		575,000.	22	575,000.
	23	Secured mortgages and notes payable to unrela	ited third parties	9,389,886.	23	3,772,508.
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D		741,731.	25	601,731.
	26	Total liabilities. Add lines 17 through 25		11,107,535.	26	5,077,173.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
es		lines 27 through 29, and lines 33 and 34.		ļ		
Juc	27	Unrestricted net assets		745,550.		1,642,545.
3ala	28	Temporanly restricted net assets	•	1,127,843.	28	<u>1,463,345.</u>
ρ	29	Permanently restricted net assets			29	
F.		Organizations that do not follow SFAS 117, cl	neck here 🕨 🔲 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		1,873,393.		3,105,890.
	34	Total liabilities and net assets/fund balances .		12,980,928.	34	8,183,063.

orm	990 (2011) EDUCATIONAL ENTERPRISES, INC.	<u> 20-</u>	<u>-5033</u>	694	Pag	_{1e} 12
Pa	rt 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	4	<u>,07:</u>	<u>L,1</u>	<u>71.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	<u>, 758</u>	3,9	<u>44.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1	<u>,312</u>	2,2	<u>27.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	<u>,873</u>	3,3	<u>93.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<u>-79</u>	7,7	<u>30.</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	,10!	5,8	<u>90.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII.					
			_		Yes	No
1	Accounting method used to prepare the Form 990			ļ		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		- 1		
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C	, [
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a				
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis		İ			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit			
	Act and OMB Circular A-133?		į	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dıt			
	or guidite, explain why in Schodule O and describe any stone taken to undergo such guidite		ı	26		

Form **990** (2011)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2011

Name of the organization **Employer identification number** EDUCATIONAL ENTERPRISES. 20-5033694 Part I 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) 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 5 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). \mathbf{X} 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.) 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. Type I b Type II c Type III - Functionally integrated d Type III - Other 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 person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 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) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 EDUCATIONAL ENTERPRISES, INC. 20-50336

[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)

Sec	tion 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		İ				
	include any "unusual grants.")		ĺ		Ì	89,096.	89,096.
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	-			<u> </u>		_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					89,096.	89,096.
	The portion of total contributions				ļ	00,7000	00,000.
	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)						
6	Public support. Subtract line 5 from line 4						89,096.
	tion B. Total Support					<u> </u>	
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					89,096.	89,096.
8	Gross income from interest,						•
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					5,763.	5,763.
9	Net income from unrelated business					1	
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)					2,487.	2,487.
11	Total support. Add lines 7 through 10						97,346.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 1	,793,825.
13	First five years. If the Form 990 is for	the organization's	s first, second, the	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	
	organization, check this box and stop		-				ightharpoonup
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2011 (li	• • • • • • • • • • • • • • • • • • • •	•	column (f))	•	14	<u>91.53 %</u>
	Public support percentage from 2010			•		15	%
16a	33 1/3% support test - 2011. If the o				14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies a		•				$\triangleright [x]$
b	33 1/3% support test - 2010. If the o			•	d line 15 is 33 1/3%	6 or more, check th	is box
4-	and stop here. The organization quali	•	• • • • •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact					-	ization
_	meets the "facts-and-circumstances" t						. ▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
40	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	i did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u> ▶∟_

Schedule 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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar 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		;				
ınclude 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 organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
 -						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						-
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		ļ	<u> </u>		 	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			ŀ			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		•				
Calendar 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		į	1	•	i	
b Unrelated business taxable income				_		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						,
c Add lines 10a and 10b						
11 Net income from unrelated business		-	· · · · · · · · · · · · · · · · · · ·	<u> </u>		-
activities not included in line 10b,					1	
whether or not the business is						
regularly carried on 12 Other income Do not include gain		<u> </u>				
or loss from the sale of capital						
assets (Explain in Part IV)					 	
13 Total support (Add lines 9, 10c, 11, and 12)		L __	<u> </u>	L		
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi	zation,
check this box and stop here			· · ·	·		▶∟
Section C. Computation of Publi						
15 Public support percentage for 2011 (li	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	
16 Public support percentage from 2010			· · · · · ·		16	1
Section D. Computation of Inves						
17 Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	
18 Investment income percentage from 2				•	18	
19a 33 1/3% support tests - 2011. If the						17 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organ	zation .	▶□
b 33 1/3% support tests - 2010. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualifies	as a publicly sup	ported organization	ı. ▶□
20 Private foundation. If the organization	n did not check a	hoy on line 14 10	a or 19h chack t	his how and see i	netrictione	

SCHEDULE D

(Form 990)

Department of the Treasury Internal 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

DUCATIONAL ENTERPRISES, INC. Employer identification number 20-5033694

D	EDUCATIONAL ENTERP		INC.		20-50336	
Par			r Otner Similar Fund	as or A	ACCOUNTS. Complete if the	ne .
	organization answered "Yes" to Form 990, Part IV, line				_	
		(a) Do	nor advised funds	(1	b) Funds and other accou	nts
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	writing that the	e assets held in donor adv	vised fun	ds	
	are the organization's property, subject to the organization's	exclusive lega	al control?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writ	ing that grant funds can b	e used o	only	
	for charitable purposes and not for the benefit of the donor of	r donor adviso	or, or for any other purpos	se confer	ring	
	impermissible private benefit?				Yes	☐ No
Par		ganization ans	wered "Yes" to Form 990	, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organizati					
-	Preservation of land for public use (e.g., recreation or e	*		nistoricall	ly important land area	
	Protection of natural habitat	,	Preservation of a ce			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservat	ion contribution in the for	m of a co	onservation easement on t	he last
_	day of the tax year			0. 4 00	moor valion cassinone on a	10 1001
	day of the tactyour				Held at the End of the	e Tax Year
а	Total number of conservation easements				2a	o rax rour
b	Total acreage restricted by conservation easements				2b	
	Number of conservation easements on a certified historic str	ucture include	ed in (a)		2c	
d	Number of conservation easements included in (c) acquired a		• •	cture	20	
•	listed in the National Register	arter o/ 17700,	and not on a mistoric stru	cture	2d	
3	Number of conservation easements modified, transferred, rel	leased extingi	uished or terminated by t	he organ		
•	year ▶	odood, oxung	alonoa, or tomimatoa by t	o organ	neution during the tax	
4	Number of states where property subject to conservation ea	sement is loca	ated >			
5	Does the organization have a written policy regarding the per			- of		
	violations, and enforcement of the conservation easements in		ng, mapaanan, nanamg c	,	Yes	□No
6	Staff and volunteer hours devoted to monitoring, inspecting,		conservation easements	during th		
7	Amount of expenses incurred in monitoring, inspecting, and	-		-	-	
8	Does each conservation easement reported on line 2(d) above					•
•	and section 170(h)(4)(B)(ii)?	io dalloly tho i	oquilottio or cootion 1	, ((1)(1)(2)	Yes	□ No
9	In Part XIV, describe how the organization reports conservati	ion easements	s in its revenue and expen	ise stater	• —	
·	include, if applicable, the text of the footnote to the organization		•			
	conservation easements				gaag	
Par	t III Organizations Maintaining Collections o	f Art. Histo	rical Treasures, or	Other :	Similar Assets.	
	Complete if the organization answered "Yes" to Form	-	=			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to	report in its revenue stat	ement ar	nd balance sheet works of	art
	historical treasures, or other similar assets held for public ext					
	the text of the footnote to its financial statements that descri				public dorrido, provido, iri	
ь	If the organization elected, as permitted under SFAS 116 (AS			ent and h	valance sheet works of art	historical
•	treasures, or other similar assets held for public exhibition, ed	• •			·	
	relating to these items.	dadation, or re	ocarcii ili lattiloranec oi p	Jubiic 301	rvice, provide the following	aniounts
	(i) Revenues included in Form 990, Part VIII, line 1				▶ ¢	
	(iii) Assets in the dealer France 2000 Post V	-		-		
2	If the organization received or held works of art, historical tre			 cial care	. Ψ <u> </u>	
_	the following amounts required to be reported under SFAS 1			oiai yalii,	Provide	
а	Payanuas included in Form 990, Part VIII, line 1	, ,	ŭ		▶ €	
	Access and start a February Double					
U	Assets included in Form 990, Part X	•	··· ·· ·· ·		– • —	

		ONAL ENTER							<u> 3694</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	<u>orical T</u>	reasures, o	r Other	<u>Similar</u>	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of th	e following that	t are a sign	rficant us	e of its co	llection it	ems
	(check all that apply):									
а	Public exhibition	•	յ 🖳 և	oan or ex	change progra	ms				
b	Scholarly research	•	. 🗆	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	in how the	ey further	the organization	n's exemp	t purpose	e in Part >	(IV.	
5	During the year, did the organization solicit or	receive donations	of art, his	stoncal tre	asures, or othe	er sımılar as	sets			
	to be sold to raise funds rather than to be ma								Yes [No_
Par	t IV Escrow and Custodial Arrang	gements. Comp	ete if the	organizat	ion answered "	Yes" to Fo	rm 990, F	art IV, lin	e 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for c	contributio	ons or other as:	sets not inc	cluded			
	on Form 990, Part X?								Yes [☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able [.]						_
								P	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 Fo	orm 990, Part X, line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par	rt V Endowment Funds. Complete if	the organization a	nswered '	"Yes" to F	orm 990, Part	IV, line 10				
		(a) Current year	(b) Pr	nor year	(c) Two year	s back (d)	Three yea	rs back ((e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
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									
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1g	g, column	(a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held	and administe	red for the	organızat	tion	_	
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							•	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sched	ule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X,	line 10						
	Description of property	(a) Cost or	other	(b) Co	st or other	(c) Accı	umulated	(d) Book v	alue
		basis (invest	ment)	bası	s (other)	depre	ciation			
1a	Land .				36,482.					,482.
b	Buildings .				47,566.		3,86		,623	
С	Leasehold improvements			9	64,990.	1	6,75	7.	948	,233.
d	Equipment			1	09,143.	2	5,81	4.	83	,329.
e	Other			1	03,924.	1	6,97	1.	86	<u>,953.</u>
Tota	I. Add lines 1a through 1e (Column (d) must e	gual Form 990, Par	t X, colum	nn (B), line	10(c))		1	▶	,178	<u>,695.</u>

Schedule D (Form 990) 2011

EDUCATIONAL ENTERPRISES,

INC.

Schedule D (Form 990) 2011

20-5033694 Page 3

	t XI Reconciliation of Change in Net Assets from Form 990 to Au		ial State		<u>3033694 Pa</u> te	age 4
	Total revenue (Form 990, Part VIII, column (A), line 12)	ditod i ilidile		1110111		
1		· }	1			
2	Total expenses (Form 990, Part IX, column (A), line 25)	ŀ	2			
3	Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments	F	3			
4 5	Donated services and use of facilities	-	4	·		
		+	5			
6	Investment expenses	-	6			
7	Prior period adjustments Other (December Port VIVA)	•	7			
8	Other (Describe in Part XIV)	}	8			
9 10	Total adjustments (net) Add lines 4 through 8	<u> </u>	9			
	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements	With Reven	_10 │ ue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements	***************************************	шо ро. т.	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		,			
a		2a │				
b		ea 2b				
c		2C			1	
d		2d	-			
e	Add lines 2a through 2d	id		20		
3	Subtract line 2e from line 1	•		2e		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			3	_	
a		la				
b		lb				
c	Add lines 4a and 4b	HD		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•		5		
	t XIII Reconciliation of Expenses per Audited Financial Statements	s With Exper	nses per		ım	
1	Total expenses and losses per audited financial statements	•		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities 2	2a				
b	Prior year adjustments 2	2b				
С	Other losses 2	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	la			1	
b	Other (Describe in Part XIV.)	lb]	1	
С	Add lines 4a and 4b			4c	1	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pai	t XIV Supplemental Information				<u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line					⊃art
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete					
PAI	RT X, LINE 2: THE ORGANIZATION'S FINANCIAL ST	<u> PATEMENT:</u>	S DO N	OT :	REPORT	
<u>A 1</u>	IABILITY FOR UNCERTAIN TAX POSITIONS UNDER F	FIN 48.				
						
						

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. INC. EDUCATIONAL ENTERPRISES, General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partl

≗ ∏ **Employer identification number** 20-5033694 (h) Purpose of grant or assistance X Yes 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 assistance assistance cash grant 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 criteria used to award the grants or assistance? 1 (a) Name and address of organization Part II

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

132101 01-27-12

24

Schedule I (Form 990) (2011)

Page 2 (f) Description of non-cash assistance 20-5033694 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. TIME AND/OR USE RESTRICTIONS. THE ORGANIZATION MONITORS THESE RESTRICTIONS BOOK (ACTUAL CASH Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. IN SEVERAL WAYS, INCLUDING, BUT NOT LIMITED TO PERIODIC REPORTS ON GRANT SCHEDULE I, PART I, LINE 2: THE ORGANIZATION'S GRANTS GENERALLY CONTAIN STATUS, VERBAL COMMUNICATION, PERIODIC FOLLOW UP WITH THE GRANTEE AND O.VALUE) (d) Amount of non-cash assistance 26,311 (c) Amount of cash grant EDUCATIONAL ENTERPRISES, INC. 25 (b) Number of recipients CONDUCT INVESTIGATIONS IF NECESSARY. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance MINI GRANT - PROFESSIONAL GROWTH, Schedule I (Form 990) (2011) Part III

Schedule I (Form 990) (2011)

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

Name of the organization **Employer identification number** EDUCATIONAL ENTERPRISES, INC. 20-5033694 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (c) Original principal (g) Written (a) Name of interested (b) Loan to or from (e) In (d) Balance due by board or person and purpose the organization? amount default? agreement? committee? То From Yes No Yes No Yes No 575,000. 575,000 NEUMANN FAMILY TR Х Х X X 575,000 **Total** Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance

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

Schedule L (Form 990 or 990-EZ) 2011

SEE PART V FOR CONTINUATIONS

INC.

Schedule L (Form 990 or 990-EZ) 2011 EDUCATIONAL ENTERPRISES,

20-5033694 Page 2

SCHEDULE O .

(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service
Name of the organization

EDUCATIONAL ENTERPRISES, INC.

Employer identification number 20-5033694

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEARNING COMMUNITIES THAT INSPIRE, EQUIP AND SUPPORT SERVING LEADERS TO
LEAVE A POSITIVE IMPRINT ON OUR WORLD.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VARIOUS OTHER DISREGARDED ENTITIES WHOLLY OWNED BY EDUCATIONAL
ENTERPRISES, INC.
EXPENSES \$ 810. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: FATHER/SON RELATIONSHIP BETWEEN AN
OFFICER AND ONE OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11: AFTER THE FORM 990 HAS BEEN
COMPLETED BY MANAGEMENT AND OUR AUDITORS, IT IS DISTRIBUTED FOR FINAL
REVIEW TO BOARD VIA EMAIL PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD WILL ALLOW THE
PRESENTATION OF THOSE INVOLVED WITH THE CONFLICT OF INTEREST TO PLEAD THEIR
CASE. AFTER THIS DISCUSSION, THE INDIVIDUAL PRESENTING THE CONFLICT MUST
LEAVE THE MEETING DURING THE DECISION AND THE VOTE ON THE TRANSACTION
INVOLVING THE COI. THE BOARD MAY APPOINT DIS-INTERESTED PARTIES TO SEARCH
FOR ALTERNATIVES. IF NO ADVANTAGEOUS RESULTS ARE FOUND - THE BOARD MAY
ACCEPT THE COI. IF THE BOARD IDENTIFIES A CONFLICT OF INTEREST THAT WAS
NOT PRESENTED, IT SHALL INFORM THE MEMBER OF SUCH BELIEF AND AFFORD THE
MEMBER THE OPPORTUNITY TO EXPLAIN THE FAILURE TO DISCLOSE. THE BOARD SHALL
TAKE ALL DISCIPLANARY AND CORRECTIVE ACTION TO DEAL WITH THE COI.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

Name of the organization EDUCATIONAL ENTERPRISES, INC.	Employer identification number 20-5033694
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD DISCUSSE	S THE
COMPENSATION OF THE PRESIDENT OF THE ORGANIZATION. ALL I	NTERESTED PERSONS
ARE EXCUSED AND THE DECISION IS MADE USING AN ORGANIZATION	ONAL CEO SALARY
SURVEY COMPLETED BY A SIMILAR NETWORK OF SCHOOLS IN FALL	2008 TO HELP AID
IN THE COMPENSATION ARRANGEMENT.	
FORM 990, PART VI, SECTION C, LINE 19: THIS INFORMATION W	ILL BE PROVIDED
UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
OPERATING SEGMENTS TRANSFERRED TO SEPARATE INCORPORATED	
ENTITIES HAVING THEIR OWN EIN NUMBER AND TAX EXEMPTION	-79,730.
TOTAL TO FORM 990, PART XI, LINE 5	-79,730.

SCHEDULER (Form 990)

► 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 20-5033694

▶ Attach to Form 990. INC. ENTERPRISES, EDUCATIONAL Name of the organization Department of the Treasury nternal Revenue Service

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

Part

Direct controlling 1 151 734 ENTERPRISES, INC INC, 644 196 ENTERPRISES INC entity 18,420 ENTERPRISES, 3,602,585,ENTERPRISES. SDUCATIONAL EDUCATIONAL EDUCATIONAL SDUCATIONAL End-of-year assets **e** 0. 508,714, 294,696 **Total income** 9 Legal domicile (state or foreign country) REAL ESTATE HOLDING COMPANY REAL ESTATE HOLDING COMPANY REAL ESTATE HOLDING COMPANY REAL ESTATE HOLDING COMPANY Primary activity SWENSON DR. STE 101 WAUKESHA WI 53186 35-2406194, 20935 W, SWENSON DR, STE 101 80-0798674, 20935 W. SWENSON DR., STE 101 90-0813079, 20935 W. SWENSON DR., STE 101 EEI REAL ESTATE HOLDINGS: HOPE CHRISTIAN HIGH SCHOOL, LLC - 90-0935916, 20935 W. EEI REAL ESTATE HOLDINGS; FORTIS, LLC -EEI REAL ESTATE HOLDINGS: SEMPER, LLC EEI REAL ESTATE HOLDINGS: PRIMA LLC Name, address, and EIN of disregarded entity WAUKESHA WI 53186 WAUKESHA WI 53186 WAUKESHA WI 53186 Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(6 a a a a a a							
(e)	(Q)	(2)	(g)	(e)	€	(6)	(00,700)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	12(D) 13) lled
of related organization		foreign country)	section	status (if section	entity	entity?	у
				501(c)(3))		Yes	No
HOPE CHRISTIAN SCHOOLS, INC 392014547							
20935 W. SWENSON DR., STE 101	OPERATION OF PRIVATE			170(B)(1)			
WAUKESHA, WI 53186	SCHOOLS		501(C)(3)	(A)(II)	N/A		×
EAGLE SOUTH MOUNTAIN CHARTER, INC	TO OPERATE PUBLIC CHARTER						
272038321, 2450 W SOUTH MOUNTAIN AVE,	SCHOOL IN ACCORDANCE WITH			170(B)(1)			
PHOENIX AZ 85041	A.R.S. SEC 15-381		501(C)(3)	(A)(II)	N/A		×
EAGLE COLLEGE PREP II INC 274453238	TO OPERATE PUBLIC CHARTER						
2435 EAST PECAN RD	SCHOOL IN ACCORDANCE WITH			170(B)(1)			
PHOENIX, AZ 85040	A.R.S. SEC 15-381		501(C)(3)	(A)(II)	N/A		×
EAGLE SOUTH MOUNTAIN PROPERTY, INC							
272038433, 20935 W, SWENSON DR, STE 101,	REAL ESTATE HOLDING			509(A)(3),			
WAUKESHA WI 53186	COMPANY		501(C)(3)	TYPE 1	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R (Form 990) 2011	Form 990) 2011

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Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

					•
(e)	(q)	(2)	(Q	(e)	()
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
EAGLE SOUTH MOUNTAIN, LLC - 61-1704752					
20935 W, SWENSON DR, STE 101					EDUCATIONAL
WAUKESHA, WI 53186	REAL ESTATE HOLDING COMPANY		0	12,823,	12,823, ENTERPRISES, INC.
EEI REAL ESTATE HOLDINGS LLC - 26-0882256					
20935 W. SWENSON DR., STE 101					EDUCATIONAL
WAUKESHA WI 53186	REAL ESTATE HOLDING COMPANY		0	0.0	ENTERPRISES, INC.
EEI REAL ESTATE HOLDINGS: EAGLE ENDEAVOR,	-				
LLC - 38-3904771, 20935 W, SWENSON DR, STE					EDUCATIONAL
101, WAUKESHA, WI 53186	REAL ESTATE HOLDING COMPANY		0	0	O.ENTERPRISES INC.
			-		
		•			
			,		

20-5033694

EDUCATIONAL ENTERPRISES, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations Schedule R (Form 990)

(g) Section 512(b)(13) controlled organization? Yes No × Direct controlling entity N/A Public charity status (if section 501(c)(3)) - 509(A)(2) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) COMPASS PROGRAMS TO K-12 CONDUCT COMPLIMENTARY Primary activity <u>e</u> SCHOOLS EEI COMPASS EDUCATIONAL PARTNERS, INC, -272605527, 20935 W, SWENSON DR., STE 101 Name, address, and EIN of related organization WAUKESHA WI 53186 20-5033694 Page 2

Schedule R (Form 990) 2011 EDUCATIONAL ENTERPRISES, 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 III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations/	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership.
					,						
Part IV 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.)	anizations Taxable a	s a Corpo g the tax y	ration or Trust (Corear)	mplete if the orga	anization a	Inswered "Yes" (o Form 990, Part	IV, line 34	because it had o	one or mo	e related
(a) Name, address, and EIN of related organization	Z -		(b) Primary activity	(C) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
132162 01-23-12			·	33					Schedul	e R (Form	Schedule R (Form 990) 2011

Page 3

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Yes

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	isted in Parts II-IV?	
	ted organizations l	
	ne or more rela	
	transactions with or	
	y of the following t	
	n engage ın an	
	did the organizatio	
•	nng the tax year, o	
	- □	

- a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity
- Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)
 - Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses

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- Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related organization(s)

2 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	no must complete ti	nis line, including covered	relationships and transaction thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) EAGLE SOUTH MOUNTAIN CHARTER, INC.	A	5,763	5,763.BOOK (CASH)
(2) EAGLE SOUTH MOUNTAIN CHARTER, INC.	K	309,495.	309,495.BOOK (CASH)
(3) HOPE CHRISTIAN SCHOOLS PRIMA, LLC	K	327,524.	327,524.BOOK (CASH)
(4) EEI COMPASS EDUCATIONAL PARTNERS, INC.	Ж	30,855.	30,855.BOOK (CASH)
(5) EAGLE COLLEGE PREP II, INC.	×	70,903.	70,903.BOOK (CASH)
16) HOPE CHRISTIAN SCHOOLS PRIMA, LLC	н	444,056.	444,056.BOOK (CASH)

Schedule R (Form 990) 2011

132163 01-23-12

20-5033694

EDUCATIONAL ENTERPRISES, INC.

Schedule R (Form 990)

Part V | Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)HOPE CHRISTIAN SCHOOLS: FORTIS, LLC	Н	294,696.BOOK (CASH)	(
(8)HOPE CHRISTIAN SCHOOLS: FORTIS, LLC	M	180,021.BOOK (CASH)	
(9)HOPE CHRISTIAN SCHOOLS: HIGH SCHOOL, LLC	×	136,225.BOOK (CASH)	
(10)HOPE CHRISTIAN SCHOOLS PRIMA, LLC	a	9,663.BOOK (CASH)	
(11)HOPE CHRISTIAN SCHOOLS: FORTIS, LLC	O	6,809.BOOK (CASH)	
(12)HOPE CHRISTIAN SCHOOLS: HIGH SCHOOL, LLC	a	21,341.BOOK (CASH)	
(13)EAGLE SOUTH MOUNTAIN CHARTER, INC.	O	5,280.BOOK (CASH)	
(14)EAGLE COLLEGE PREP II, INC.	Ø	979.BOOK (CASH)	
(15)EAGLE SOUTH MOUNTAIN PROPERTY, INC.	α	2,160.BOOK (CASH	
(16)EAGLE SOUTH MOUNTAIN CHARTER, INC.	Ø	113,913.BOOK (CASH)	
(17)EAGLE SOUTH MOUNTAIN PROPERTY, INC.	O	-339,362,BOOK (CASH)	
(18)			
(19)			
(20)			
(21)			
(22)		,	
(23)			
(24)			
		_	

20-5033694

Page 4

Schedule R (Form 990) 2011 EDUCATIONAL ENTERPRISES, INC.

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

36

Schedule R (Form 990) 2011

Schedule F	(Form 990) 2011	EDUCATIONAL	ENTERPRISES,	INC.	20-5033694 Page 5
Part VII	₹ (Form 990) 2011 Supplemental Inf o	ormation			
			n for responses to questi	ons on Schedule R (see instru	ctions).
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Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2012)

• If yo	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			▼ X
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do no	t complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electr	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a co	rporation
require	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form 8	368 to request ar	extension
of time	to file any of the forms listed in Part I or Part II with the exi	ception of	Form 8870, Information Return for	Transfers /	Associated With (Certain
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filing of thi	s form,
visit w	ww.irs gov/efile and click on e-file for Chanties & Nonprofits					
Part	Automatic 3-Month Extension of Time	Only s	submit original (no copies ne	eded).		
A corp	oration required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete		
Part I	only					▶ □
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns	ICs, and t	rusts must use Form 7004 to reques	at an exten	sion of time	
Туре	Name of exempt organization or other filer, see instru	ctions		Employe	r identification nu	mber (EIN) or
print	İ					
File by ti	EDUCATIONAL ENTERPRISES, II	NC.		LX.	20-50336	594
due date	for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social se	curity number (S	SN)
filing you return S		<u> 101 </u>				
instruction	only, to miles, blate, and Em code. For a re	oreign add	ress, see instructions.			
	WAUKESHA, WI 53186					
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)	-		0 1
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	990	01	Form 990-T (corporation)			07
Form 9	990-BL	02	Form 1041-A			08
Form 9	990-EZ	01	Form 4720			09
Form 9	990-PF	04	Form 5227	_		10
Form 9	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870	-		12
	TREVOR BURBACH					
• The	books are in the care of ▶ 20935 W SWENSON	DRIV	VE. SUITE 101 - WA	UKESH	A, WI 531	L86
	ephone No. ► 262-542-9546		FAX No. ▶	<u> </u>	,	
	e organization does not have an office or place of business	s in the Un				
	ils is for a Group Return, enter the organization's four digit (f this is fo	r the whole group	check this
box >		i .	ch a list with the names and EINs of			
	request an automatic 3-month (6 months for a corporation				org the extension	10.10.
•	FEBRUARY 15, 2013 , to file the exempt	•	•		The extension	
-	s for the organization's return for	. organiza	don rotali for the organization name	Ju 45010	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
i	calendar year or					
í	► X tax year beginning JUL 1, 2011	20	d ending JUN 30, 2012			
	tax year beginning	, an	defiding BOR SO, BOIL			
2 1	f the tax year entered in line 1 is for less than 12 months, cl	hack raser	on: Initial return	Fınal retur	n	
- '	Change in accounting period	IICON ICAS	Silinitiat return	i iliai iotai	••	
	Change in accounting period					
3a I	f this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or EDEO	nter the tentative tay less on:	7		
) 6009, ei	inter the tentative tax, less any		<u>_</u>	0.
-	nonrefundable credits. See instructions.	ontor on:	refundable gradute and	3a	\$	<u></u>
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	_		امد		Λ
-	estimated tax payments made. Include any prior year overp			3b	\$	0.
	Balance due, Subtract line 3b from line 3a. Include your pa	•	•			0.
	by using EFTPS (Electronic Federal Tax Payment System)			3c	[3	
<u>vautic</u>	n. If you are going to make an electronic fund withdrawal w	いいい いりろ たく	Jilli odoo, see form 8433-EU and Fo	אַ אַס װויכ <u>אַ 1</u>	EU ior payment li	ISTRUCTIONS _

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 88	68 (Rev 1-2012)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		ightharpoons X
	nly complete Part II if you have already been granted an a				8868	
	are filing for an Automatic 3-Month Extension, comple					
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies ne	eded).
	<u></u>		Enter filer's	identifyir	g number	see instructions
Type or	Name of exempt organization or other filer, see instru	ctions	1	Employe	rıdentıficat	ion number (EIN) or
print					00 5	
File by the	EDUCATIONAL ENTERPRISES, INC			X		033694
due date fo filing your	Number, street, and room or suite no. If a P.O. box, s		tions	Social se	cunty num	ber (SSN)
return See	20935 W SWENSON DR., SUITE					
ii isa actions	City, town or post office, state, and ZIP code. For a ic	oreign add	lress, see instructions			
	WAUKESHA, WI 53186					
Enter the	e Return code for the return that this application is for (file	a cenara	te application for each return)			0 1
Cittor tin	The tarried action the retain that this application is for the	o a sopula	to application for each return,			(
Applicat	tion	Return	Application			Return
ls For		Code	Is For	-		Code
Form 99	0	01				
Form 99	0-BL	.02	Form 1041-A			08
Form 99	0-EZ	01	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069	11_		
	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	ed Form 88	68
• The b	TREVOR BURBACH books are in the care of 20935 W SWENSON	ידפת זי	TE CITTE 101 - WA	IKECH	2 WT	53186
	hone No. ► 262-542-9546	N DKI	FAX No	OKESII	A, WI	33100
	organization does not have an office or place of business	s in the life				▶ □
	is for a Group Return, enter the organization's four digit (f this is fo	r the whole	group, check this
box ►			ich a list with the names and EINs of			
	equest an additional 3-month extension of time until		15, 2013			
	r calendar year, or other tax year beginning			JUN	30,	2012 .
	he tax year entered in line 5 is for less than 12 months, c			Final r		
	Change in accounting period					
	ate in detail why you need the extension					
	DDITIONAL TIME IS NECESSARY T	ro gar	THER THE INFORMATION	ON RE	QUIRE	O TO FILE
<u>T</u>	HE FEDERAL FORM 990					
				1 -		
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any	1 _		0
	nrefundable credits See instructions.			8 <u>a</u>	\$	0.
	this application is for Form 990 PF, 990 T, 4720, or 6069,	•				
	x payments made Include any prior year overpayment all	owed as a	a credit and any amount paid	01		0.
	reviously with Form 8868		b the form of narround browns	8b	\$	
	Nance due. Subtract line 8b from line 8a. Include your pa		n uns rorm, ii requirea, by using	8c	s	0.
	TPS (Electronic Federal Tax Payment System) See instru Signature and Verificat		st be completed for Part II o			<u>_</u>
Under nei	nalties of perjury, I declare that I have examined this form, including		•	-	f mv knowle	dae and belief.
it is true,	correct, and complete, and that I am authorized to prepare this fo	rm.	and the state of t	5001 0		-9

Title ▶ CFO

Date >

Signature >

Duilding Duilding Duilding Life No. Considerated Biss's Page Control		•		7.	4		•	4	5	6		•	•	ж •	
BUILDINGS	Current Year Deduction		84,867	6,75	, 62	16,840	, 9	5,21	, 51	20,72)		39,19	
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	Asset No.	ω	σ,	10		13		11	12			7			

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction