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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

Open	to	Pι	ldı	ic
Insp	eci	tio	n	

Ar	or the	e 2011 Calendar year, or tax year beginning 07701; 201	i, and ending		6/30 , 20 12
Во	heck If app	C Name of organization		D Employer identifi	
_	Addres	FUND FOR EDUCATIONAL EXCELLENCE, INC.		52-112940	02
X	change	Doing Business As	To	F Talantana anna	
	Name	Change Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
\perp	Initial		STE 400	(410) 685-	8300
	Termır				
	Ameno return	Billinons, in 21201		G Gross receipts \$	6,155,561.
	_ Applica	F Name and address of principal officer ROGER SCHULMAN		H(a) Is this a group ret affiliates?	um for Yes X No
		800 NORTH CHARLES ST, STE 400 BALTIMORE,	MD 21201	H(b) Are all affiliates in	cluded? Yes No
ı	Tax-exe	empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1	l) or 527	If "No," attach a li	st (see instructions)
J	Websit	te: ▶ WWW.FFEE.ORG		H(c) Group exemption	number
K	Form o	of organization X Corporation Trust Association Other	L Year of for	mation 1984 M State	e of legal domicile MD
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities			
•		TO SECURE THE FINANCIAL, HUMAN, AND KNOWLEDGE	RESOURCES N	ECESSARY TO	
ဦ		SUPPORT POLICY AND PRACTICE RESULTING IN INCRE.			
Ē	'	BALTIMORE CITY PUBLIC SCHOOL STUDENTS.			-
Governance	2	Check this box ▶ ☐ If the organization discontinued its operations or dispo	sed of more than 2	5% of its net assets	
Ű	1	Number of voting members of the governing body (Part VI, line 1a)		1	20.
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			19.
Ę		Total number of individuals employed in calendar year 2011 (Part V, line 2a).			17.
Ę					
⋖		* * * * * * * * * * * * * * * * * * * *			0
		Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>
	D	Net unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · ·	Prior Year	Current Year
			ļ		
음		Contributions and grants (Part VIII, line 1h)		2,366,410.	6,039,564.
Revenue		Program service revenue (Part VIII, line 2g)		366,536.	·
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,683.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,285.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,789,914.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,677,279.	215,404.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		C	0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,027,968.	655,852.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u>.</u>	0
×	b	Total fundraising expenses (Part IX, column (D), line-25)-	61.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,289,406.	2,782,949.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,994,653.	3,654,205.
	19	Revenue less expenses Subtract line 18 from line 120	. JÖI	-1,204,739.	2,501,356.
e s		O WAK 0 2 2013	(j) Be	eginning of Current Year	End of Year
sets lang	20 21 22	Total assets (Part X, line 16)		2,110,208.	5,056,607.
Ass	21	Total liabilities (Part X, line 26) OGDEN. UT		152,322.	599,235.
ž Š	22	Net assets or fund balances. Subtract line 21 from line 20		1,957,886.	4,457,372.
Pa	rt II	Signature Block			<u> </u>
Un	der pen	nalties of perjury, I declare that I have examined this return, including accompanying schedule	es and statements, a	nd to the best of my know	ledge and belief, it is true,
COI	rect, an	nd complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any kno	owledge	
		1 des la la		2/25/	
Sig	n	Signature of officer		Date	'
He	re		IDENT AND C	EO	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature /	Date] ₀₅ ,],],	PTIN
Paid	1	GREGORY S. SCHUESSLER	<i>1</i>	Check if self-employed	P01006662
Pre	parer	CARDONI MADDELL IIC	2/21/	- FA	
Use	Only	Firm's name CARDONI WADDELL, LLC		4.9	-2177417
		Firm's address > 8850 STANFORD BLVD., SUITE 3300 COLUMBIA, MD 21045		Phone no 41	0-290-0770
May	rne li	RS discuss this return with the preparer shown above? (see instructions)			X Voc No

JSA 1E1010 1 000

Form	990 (2011) Page 2
	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission [.] TO SECURE THE FINANCIAL, HUMAN, AND KNOWLEDGE RESOURCES NECESSARY TO
	SUPPORT POLICY AND PRACTICE RESULTING IN INCREASED ACHIEVEMENT FOR
	BALTIMORE CITY PUBLIC SCHOOL STUDENTS.
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.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O. 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 o grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 573,063. including grants of \$) (Revenue \$ 766,536.)
•	THE SCHOOL EFFECTIVENESS REVIEW PROGRAM SUPPORTS CITY SCHOOLS'
	DESIGN AND IMPLEMENTATION OF A SCHOOL QUALITY REVIEW PROCESS AND A
;	SCHOOL ACCOUNTABILITY FRAMEWORK.
•	
•	
•	
	(Code:) (Expenses \$362,353. including grants of \$) (Revenue \$205,841.)
	THE ACCELERATIED PATHWAYS INITIATIVE SUPPORTS THE CREATION OF
	INNOVATIVE MODELS FOR AT-RISK STUDENTS TO EAR A HIGH SCHOOL
	DIPLOMA IN LESS THAN FOUR YEARS.
•	
•	
•	
	(Code:) (Expenses \$350,632. including grants of \$) (Revenue \$360,693.)
	THE EXECUTIVE DIRECTOR LEADERSHIP DEVELOPMENT INITIATIVE SUPPORTS CITY SCHOOLS' NEW EXECUTIVE DIRECTORS IN ENHANCING THEIR COACHING
	AND LEADERSHIP SKILLS AS PART OF THEIR EXPANDED RESPONSIBILITIES
	FOR THE MANAGEMENT AND PROFESSIONAL GROWTH OF PRINCIPALS.
	THE THE PROPERTY OF THE PROPER
•	
•	
•	
	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,076,701. Including grants of \$ 215,404.) (Revenue \$ 4,231,581.) Total program service expenses ▶ 3,362,749.
JSA	Total program service expenses ► 3,362,749.

Part	V 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 (see instructions)?	2	Х	
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	- 1	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		x	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	
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	11a	х	
h	Schedule D, Part VI	1 1 a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		х
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	ļ	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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?	14a		X
þ	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	145		Х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and V	14b		-
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	 		
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
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		х
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		l

Part	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		Х
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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
274	\$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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
_	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	_	
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			х
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			.,
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			••
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
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	28b		X
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		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		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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-		
-	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
				х
	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		х	
	19? Note. All Form 990 filers are required to complete Schedule O	38	^	Ц

Par	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 17			
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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			v
	account)?	4a		X
D	If "Yes," enter the name of the foreign country. ▶			
5 0	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	E .		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		$\frac{\lambda}{x}$
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-50		
ou.	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	<u> </u>	-	
_	gifts were not tax deductible?	6ь		İ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			İ
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			i
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			ĺ
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			ĺ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			ļ
	against amounts due or received from them.)			ł
	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 12b			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			}
	Enter the amount of reserves on hand	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		\vdash	

Form (990 (2011) FUND FOR EDUCATIONAL EXCELLENCE, INC. 52-112	9402		Page 6
Pari				
r ar	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	eiuw, oc in	Sch	iui a odulo
	O. See instructions.	55 III	OCH	caule
	Check if Schedule O contains a response to any question in this Part VI			[v]
<u></u>				X
Seci	tion A. Governing Body and Management			
	Enter the number of veting members of the governing body at the and of the toy year If there are		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are	1]
	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			
þ	The the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			x
_	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		x
	one or more members of the governing body?	7a		
D	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	7.5		
Ū	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	х	
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		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
Secti		Code	.) Yes	No
Secti 10a		Code 10a		No X
10a	on B. Policies (This Section B requests information about policies not required by the Internal Revenue			└
10a	On B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	└
10a	Did the organization have local chapters, branches, or affiliates?	10a		└
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	└
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	└
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	X	└
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	X	└
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	X X X	└
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	X X X X	└
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	X X X X X X	└
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b	X X X X	└
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10a 10b 11a 12a 12b 12c 13	X X X X X X	└
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	X X X X X	└
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	X X X X X X	└
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	X X X X X X X	└
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X	└
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X	└
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? In Obsclosure	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed MD/ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X
10a b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed Did not provided the interest policy or procedure requiring the organization to evaluate it	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization. The organization 800 North Charles Street, Suite 400 Baltimore, MD 21201 4106858300

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and financial statements available to the public during the tax year.

Part VII	Compensation of Officers,	Directors,	Trustees,	Key I	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors			-		_	•		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) JAMES MATHIASCHAIR	1.00	х		X				0	0	·
(2) GEORGE A. MURNAGHAN VICE CHAIR	1.00	х		х				0	0	
(3) SYLVIA EGGLESTON WEHR VICE CHAIR	1.00	x		х				0	0	
(4) NANCY JORDAN-HOWARD TREASURER	1.00	Х		х				0	0	
(5) LILLIAN KILROY SECRETARY	1.00	Х		х				0	0	
(6) SCOTT GENSLER DIRECTOR	1.00	Х						0	0	
(7) DR. ANDRES A. ALONSO EX OFFICIO	1.00	х						0	0	
(8) SHELDON CAPLIS DIRECTOR	1.00	х						0	0	
(9) DIANE CHO DIRECTOR	1.00	х						0	0	
(10) BONNIE COPELAND, PHD DIRECTOR	1.00	х						0	0	
(11) LEANNEAL HENDERSON, JR, PHD DIRECTOR	1.00	х						0	0	
(12) MICHAEL ISCH DIRECTOR	1.00	х						0	0	
(13) BARBARA LABUSKES DIRECTOR	1.00	х						0	0	
(14) BRIAN P. MCLAUGHLIN DIRECTOR	1.00	х						0	0	

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	ligi	hest Compensat	ed Employee	es (c	ontinue		rage C
(A) Name and title	(B) Average hours per week (describe	box,	unles er and	Pos heck ss pe	rson Irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	an	(F) stimated nount of other pensati	of
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		org and	om the anizatio d relate anizatio	on ed
15) DANA PETERSEN MOORE DIRECTOR	1.00	х						0		0			0
16) RUSSELL M. MOORE DIRECTOR	1.00	х						0		0			0
17) J. MICHAEL RILEY DIRECTOR	1.00	х						0		0			0
18) PAULA SINGER, PHD DIRECTOR	1.00	х						0		0			0
19) RITA L. WALTERS DIRECOR	1.00	х						0		0			0
20) ROGER SCHULMAN PRESIDENT & CEO	40.00	х		х				149,156.		O		8,	427.
											_		
1 b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .	 	 	 	· ·	 	> >	149,156. 149,156.		0			427. 427.
Total number of individuals (including but not reportable compensation from the organization)		hose 1		d a	bove	e) who	o re	ceived more than	\$100,000 of				
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	er, directo	or, or ch ind	tru <i>lividi</i>	ıste ual	e, 	key e	emp	loyee, or highes	t compensate	ed -	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of rep eater than	ortab \$15	ile c 50,0	om 00?	per	satioi <i>"Ye</i> s	n ai	nd other compens complete Schedu	sation from th	e ch	4	x	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individu	al	5		x
Section B. Independent Contractors	ss, comple	10 001	1000	ne 0	101	Sucri	рег	3011	<u> </u>	•	1.5	L	
 Complete this table for your five highest com- compensation from the organization. Report of year. 													
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompens		
						,	+				_		
							-						
2 Total number of independent contractors (in more than \$100,000 in compensation from the							e li	sted above) who	received				1

Pai	rt VII	Statement of Reve	nue				_	
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues						
S, C	c	Fundraising events						
ii ai	d	Related organizations						
Si E	e	Government grants (contribu						
atio er S	f	All other contributions, gifts, gran						
ξŧ		and similar amounts not included	1	6,039,564.				
g g	g	Noncash contributions included	ın lines 1a-1f \$					
	h	Total. Add lines 1a-1f			6,039,564.		-	
Program Service Revenue				Business Code				
eve	2a							
Œ.	b	_						
ξ	С							
Se	d				_		<u> </u>	
ë H	е							
Бo	f	All other program service rev						
<u>-</u>	9	Total. Add lines 2a-2f	<u> </u>	<u> ▶</u>	0			
	3	Investment income (including	g dividends, inte	rest, and				
		other similar amounts) A	TTACHMENT	▶	12,035.			12,035.
	4	Income from investment of t	•	•	0			
	5	Royalties • • • • • • • • • • • • • • • • • • •			0			
			(ı) Real	(II) Personal				
	6 a	Gross rents	5,500	•				
	b	Less: rental expenses						
	С	Rental income or (loss)	5,500					
	d	Net rental income or (loss).			5,500.			5,500
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		 				
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						}
	d	Net gain or (loss)		· <u>,</u>	0			
e	8a	Gross income from fundra	using	1				
en		events (not including \$		1				
ě		of contributions reported on	line 1c).					
Other Revenue		See Part IV, line 18						
Ę	ь	Less direct expenses						ŀ
Ó	C	` ,	_	· · · · · · · · •	0	+		
	9 a	Gross income from gaming a						
		See Part IV, line 19						
	ь	Less: direct expenses			٥			•
	C	` , ,			<u> </u>		 	
	10a	Gross sales of inventoreturns and allowances						
	_	Less cost of goods sold						
	b	Net income or (loss) from sa	les of inventory	` .	٥			
		Miscellaneous Reven		Business Code				
	11a	MISCELLANEOUS INCOME		 	808.	808.		
	i i a	INSURANCE PROCEEDS			97,654.	97,654.		
	C					,		
	d	All other revenue					·	
	e	Total. Add lines 11a-11d			98,462.			-
	12	Total revenue. See instruction			6,155,561.	98,462.		17,535

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b,	nse to any question in	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	(A) 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.	215,404.	215,404.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments,				
organizations, and individuals outside the			;	
United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	180,577.	81,260.	45,144.	54,173
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	381,301.	344,700.	18,301.	18,300
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	47,171.	42,643.	2,264.	2,264
0 Payroll taxes	46,803.	28,597.	8,346.	9,860
1 Fees for services (non-employees)				
a Management	0			
b Legal	72 114	01 070	F0 207	915
c Accounting	73,114.	21,872.	50,327.	915
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	11,110.	10,216.	849.	45
2 Advertising and promotion	17,469.	7,907.	8,711.	851
4 Information technology	137,693.	133,117.	4,247.	329
5 Royalties	0	,	· · · · · · · · · · · · · · · · · · ·	
6 Occupancy	60,513.	27,341.	30,156.	3,016
7 Travel	14,001.	13,623.	344.	34
8 Payments of travel or entertainment expenses				-
for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	11,952.	11,855.	88.	9
0 Interest	0			··· · · · · · · · · · · · · · · · · ·
1 Payments to affiliates	0			
2 Depreciation, depletion, and amortization	7,143.	3,214.	3,572.	357
3 Insurance	4,716.	2,122.	2,358.	236
4 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
(A) amount, list line 24e expenses on Schedule O)				
a PROFESSIONAL FEES	2,117,138.	2,098,526.	16,920.	1,692
b PRINTING AND PUBLICATIONS	264,084.	263,346.	738.	
c POSTAGE	37,338.	37,338.	, , , ,	-
d MEALS AND ENTERTAINMENT	15,697.	14,678.	927.	92
e All other expenses	10,981.	4,990.	5,503.	488
5 Total functional expenses. Add lines 1 through 24e	3,654,205.	3,362,749.	198,795.	92,661
6 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 following SOP 98-2 (ASC 958-720)	o			
SA	<u> </u>	<u> </u>		Form 990 (2011

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Part X	Balance Sheet			
·	Dalance Sileet	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	102,669.	1	64,205
2	Savings and temporary cash investments.	1,493,462.	2	4,349,728
3	Pledges and grants receivable, net	165,608.	3	196,300
4	Accounts receivable, net	q	4	55,106
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of			
i	Schedule L	d	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>"</u>	employees' beneficiary organizations (see instructions)	q	6	
Assets 7 8	Notes and loans receivable, net	q	7	
8 8	Inventories for sale or use	q	8	
` 9	Inventories for sale or use Prepaid expenses and deferred charges ATCH. 2	16,683.	9	18,396
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 106,516.			
ь	Less: accumulated depreciation	23,054.		97,834
11	Less: accumulated depreciation	304,582.	11	268,231
12	Investments - other securities. See Part IV, line 11	O	12	
13	Investments - program-related. See Part IV, line 11	O	13	
14	Intangible assets	Q	14	
15	Other assets. See Part IV, line 11	4,150.		6,80
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,110,208.	16	5,056,60
17	Accounts payable and accrued expenses	142,390.	17	599,235
18	Grants payable	O	18	
19	Deferred revenue	9,932.	19	
20	Tax-exempt bond liabilities	0	20	
ลู 21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
 22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified persons.			
-	Complete Part II of Schedule L	q	22	
23	Secured mortgages and notes payable to unrelated third parties	O	23	
24	Unsecured notes and loans payable to unrelated third parties	0	24	· ·-
25	Other liabilities (including federal income tax, payables to related third			
ŀ	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	152,322.	26	599,235
S	Organizations that follow SFAS 117, check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	689,444.	27	853,586
28	Temporarily restricted net assets	1,144,442.		3,503,78
29	Permanently restricted net assets	124,000.	29	100,000
27 8 9 0 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
စ္က 30	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
≝ 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,957,886.		4,457,372
34	Total liabilities and net assets/fund balances	2,110,208.	34	5,056,607

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For	m 990 (2011)			Pa	ge 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			Х	
— 1	Total revenue (must equal Part VIII, column (A), line 12)	1			561.
2	Total expenses (must equal Part IX, column (A), line 25)	2			205.
3		3			356.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			886.
5		5		-1,8	870.
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	4,4	57 , 3	372.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
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," exp	olain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
	of the audit, 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, exp				
	Schedule O.				•
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ır were	Ì		
	issued on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single 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 under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FU.	ND F	OR EDUCATIONA	T EXCELLENCE	, INC.						52.	-1129402											
Pa	rt I	Reason for Publ	lic Charity Status	(All organizations mu	ist con	nplete	this pa	ırt.) Se	e instri	uctions	•											
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x)													
1		A church, convention	on of churches, or	association of churches (describ	ed in s	ection	170(b)(1)(A)(i)													
2		A school described	I I⊓ section 170(b)(1)(A)(ii). (Attach Schedul	le E.)																	
3	Ш	A hospital or a coo	perative hospital s	ervice organization descri	ıbed ın	sectio	n 170(b)(1)(A)	(iii).													
4	Ш	A medical researc	h organization ope	erated in conjunction wi	ith a h	ospita	l descri	bed in	sectio	n 170(t)(1)(A)(iii). Enter the											
		hospital's name, cit	·																			
5		•		nefit of a college or univ	ersity	owned	l or ope	rated b	y a go	vernme	ntal unit described in											
		section 170(b)(1)(/	A)(iv). (Complete P	art II.)																		
6			•	or governmental unit des																		
7	X	•	-	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general public											
	$\overline{}$	described in sectio																				
8	\square			on 170(b)(1)(A)(vi). (Com	•																	
9		-	-	es' (1) more than 331/3%																		
		•		exempt functions - subj	-																	
				me and unrelated busi				-		n 511	tax) from businesses											
4.0				e 30, 1975. See section			-		-													
10	\vdash		•	ted exclusively to test for	-	_					or to core, out the											
11	Ш			rated exclusively for the pported organizations de																		
				es the type of supporting																		
		a Type I	b Type	· —	-		ally inte	-	11165 1	ا المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية الم	Type III - Other											
-	, [the organization is not			-	-	irectly	hv one	_ -·											
•	' Ш	-	-	gers and other than one			-		-	-	•											
		509(a)(1) or section		goro and other than one	0, 1,,0	ro pui	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	рролю	. o.ga													
f				n determination from th	e IRS	that it	is a Tv	voe I. T	vpe II.	or Tvo	e III supportina											
•		organization, check					·	,, ,, .	, ,,	. , , ,	- ···· - ··· · · · · · · · · · · · · ·											
ç	1	•		nization accepted any gift				anv of	the													
·		following persons?		, , , ,				,														
		= :	directly or indire	ctly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	Yes No											
		and (III) below,	the governing boo	ly of the supported organ	nization	?					11g(i) X											
		(ii) A family memb	per of a person des	scribed in (i) above?							11g(ii) X											
		(iii) A 35% control	led entity of a pers	on described in (ı) or (ıı) a	bove?						11g(iii) X											
h	1	Provide the following	ng information abo	ut the supported organization	ation(s)).																
		ame of supported	(ii) EIN	(iii) Type of organization		Is the		ou notify		ls the	(vii) Amount of											
		organization		(described on lines 1-9 above or IRC section	col (i)	listed in	organization in col (i) listed in your governing				the organization in col (i) of		the organization in col (i) of									support
				(see instructions))	docu	overning ment?	your su			บัธว												
					Yes	No	Yes	No	Yes	No												
(A)																						
(B)																						
(C)																						
(D)											_											
(E)																						
					1				<u> </u>	ļ												

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Par	Support Schedule for Or (Complete only if you check Part III. If the organization	ked the box or	n line 5, 7, or 8	of Part I or if	the organizati	on failed to qu	
Sec	tion A. Public Support	and to quamy	4,140, 1,10 10010	motod Botom,	piodoo compi	oto i ait iii.,	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,370,162.	3,137,337.	3,355,727.	2,732,946.	6,039,564.	20,635,736.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,370,162.	3,137,337.	3,355,727.	2,732,946.	6,039,564.	20,635,736.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						8,320,685.
6	Public support. Subtract line 5 from line 4.		<u></u>				12,315,051.
	tion B. Total Support	(a) 0007	(b) 0000	(-) 0000	(4) 0040	(-) 0044	(0 T-4-1
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	5,370,162.	3,137,337.	3,355,727.	2,732,946.	6,039,564.	20,635,736.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	158,641.	72,893.	13,224.	54,968.	12,035.	311,761.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				- · · ·		20,947,497.
12	Gross receipts from related activities, etc. (see instructions) .			l	12	
13	First five years. If the Form 990 is	for the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					<u> ▶ </u>
	tion C. Computation of Public Sup				· 	[F0 70-
14	Public support percentage for 2011 (I						58.79% 42.46%
15	Public support percentage from 2010						
16a	331/3% support test - 2011. If the	_					
.	this box and stop here. The organizat 331/3% support test - 2010. If the						
D	check this box and stop here. The org	-					
179	10%-facts-and-circumstances test -		•				
114	10% or more, and if the organization	_					
	Part IV how the organization meets						
	organization			-	•		
ь	10%-facts-and-circumstances test -						
_	15 is 10% or more, and if the org						
	Explain in Part IV how the organization						•
	supported organization				•	•	
18	Private foundation. If the organization	n did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	 -
	instructions	<u></u>			<u> </u>		▶ 📖

Schedule A (Form 990 or 990-EZ) 2011

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.)

aler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	-	-				
•	organization's benefit and either paid						
	to or expended on its behalf		!				
5	The value of services or facilities		-				
3							
	furnished by a governmental unit to the						
	organization without charge		 		 	 	
	Total. Add lines 1 through 5				 		
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3		 			1	
U	received from other than disqualified		1				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		_				
¢	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)		<u> </u>				
<u>ec</u>	tion B. Total Support		•	•	,	r	
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
l O a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
h	Unrelated business taxable income (less						
_	section 511 taxes) from businesses			•			
	·						-
	acquired after June 30, 1975						+
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,		_			
2	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		-		 	-	
13	Total support. (Add lines 9, 10c, 11,			1		1	
	and 12)		<u> </u>	1	l	1	L
4	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, o	r fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here				<i></i>		▶
ec:	tion C. Computation of Public Sur						
15	Public support percentage for 2011 (line 8	, column (f) dıvıd	led by line 13, colu	mn (f))		15	
6	Public support percentage from 2010 Sche	edule A, Part III, le	ne 15	· · · · · · · · · · · ·	<u> </u>	16	
ec.	tion D. Computation of Investmen	nt Income Pei	rcentage				_
17	Investment income percentage for 2011 (li	ne 10c, column	(f) divided by line	13, column (f))		17	
18	Investment income percentage from 2010						
	331/3% support tests - 2011. If the or						and line
	17 is not more than 331/3%, check th						_ [
	331/3% support tests - 2010. If the orga		-	-		• • • • •	•
h	• • • • • • • • • • • • • • • • • • • •						
Ь	ling 18 ic not more than 3347997 chical		over mere. ITH O	varuzauvii Oualli	igo do a DUDIICIV	aupported organ	nzaliun 🚩 l
ь 20	line 18 is not more than 331/3%, check Private foundation. If the organization		•	•	• •	ov and con inch	r

Schedule A (Form 990 or 990-EZ) 2011

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions. Employer identification number

Open to Public Inspection

OMB No 1545-0047

FUN	D FOR EDUCATIONAL EXCELLENCE, INC.	52-1129402
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6.	r Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
_		(b) Fullus 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 writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	· · · · · · · · · · · Yes No
Pai		orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation	of an historically important land area
	Protection of natural habitat	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
¢	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified extinguished, or terminate of conservation easements modified extinguished, extinguished, or terminate of conservation easements and conservation easements extinguished extinguished.	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, have	andling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easi	sements during the year
		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	ents during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	in Part XIV, describe now the organization reports conservation easements in its revenue an	id expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
	organization's accounting for conservation easements.	
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide, in Part XIV, the text of the footnote to its financial statements that de	scribes these items.
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its i	
	works of art, historical treasures, or other similar assets held for public exhibition, edu	acation, or research in furtherance of
	public 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 treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2011

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,784.	229.	7,555.
d Equipment		28,991.	6,792.	22,199.
e Other	-	69,741.	1,661.	68,080.
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10)(c).) ▶	97,834.

Schedule D (Form 990) 2011

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

	le D (Form 990) 2011			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nent	S	
1 '	Total revenue (Form 990, Part VIII, column (A), line 12)	1		6,155,561.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	T	3,654,205.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		2,501,356.
4	Net unrealized gains (losses) on investments	4		-1,870.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		·
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		-1,870.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		2,499,486.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	•	
1	Total revenue, gains, and other support per audited financial statements	[1	6,056,037.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· ·		
а	Net unrealized gains on investments 2a -1,8°	70.		
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	-1,870.
3	Subtract line 2e from line 1	: :	3	6,057,907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b		ļ	
b	Other (Describe in Part XIV.) 4b 97,65	54.		
С	Add lines 4a and 4b		4c	97,654.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,155,561.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		n	
1	Total expenses and losses per audited financial statements		1	3,654,205.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	-		
b	Prior year adjustments 2b		l	
C	Other losses 2c	\neg		
d	Other (Describe in Part XIV.)		1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,654,205.
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			
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	3,654,205.
Part	XIV Supplemental Information			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4; Part XI, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also completional information.	art IV, blete	line this p	s 1b and 2b; part to provide
SEE	PAGE 5			

Part XIV Supplemental Information (continued)

PERMANENT ENDOWMENT

PART V, LINE 4

THE PERMANENT ENDOWMENT CONSISTS OF ONE DONOR RESTRICTED FUND ESTABLISHED TO PROVIDE A SOURCE OF INCOME TO RECOGNIZE TEACHER ACHIEVEMENT.

ASC 740 FOOTNOTE

PART X, LINE 2

THE FUND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS.

THE FUND FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE CODIFICATION. THE CODIFICATION REQUIRES THE EVALUATION OF TAX POSITIONS, WHICH INCLUDES MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNRELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD. THE ORGANIZATION'S INCOME TAX RETURNS FOR 2011, 2010, AND 2009 ARE SUBJECT TO POSSIBLE FEDERAL EXAMINATION, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

Part XIV Supplemental Information (continued)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, #4B

EXTRAORDINARY ITEM - INSURANCE PROCEEDS FROM FIRE

3075000

SCHEDULE 1 (Form 990)

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. ▶ Attach to Form 990.

OMB No 1545-0047

Inspection

Employer identification number

52-1129402

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FUND FOR EDUCATIONAL EXCELLENCE, INC. Internal Revenue Service Name of the organization

Open to Public

Schedule	Sche				r Form 990.	structions fo	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
.					1 table	d in the line	3 Enter total number of other organizations liste
 			θ	ed in the line 1 table	rganizations list	overnment o	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
i							(1 <u>2</u>)
			;				(11)
							(10)
N E				11,010.	501(C)(3)	52-2064235	(9) BALTIMORE CITY PUBLIC SCHOOLS 200 E. NORTH AVENUE BALTIMORE, MD 21202
NE.				12,000.	501(C)(3)	65-1302144	(8) GARWYN OAKS NORTHWEST HOUSING RES CENTER 2300 GARRISON BLVD BALTIMORE, MD 21236
N E				12,900.	501(C)(3)	52-1069515	(7) GREATER MONDAWMIN COORDINATING COUNCIL 2401 LIBERTY HEIGHTS AVE
NE				17,895.	401 (C) (3)	94-3079432	(6) UNIVERSITY OF WASHINGTON - BOTHELL CENTER FOR REINVENTING PUBLIC EDUCATION
PR				23,849.	501(C)(3)	52-0976194	(5) JEMICY SCHOOL 11 CELADON RD OWINGS MILLS, MD 21117
Z NE				23,000.	501(C)(3)	23-7097000	(4) COMPREHENSIVE HOUSING ASSISTANCE, INC. 5721 PARKE HEIGHTS AVE BALTIMORE, MD 21215
ADI				25,000.	501(C)(3)	01-1069515	(3) GREEN STREET ACADEMY FOUNDATION, INC. 621 E. PRATT ST BALTIMORE, MD 21202
GR.				40,000.	501(C)(3)	52-1120778	(2) BUILD 2439 MARYLAND AVENUE BALTIMORE, MD 21218
88				48,750.	501(C)(3)	52-2034127	(1) HEART OF AMERICA FOUNDATION 401 F ST. NW WASHINGTON, DC 20001
	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(p) EIN	(a) Name and address of organization or government
Yes" than	ation answered " It received more	to Governments and Organizations in the United States. Complete if the organization answered "Yes" or any recipient that received more than \$5,000. Check this box if no one recipient received more than ional space is needed	ed States. Com 00. Check this bo	ttions in the Unit more than \$5,00	s and Organize that received eded	to Governments and or any recipient that in in all space is needed	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than Part II can be duplicated if additional space is needed
]			United States.	f grant funds in the	toring the use o	rres for moni	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
×	or assistance, and	o substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ce, the grantees'	grants or assistan	e amount of the	to substantiate the a	1 Does the organization maintain records to such
						and Assistance	Part General Information on Grants and

PROFESSIONAL DEVELOP

NEIGHBORHOOD SCHOOL

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NEIGHBORHOOD SCHOOL

GRANT FOR NEW SCHOOL

GRANT FOR LIBRARY

(h) Purpose of grant or assistance

than \$5,000.

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Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

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	(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
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Part IV	Part IV Supplemental Information. Complete this part	s part to prov	ide the informat	lion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.

GRANTS ISSUED

SCHEDULE I, PART I, LINE 2:

TERMS OF ALL GRANTS ARE OUTLINED IN AWARD LETTERS AND MONITORED BY

DESIGNATED PROGRAM STAFF. ALL GRANTS REQUIRE A FINAL NARRATIVE AND

GRANTS WITH MULTIPLE PAYMENTS REQUIRE BOTH INTERIM AND FISCAL REPORT.

FINAL NARRATIVE AND FISCAL REPORTS. THE ORGANIZATION REPORTS ON ALL

GRANTS TO ORIGINAL FUNDING SOURCE ANNUALLY.

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.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FUND FOR EDUCATIONAL EXCELLENCE, INC.

Employer identification number 52-1129402

Part	Questions Hegarding 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	ا . ا		
_	explain	1b		
2		,		
	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 establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	,,,			
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		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		\overline{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?	5 b		Х
	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 contingent on the net earnings of:			.,
а	The organization?	6a		X
Ð	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	_		х
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		├^
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the unital contract exception described in Regulations, section 53.4058.4(a)(3)3. If "You" described in Regulations section 53.4058.4(a)(3)3.			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			x
9	in Part III	8		
3	Regulations section 53 4958-6(c)?	。	' 	

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

Schedule J (Form 990) 2011

Page 2

Schedule J (Form 990) 2011

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. Part II

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	9	12.			8,427.		157,583.	
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Page 3

Schedule J (Form 990) 2011

Part III Supplemental Information

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

Schedule J (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

Employer identification number

52-1129402

FUND FOR EDUCATIONAL EXCELLENCE, INC.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, NO. 5

OTHER CHANGE IN NET ASSETS REPRESENTS UNREALIZED LOSSES ON INVESTMENTS.

THE AMOUNT IS RECOGNIZED FOR GAAP PURPOSES BUT NOT FOR TAX REPORTING

PURPOSES.

REVIEW OF 990

PART VI, #11A

THE TAX RETURN IS SUBMITTED TO THE FINANCE COMMITTEE FOR APPROVAL PRIOR TO FILING. THE FINANCE COMMITTEE IS AUTHORIZED TO REVIEW AND APPROVE THE RETURN ON BEHALF OF THE ENTIRE BOARD. A COPY OF THE RETURN IS MADE AVAILABLE TO ALL BOARD MEMBERS.

CONFLICT OF INTEREST

PART VI, #12C

ANY BOARD MEMBER, EMPLOYEE, OR VOLUNTEER SHALL PROMPLTLY REPORT IN WRITING TO THEIR APPROPRIATE SUPERVISOR (OR, IN THE CASE OF A BOARD MEMBER, TO THE PRESIDENT OF THE BOARD) ANY ACTUAL OR CONTEMPLATED TRANSACTION WHICH MAY INVOLVE A CONFLICT OF INTEREST. EACH BOARD MEMBER, EMPLOYEE, AND VOLUNTEER SHALL COMPLETE A QUESTIONNAIRE RELATING TO THIS POLICY UPON ASSOCIATION WITH THE FUND FOR EDUCATIONAL EXCELLENCE AND THEREAFTER WHEN CHANGES OCCUR OR UPON REQUEST.

COMPENSATION DETERMINATION

Employer identification number 52-1129402

PART VI, #15 A&B

THE COMPENSATION ARRANGEMENTS MUST BE APPROVED IN ADVANCE, BEFORE ANY PAYMENT IS MADE, BY THE APPROVAL BODY OF THE FUND COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS. WHEN THE APPROVAL BODY IS CONSIDERING COMPENSATION TO COVERED INDIVIDUALS, IT MUST RELY ON COMPRABILITY DATA THAT DEMONSTRATES THE FAIR MARKET VALUE OF THE COMPENSATION IN QUESTION.

DOCUMENTS AVAILABLE TO THE PUBLIC

PART VI, #19

THE FUND PROVIDES ALL OF THE MENTIONED DOCUMENTS TO THE PUBLIC UPON REQUEST. IN ADDITION, THE CURRENT FORM 990 IS AVAILABLE ON THE GUIDESTAR WEBSITE.

FORM 9	90. P.	ART VI	тт — т	NVESTMENT	INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	12,03	5.		12,035.
TOTALS	12,03	5.		12,035.

ATTACHMENT	2		

ATTACHMENT 1

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION ENDING
BOOK VALUE

PREPAID EXPENSES 12,502.

PREPAID INSURANCE 5,894.

•		
Schedule O (Form 990 or 990-EZ) 2011		Page 2
Name of the organization	Employer identification	number
FUND FOR EDUCATIONAL EXCELLENCE, INC.	52-1129402	
	ATTACHMENT 2 (CON'	r'D)
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES		
	ENDING	
DESCRIPTION	BOOK VALUE	
TOTALS	18,396	_
		÷
	ATTACHMENT 3	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	=	
DESCRIPTION	ENDING BOOK VALUE	COST OR FMV

213,467.

54,764.

268,231.

FMV

FMV

EXCHANGE TRADED EQUITY FUND

EXCHANGE TRADED INCOME FUND

TOTALS

RENT AND ROYALTY INCOME

Taxpayer's Name FUND FOR EDUCATIONAL EXCELLENCE, INC. Iden 52-1								ing Number 9402	
DESCRIPTION OF PROPERTY SUBLEASE RENTAL	INCOME		_						
Yes No Did you ad	ctively participate in the	e operation (of the ac	tivity c	luring the tax year?		-		· · · · · · · · · · · · · · · · · · ·
TYPE OF PROPERTY:									
REAL RENTAL INCO	ME								- -
OTHER INCOME:							5 , 50	0.	
TOTAL GROSS INCOME					 				5,500.
OTHER EXPENSES:						Ì			
		<u> </u>							
			.						
DEPRECIATION (SHOWN BELOW)								\dashv	
LESS: Beneficiary's Portion					• •				
AMORTIZATION									
LESS: Beneficiary's Portion ,					1				
DEPLETION								\dashv	
LESS: Beneficiary's Portion								_	
TOTAL EXPENSES									5,500.
TOTAL RENT OR ROYALTY INCOME Less Amount to	E (LUSS)	<u> </u>		• • •	 		• • • •	· l	3,300.
Rent or Royalty						• • • • • • • • • • • • • • • • • • • •			
Depletion									
Investment Interest Expense									
Other Expenses								_	
Net Income (Loss) to Others								_	
Net Rent or Royalty Income (Loss)									5,500.
Deductible Rental Loss (if Applicable									•
SCHEDULE FOR DEPRECIAT	ION CLAIMED	·							
(a) Description of property	(b) Cost or unadjusted basis	(c) Date	(d) ACRS des	(e) Bus	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(ı) Lıfe or rate	(j) Depreciation for this year
			1						
					<u> </u>				· · · · · · · · · · · · · · · · · · ·
					-				
				<u> </u>					
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

5,500.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
SUBLEASE RENTAL INCO	5,500.			5,500.
TOTALS	5,500.			5,500.