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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning $$	<u>JUN 30, 2012</u>
В	Check if	C Name of organization	D Employer identification number
	applicable	JAMES B. HUNT, JR. INSTITUTE FOR	
	Addre	EDUCATIONAL LEADERSHIP & POLICY FOUNDATI	
	Name chang	Doing Business As	80-0025367
	lnıtıal return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number
	Termir ated	1000 PARK FORTY PLAZA 280	919-425-4160
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$ 2,232,583.
	Applic	DURNAM, NC 2//13	H(a) Is this a group return
	pendir	F Name and address of principal officer	for affiliates? Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates included? Yes No
1	Tax-exe	empt status: <b>X</b> 501(c)(3)	527 If "No," attach a list (see instructions)
		e: ► N/A	H(c) Group exemption number ▶
K	Form of	organization: X Corporation	Year of formation: 2001 M State of legal domicile: NC
P	art I	Summary	
Φ	1	Briefly describe the organization's mission or most significant activities: TO SECUR	E AMERICA'S FUTURE
Activities & Governance	1	THROUGH QUALITY EDUCATION.	
Ľ	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of n	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3 26
<b>অ</b>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 26
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 0
Σ	6	Total number of volunteers (estimate if necessary)	6 25
Act	7 a	Total unrelated business revenue from Part VIII column(c), med PVED  Net unrelated business taxable income from Form 990.7, med PVED	7a 0.
_	b	Net unrelated business taxable income from Form 990.T, tine 34-1 V, L. L.	7ь 0.
		Contributions and grants (Part VIII, line 1h)	Prior Year Current Year
e	8	189	1,238,506. 2,227,201.
ē	9	· · · · · · · · · · · · · · · · · · ·	0. 0.
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,904. 5,382.
	11	Other revenue (Part VIII, column (A), lines 5, 60,80,90,100, and 11e)	38. 0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,243,448. 2,232,583.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	133,393. 0.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
EXO	- b	Total fundraising expenses (Part IX, column (D), line 25)	2 075 004 2 672 001
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,075,904. 2,672,001.
·	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,209,297. 2,672,001.
<u></u>	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	<965,849.> <439,418.>
ts or	<u> </u>	Tabel access (Dark V. Iva 4.0)	Beginning of Current Year End of Year
SSe SSe	일 <b>20</b>	Total assets (Part X, line 16)	4,465,379. 4,065,093.
Net Asse	21	Total liabilities (Part X, line 26)	246,675. 285,807. 4,218,704. 3,779,286.
	22 Part II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	4,210,704. 3,779,200.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	premante, and to the heet of my knowledge and helief it is
6		ct, and complete. Declaration of preparer Lother than officer) is based on all information of which preparer	
<u> </u>	c, con c		4-15-12
; e:		Signature of officer	Date
Sig		Tudith Rizzo, Executive Director	4/25/2013
п	ere	Type or print name and title	
_			Date Check PTIN
Рa	id	Print/Type preparer's name  HEATHER HORTON  Preparer's signature  Light Land Land Land Land Land Land Land Land	04/22/13 self-employed P00449619
	eparer	Firm's name DIXON HUGHES GOODMAN LLP	Firm's EIN 56-0747981
	e Only	Firm's address 2501 BLUE RIDGE ROAD, SUITE 500	111110EM 50 0747501
		RALEIGH, NC 27607	Phone no. (919) 876-4546
M:	av the I	RS discuss this return with the preparer shown above? (see instructions)	Yes No
	2001 01-2		Form <b>990</b> (2011)

## JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 2 Form 990 (2011) Part III | 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 AMERICA'S FUTURE THROUGH QUALITY EDUCATION. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ) (Expenses \$ 2,614,674. including grants of \$ ) (Revenue \$ SEE ATTACHMENT FOR COMPREHENSIVE SUMMARY OF 2012 PROGRAM SERVICE ACCOMPLISHMENTS including grants of \$ \_\_\_\_\_\_) (Revenue \$ \_\_\_\_\_ \_\_\_\_\_ ) (Expenses \$ \_\_\_\_ \_\_\_\_\_\_ ) (Revenue \$ \_ \_\_\_\_\_ ) (Expenses \$ including grants of \$

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$
4e Total program service expenses ▶ 2,614

\_) (Revenue \$

2,614,674.

Form **990** (2011)

Form 990 (2011) EDUCATIONAL LEADERSHIP & POLICY FOUNDATI
Part IV Checklist of Required Schedules 80-0025367

1 ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  1		,		Yes	No
# "Yes," complete Schedule A Schedule B, Schedule of Contributoral  1 Is the organization engage in direct or inderect political campagn activities on behalf of or in opposition to candidates for public office? # "Yes," complete Schedule C, Part I    2 S Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(fr) election in effect during the tax year? #" "Yes," complete Schedule C, Part II    3 S Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(fr) election in effect during the tax year? #" "Yes," complete Schedule C, Part II    4 S Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(fr) election in effect during the tax year? #" "Yes," complete Schedule C, Part II    5 D I the organization measure any donor advased funds or any semilar funds or accounts for which dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? #" "Yes," complete Schedule D, Part II    5 D I the organization reserve or hold a conservation assement, including assements to preserve open papes, the environment, instinct land areas, or historic structures? If "Yes," complete Schedule D, Part II    5 D I the organization intended in amount of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV    5 D I the organization intended in amount for though a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV    6 D I the organization report an amount for the florium guestions is Yes," then complete Schedule D, Part IV    7 D I the organization report an amount for meetiments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV II    8 D I the organization report an amount for the meeting schedule D, Part IV II    8 D I the organization report an amount for the	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3			_ 1	X	
public office? If "Yes," complete Schedule C, Part I  Section SO (16)(3) organizations, Did the organization engage in lobbying activities, or have a section 501(6)) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as eaction 501(6) go (3) (6)(6)(6), or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III is organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts if If "Yes," complete Schedule D, Part II is 0. If the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment and areas, or historia of amounts in such funds or accounts for which donors have the right to provide advised to present open as a fund or any similar funds or accounts for which donors have the right to provide advised to present on the similar funds or any similar funds or accounts for which donors have the right to provide advised to present on the provided advised to present on the similar funds or accounts for which donors have the right to provide advised to present on the provided advised to present the present of the provided advised to present on the similar funds of the similar funds or accounts for which donors have the right of the present organization report and amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part X is 110.  In the organization report an amount for other labelities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sc	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes, complete Schedule C, Part II a list he 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 98-187 If "Yes," complete Schedule C, Part III but he organization membership due in the organization and young adversed 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 of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of "Yes," complete Schedule D, Part II old the organization report an amount in Part X, line 21; serve as a custodian for amount not be taken as a policiable.  5 Did the organization report an amount in Part X, line 21; serve as a custodian for amount not betted in Part X, or provide credit counseling, debit management, credit repair, or debit negotiation services? If "Yes," complete Schedule D, Part IV old the organization report an amount for legitation services? If "Yes," complete Schedule D, Part IV old the organization report an amount for line following questions is "Yes," then complete Schedule D, Part V old the organization report an amount for investments of the report of the part X, line 10? If "Yes," complete Schedule D, Part V old the organization report an amount for investments is organization report and amount for organization related in Part X, line 10? If "Yes," complete Schedule D, Part X old the organization seport an amount for messatisments for the tax year include a footnote that addresses the organization seport and amount for organization related 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 X organization related in consolidated, independent audited financial	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If 'Yes,' complete Schedule C, Part II  s is the organization a section 501 (c)(4), 501 (c)(6), or 501 (c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 93-19? If 'Yes,' complete Schedule C, Part III  die the organization maintain any donor advised funds or any similar funds or accounts for which diornors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II  die the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures II 'Yes,' complete Schedule D, Part IV  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV  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 repart, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV  Did the organization report an amount for education of the services of the service and organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  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 15? If 'Yes,' complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? If 'Yes,' complete Schedule D, Part XI  Did the organization report an amount for investments - program related in Part X, line 15? If 'Yes,' complete Schedule D, Part XI  Did the organization report an amount for investments or the tax year in the securities of th		public office? If "Yes," complete Schedule C, Part I	3		X
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credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  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  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VIII, VX, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 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  14 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X  15 Did the organization obtain separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III, and XIII is optional statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization as chool described in section 170(b)(1)(A)(0)" If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional to the organization as chool described in section 170(b)(1)(A)(0)" If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional to rentry located outside the United States? If "Yes," complete Schedule D, Parts XI, XII, and XIII is Questional to rentry located outside the United States? If "Yes," complete Schedule P, Parts II and IV  15 Did the organization report on Part IX, column		Schedule D, Part III	8		X_
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14a Did the organization maintain an office, employees, or agents outside of the United States?  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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  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  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	42				40
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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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X			18		X
complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		x
	20a				
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

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Part IV Checklist of Required Schedules (continued)

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	•		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		<b>X</b> _
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		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		X
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			٠,,
	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	00		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		Λ
28	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		X
	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		Х
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		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?		ŀ	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	ļ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		1	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	0011
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	Check if Schedule O contains a response to any question in this Part V	—т	V. 1	<u> </u>
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-+	Yes	No
	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 reportable gaming			
С	(gambling) winnings to prize winners?	1c		
0-	, , , , , , , , , , , , , , , , , , , ,	-10		
za	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 0	j		
_	filed for the calendar year ending with or within the year covered by this return  U  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	ļ
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-20	-12	
2-	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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_x_
h	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.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>x</u> _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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 organization solicit			
-	any contributions that were not tax deductible?	6a		X_
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).			
а	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			ł
а	Initiation fees and capital contributions included on Part VIII, line 12  10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			İ
100	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	120		$\vdash$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O	.54		<b> </b>
h	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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

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

	Check if Schedule O contains a response to any question in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh									
-	officer, director, trustee, or key employee?		<b>,</b>	2		X				
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	rt sunenvision							
3	of officers, directors, or trustees, or key employees to a management company or other person?		ot daportioion	3		<b>X</b> _				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	e filed?	4		X				
-	Did the organization become aware during the year of a significant diversion of the organization's as		as mea.	5		X				
5		33013:		6		X				
_	6 Did the organization have members or stockholders?									
/a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	Olle Ol	7-		X				
	more members of the governing body?	oto okh	alders or	7a						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Stockii	olders, or			Х				
_	persons other than the governing body?		a fallaaa	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by tr	ie ioliowing.		- <b>U</b>					
a	The governing body?			8a	X					
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 re	acned	at tne	_		7.7				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal i	Revenu	e Code )							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>				
þ	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	Х					
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ļ						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		_	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	escnbe							
	ın Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and appro-		ndependent	1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?								
а	The organization's CEO, Executive Director, or top management official			15a	X	L				
b	Other officers or key employees of the organization			15b	X	<u> </u>				
	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 arrange	ement v	vith a			1				
	taxable entity during the year?			16a		X_				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıc	n's							
	exempt status with respect to such arrangements?			16b	l	<u> </u>				
Sec	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 (Sec	tion 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, an	d finar	ncial					
	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 red	ords of the organiza	tion 🕨	<b>-</b>					
	DAVON CLACK - 919-425-4161									
	1000 PARK FORTY PLAZA SUITE 280, DURHAM, NC 2771	3								
13200 01-23			<del></del>	Form	990	(2011)				

**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.

Check this box if neither the organiza  (A)  Name and Title	(B) Average			(C Posi	c) tion			(D) Reportable	(E) Reportable	( <b>F)</b> Estimated	
Name and Thie	hours per week	(do not check box, unless pe officer and a c			rson	s both	nan	compensation from	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
1) JUDITH RIZZO	40.00	<u></u>						_	044 400	_	
XECUTIVE DIRECTOR & CEO	40.00	X	<u> </u>	X				0.	244,428.	0	
2) MICHAEL GILLIGAN FINANCE AND DEVELOPMENT DI	40.00			x				0.	131,803.	0	
		1			_						
		<u> </u>	<u> </u>	-	_						
					-						

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Par	t VII Section A. Officers, Directors, Tre	ustees, Key Er	mple	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
	. (A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average			Pos				Reportable	Reportable	Es	stimate	∍d
		hours per					than		compensation	compensation	ar	nount	of
		week	offi	cer ar	id a d	irecto	or/trus	tee)	from	from related		other	
		(describe	슗						the	organizations	com	pensa	ition
		hours for	E E	ŀ			굻		organization	(W-2/1099-MISC)	fı	om th	ө
		related	tee or	rstee			TSS.		(W-2/1099-MISC)	,	org	anızat	ion
		organizations	L frus	1व वि		yee	œ				an	d relat	ed
		ın Schedule	Individual trustee or director	Institutional trustee	   ==	Key employee	estc	ig.			orga	anızatı	ons
		O)	ıpuj	II SE	Officer	Key (	Highest compensated employee	Form					
	•												
				_			-						
									1				
				_	<u> </u>		<u> </u>		-				
						<del> </del>	-						
	Sub-total Sub-total				L.,	<u> </u>	Ļ		0.	376,231.			0.
		II Castian A							0.	0.			0.
	Total from continuation sheets to Part V	II, Section A							0.				
	Total (add lines 1b and 1c)									376,231.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable			_
	compensation from the organization											V	2
_	5											Yes	No
3	Did the organization list any former officer			e, ke	y er	npic	yee,	or i	highest compensated er	nployee on	į		l
	line 1a? If "Yes," complete Schedule J for s										3		<u>X</u>
4	For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from t	he organization			
	and related organizations greater than \$15	0,000? If "Yes,	." co	mpl	ete S	Sche	edule	9 <i>J 1</i>	for such individual		4	X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	unr	elat	ted organization or indivi	dual for services			
	rendered to the organization? If "Yes," con	nplete Schedul	<u>e J 1</u>	or s	uch	pers	son				5		_ X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compens	ation 1	from	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GMMB, 1010 WISCONSIN AVE, NW, SUITE 800, WASHINGTON, DC 20007	COMMUNICATION/MEDIA	389,373.
GAVIN PAYNE CONSULTING P.O. BOX 1049, DAVIS, CA 95617	CONSULTING	195,000.
LUCILLE E DAVY 1 MALLARD PLACE, PENNINGTON, NJ 08534	CONSULTING	181,200.
SANDY KRESS 1400 HARDOUIN AVE, AUSTIN, TX 78703	CONSULTING	108,000.
SHORELINE PRODUCTIONS, INC 2125 OAKTON DRIVE, RALEIGH, NC 27606	MEDIA	107,544.
2 Total number of independent contractors (including but not limited to those li \$100,000 of compensation from the organization ► 5	sted above) who received more than	- 000

Form **990** (2011)

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 9

Par	rt VIII	Statement of Revei	nue		. <u> </u>				
	•					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	<u>_</u> 1	la					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1	lb					
A, E	С	Fundraising events	1	lc					
無別	d	Related organizations	- T	ld					
S, E	е	Government grants (contribut	ions) 1	le					
P.S.	f	All other contributions, gifts, gran	· ·						
돌		similar amounts not included abo		If	2227201.				
ÖĞ	g	Noncash contributions included in lines	_						
Se	_	Total. Add lines 1a-1f				2227201.			
					Business Code				
به	2 a								
Š	b								
Sei	c				,				
E S	d								
Program Service Revenue	e					. , ,			
F.		All other program service reve	enue						
		Total. Add lines 2a-2f	,,,uo					<del></del>	-
	3	Investment income (including	dividends	, intere	est, and				
	_	other similar amounts)		,	<b>&gt;</b>	5,382.			5,382.
	4	Income from investment of ta	x-exempt b	oond n	roceeds				
	5	Royalties	x oxompt i	JU., G				**	
	•	rioyanios	(ı) Re	اد،	(II) Personal		-		1
1	6 a	Gross rents	10/10	- CI	(ii) i eradiriai				
				•			Ī		
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)	() 0		(1) (2)				
	7 a	Gross amount from sales of	(ı) Secu	rities	(II) Other				
		assets other than inventory							
	b	Less: cost or other basis				i			
		and sales expenses							1
		Gain or (loss)			<u> </u>				
ĺ		Net gain or (loss)			<b>_</b>				-
Other Revenue	8 a	Gross income from fundraisin including \$	of						
ě		contributions reported on line	1c). See						
7		Part IV, line 18		а					
Ě	b	Less: direct expenses		b					
	С	Net income or (loss) from fund	draising ev	ents					
	9 a	Gross income from gaming a	ctivities. Se	90					
		Part IV, line 19		а					
	b	Less. direct expenses		b					
	С	Net income or (loss) from gard	nıng actıvıt	ies	<b>&gt;</b>				
[	10 a	Gross sales of inventory, less	returns						
		and allowances		а					
l	b	Less. cost of goods sold		b					
	С	Net income or (loss) from sale	es of inven	tory	<b></b>				•
		Miscellaneous Revenu	ıe		Business Code				
	11 a								
İ	b								
l	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d			<b>&gt;</b>				
	12	Total revenue. See instructions.				2232583.	0.	0.	
13200 01-23	r⊌ -12								Form <b>990</b> (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)

	Check if Schedule O contains a respon-			(0)	(0)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,		-		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	<u>.</u>			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	· F				
12	Advertising and promotion				
13	Office expenses	26,392.		26,392.	
14	Information technology				
15	Royalties				
16	Occupancy	0.46 400	0.4.6 400		
17	Travel	246,429.	246,429.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	224 040	224 040		
19	Conferences, conventions, and meetings	334,042.	334,042.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<del></del>
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONCUE MENC TODA	1,328,684.	1,310,133.	18,551.	
b	DDOGDAY GDDUITGD IDIG	616,949.	616,949.		
c	PROGRAM RESEARCH	104,448.	104,448.		
d	MISCELLANEOUS EXPENSES	13,033.	1,683.	11,350.	
е	All other expenses	2,024.	990.	1,034.	
25	Total functional expenses. Add lines 1 through 24e	2,672,001.	2,614,674.	57,327.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

Par	<u>t X</u>	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,137,153.	1	863,641.
	2	Savings and temporary cash investments		2	2,694,408.
	3	Pledges and grants receivable, net	1,328,226.	3_	201,678.
1	4	Accounts receivable, net		4	
- 1	5	Receivables from current and former officers, directors, trustees,	key	ĺ	
		employees, and highest compensated employees. Complete Part	t II		
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under se	ction		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	buting		
		employers and sponsoring organizations of section 501(c)(9) volu	ntary	1	
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	0.	9	305,366.
ļ	10a	Land, buildings, and equipment: cost or other			
Ì		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,465,379.	16	4,065,093.
	17	Accounts payable and accrued expenses	246,675.	17	285,807.
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ဖွ	21	Escrow or custodial account liability. Complete Part IV of Schedu	lle D	21	
<u> </u>	22	Payables to current and former officers, directors, trustees, key e	employees,	1	
Liabilities		highest compensated employees, and disqualified persons. Com-	plete Part II		
ت		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
-	25	Other liabilities (including federal income tax, payables to related	third		
		parties, and other liabilities not included on lines 17-24). Complet	e Part X of		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	246,675.	26	<u> 285,807.</u>
		Organizations that follow SFAS 117, check here   X ar	nd complete		
es		lines 27 through 29, and lines 33 and 34.			
Juc	27	Unrestricted net assets	1,539,764.	27	2,653,587.
3ala	28	Temporanly restricted net assets	2,678,940.	28	1,125,699.
β	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117, check here	and		
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
4SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other fu		32	
Z	33	Total net assets or fund balances	4,218,704.	33	3,779,286.
	34	Total liabilities and net assets/fund balances	4,465,379.	34	4,065,093.

Form **990** (2011)

JAMES B. HUNT, JR. INSTITUTE FOR

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

	990 (2011) EDUCATIONAL LEADERSHIP & POLICY FOUNDATI	<u>80-0</u>	<u>025367</u>	<u>Pa</u>	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>2,23</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,67		
3	Revenue less expenses Subtract line 2 from line 1	3			<u> 18.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,21	<u>8,7</u>	04.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	3,77	<u>9,2</u>	86.
Pa	t 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: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	l on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt		1	

Form **990** (2011)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

JAMES B. HUNT, JR. INSTITUTE FOR

OMB No 1545-0047

**Employer identification number** 

Open to Public Inspection

80-0025367 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 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). 1 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Ω An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 X 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 c Type III - Functionally integrated Type III - Other a X Type I b Type II 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, No 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. (i) organized in the U.S.? organization support (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes Yes Yes 56-61720476 616,949. UNC-CH X X X

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

Schedule A (Form 990 or 990-EZ) 2011

616,949.

08310422 797743 41296

Schedule A (Form 990 or 990 EZ) 2011						Page 2
Part II Support Schedule for						/i)
(Complete only if you checke fails to qualify under the tests				n failed to qualify i	under Part III. If the	organization
Section A. Public Support	s listed below, pier	ase complete r art	··· <i>,</i>	<del></del>		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(a) 2007	(5) 2000	(6) 2000	(4) 2010	(0) 20	(1) 10.00
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 The portion of total contributions						
by each person (other than a	1					
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 Section B. Total Support			L	L,		<u> </u>
	(-) 2007	(b) 2009	(*) 2000	(4) 2010	(2) 2011	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(I) TOTAL
		<del>                                     </del>				
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the				İ		
business is regularly carried on		1				
10 Other income. Do not include gain		<u> </u>				
or loss from the sale of capital					,	
assets (Explain in Part IV.)			1			
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities	, etc (see instruct	tions)	•		12	
13 First five years. If the Form 990 is fo			rd, fourth, or fifth t	ax year as a sectio		
organization, check this box and sto	p here					▶□
Section C. Computation of Pub	lic Support Po	ercentage				
14 Public support percentage for 2011	(line 6, column (f)	divided by line 11,	column (f))		14	%

16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

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

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

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

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2011

15 Public support percentage from 2010 Schedule A, Part II, line 14

stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

# 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, places complete Part II.)	

Section A. Public Support	mow, produce com	piete i ait ii.j			·	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not		(0)		(4)		1,7,13.41
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
	(=) 0007	(L) 0000	(-) 0000	(-1) 2010	( ) 0044	(0.T.)
Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	(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						12-20-2004
<b>b</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 activities not included in line 10b, whether or not the business is regularly carried on						
12 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, and 12)			<u> </u>	<u> </u>	1	
14 First five years. If the Form 990 is for	the organization	's first, second, thii	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	- Cumment De		<del></del>	-		
Section C. Computation of Publi		<del>-</del>		-	T T	
15 Public support percentage for 2011 (li			column (t))		15	%
16 Public support percentage from 2010 Section D. Computation of Inves			<del></del>		16	%
17 Investment income percentage for 20			ne 13 column (fil)	-	17	
18 Investment income percentage from 2	•	•	ie 73, Column (I))			%
19a 33 1/3% support tests - 2011. If the		•	on line 14, and line	15 is more than	18   33 1/3% and line 1	7 is not
more than 33 1/3%, check this box an						r is ii∪t ▶
b 33 1/3% support tests - 2010. If the			•	• •		اسسا 🗲 and
line 18 is not more than 33 1/3%, chec	-				•	anu
20 Private foundation. If the organization					_	
132023 01-24-12	. a.g. not offect a	. 20/ 0/1 1110 17, 10	<u> 01 100, 011601 11</u>		hedule A (Form 99	0 or 990-EZ) 201

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

OMB No 1545-0047 Inspection

Name of the organization

JAMES B. HUNT, JR. INSTITUTE FOR

**Employer identification number** 

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 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 items. a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2011

JAMES B. HUNT, JR. INSTITUTE FOR

		NAL LEADER						<u>80-00</u>		
Par										
3	Using the organization's acquisition, accession	, and other records	, check	any of the	following th	nat are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	Щ۱	oan or excl	hange prog	jrams -				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how th	ey further th	ne organiza	ıtıon's exe	mpt purp	ose in Pari	t XIV	
5	During the year, did the organization solicit or re-	eceive donations of	f art, his	storical treas	sures, or of	her sımıla	r assets		_	
	to be sold to raise funds rather than to be main	tained as part of th	e orgar	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrange		e if the	organizatio	n answered	d "Yes" to	Form 99	0, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part >	K, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for o	contribution	s or other a	assets not	included	<u></u>	_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIV an	d complete the foll	owing t	able.						
									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 Forr	m 990, Part X, line 2	21?					. $\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if the	he organization ans	wered	"Yes" to Fo	rm 990, Pa	rt IV, line 1	10.		•	
		(a) Current year	(b) P	nor year	(c) Two ye	ears back	(d) Three	years back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships						•			
	Other expenditures for facilities									
	and programs									
f	Administrative expenses						_			
g	End of year balance						_			
2	Provide the estimated percentage of the currer	nt year end balance	(line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%	_							
	Temporanly restricted endowment ▶	<u>~</u>								
	The percentages in lines 2a, 2b, and 2c should	l equal 100%								
За	Are there endowment funds not in the possess	sion of the organiza	tion tha	t are held a	ind adminis	tered for t	he organ	zation		
	by.	•					•		Ţ.	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required or	n Sched	Jule R?					3b	
4	Describe in Part XIV the intended uses of the o	•								
Pai	t VI Land, Buildings, and Equipme									
	Description of property	(a) Cost or ot	_		or other	(c) A	ccumula	ted	(d) Book	value
	. , , , ,	basis (investm			(other)	1 ''	preciatio	I		
1a	Land								,	
	Buildings									_
	Leasehold improvements									
	Other									
	Add lines 1s through 1s. (Column (d) must say	und Commo OOO Cont	V	nn (D) (m n i	10(a) )					

Schedule D (Form 990) 2011

## JAMES B. HUNT, JR. INSTITUTE FOR

Schedule I	D (Form 990) 2011	EDUCATIONAL	LEADERSHIP	&	POLICY	FOUNDATI	80-0025367	Page 3
Part VII	I Investments -	Other Securities. Se	e Form 990, Part X, lin	e 12.	·			
	(a) Description of sec (including name		(b) Book value			(c) Method of Cost or end-of-year		
(1) Financ	cial derivatives							
	ly-held equity interest:	S						
(3) Other						<del></del>	<del></del>	<del></del>
(A)	<del> </del>							
(B) (C)	<del> </del>							
(D)						· · · · · · · · · · · · · · · · · · ·		
(E)								
(F)								
(G)					<u>-</u>			
(H)				_				
(1)				_			<del>-</del>	
		0, Part X, col (B) line 12.) ► Program Related. Se	Form 000 Don't V I		)			··· <del>·</del>
rait VI	(a) Description of in		(b) Book value	ne is	). 	(c) Method of Cost or end-of-ye		
(1)	<del> </del>							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
<u>(8)</u> (9)		<u> </u>		-			·· ···	
(10)							·	
	(b) must equal Form 99	0, Part X, col (B) line 13.)						
		See Form 990, Part X, line						
		(a)	Description				(b) Book va	alue
(1)								
(2)								
(3)								· · · · · · · · · · · · · · · · · · ·
(4)	<del>.</del>							
<u>(5)</u> (6)	····							
(7)								
(8)								
(9)								
(10)						<u>.</u>		
		Form 990, Part X, col (B) line					<u> </u>	
Part X		<b>es.</b> See Form 990, Part X, Description of liability	line 25.		(b) Book value	<del></del>		
1. (1) Fe		Description of hability		<u>'</u>	D) DOOK VAILE	<del></del>		
(2)	ederal income taxes							
(3)	<del></del>							
(4)								
(5)					•			
(6)								
(7)								
(8)					<del></del>			
(9)						<del></del>		
(10)								
(11)	nluma (h) must asure!	Form 000 Port V and /DV:-	25)					
FIN 48 (	(ASC 740) Footnote in Part )	Form 990, Part X, col (B) line (IV, provide the text of the footnote t	o the organization's financial	statem	ents that reports th	e organization's liability for	or uncertain tax positions under	<u> </u>
132053 01-23-12	V-100 1					<del></del>	Schedule D (Form 9	

	dule D (Form 990) 2011 EDUCATIONAL LEADERSHIP & PC	)LIC	Y FOUNDATI		025367	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ed Financial Sta	atement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,232,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,672,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<u>&lt;439,</u>	<u>418.</u> >
4	Net unrealized gains (losses) on investments		4			
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			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		<439,	418.>
	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements			1	2,232,	583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a				
a h	Donated services and use of facilities	2b				
ט	Recoveries of prior year grants	2c		<del> </del>		
C	• • •	2d	-	-		
d	Other (Describe in Part XIV)	Zu				0.
_	Add lines 2a through 2d			3	2,232,	
3	Subtract line 2e from line 1			3		303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>			
b	Other (Describe in Part XIV)	4b				0
С	Add lines 4a and 4b			4c	2 222	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	anta V	Mith Evpopoop r	5 Dotu	2,232,	<u> 583.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents v	vitu Expenses t			001
1	Total expenses and losses per audited financial statements			1	2,672,	001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	ı			
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b_				
С	Other losses	2c	<u> </u>			
d	Other (Describe in Part XIV)	2d				_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,672,	001.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
ь	Other (Describe in Part XIV)	_4b				
С	Add lines 4a and 4b			4c		0.
_5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,672	001.
Pa	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l, lines	1a and 4; Part IV, line	es 1b and 2	2b; Part V, line	4, Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp					
	RT X, LINE 2: THE FOLLOWING IS AN EXCERPT I					
ST	ATEMENTS OF JAMES B. HUNT, JR. INSTITUTE FO	OR E	DUCATIONAL	LEAD	ERSHIP 8	<u>.</u>
PO	LICY FOUNDATION FOR THE YEAR ENDED JUNE 30	, 20	12 REGARDI	NG TH	E ADOPT	ON
OF	FIN 48:					
<del></del> -						
IN	ACCORDANCE WITH GUIDANCE ON ACCOUNTING FOR	R UN	CERTAINTY	OF IN	COME TAX	KES,
			·			
ψH	E FOUNDATION HAS DETERMINED THAT ALL TAX PO	овтт	IONS TAKEN	I ARE	HIGHLY	
<u> + 11.</u>	U 100MDATION IND DUIDMINED THAT ADD TAK I	<u> </u>	January	·		
CE	RTAIN. ALL TAX YEARS SINCE 2009 ARE OPEN	TO F	EXAMINATION	UNDE:	R THE	
<u></u>	The second of th				tule D (Form 9	90) 2011
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JAMES B. HUNT, JR. INSTITUTE FOR  Schedule D (Form 990) 2011 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 5
Part XIV Supplemental Information (continued)
STATUTE OF LIMITATIONS. THE FOUNDATION HAS DETERMINED THAT NO UNRECOGNIZED
TAX LIABILITY EXISTS. FURTHERMORE, THE ORGANIZATION BELIEVES THERE IS NO
MATERIAL INCOME TAX AFFECT ON THE FINANCIAL STATEMENTS FOR THIS PERIOD.

## **SCHEDULE J** · (Form 990)

Department of the Treasury

Part I

## **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

**Questions Regarding Compensation** 

JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI **Employer identification number** 80-0025367

			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,	1		
	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)			
	If any of the house on line to are absolved, did the ergonization follows a written policy regarding payment or			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
_	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	_ID		
2	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and the CEO/Executive Director, regarding the items checked in line 14?			
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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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	D	4a		<u>x</u>
b	D. A. and a second of the second form and a second of the	4b		X
	2	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only position FOM(aVO) and FOM(aVA) agranizations must complete lines 5.0			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of			
а	The organization?	5a		X
	Any related organization?	5b		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
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u></u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2011

JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367

Schedule J (Form 990) 2011

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	<b>(</b> 0)	(E)	(F)
( <b>A</b> ) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	netifement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	9	o	0	0	0	0	0	0.
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16	(ii)							
							Schedul	Schedule J (Form 990) 2011

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## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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.

2011
Open to Public Inspection

Name of the organization

JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

Employer identification number 80-0025367

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI   80-0025367
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING OF THE FORM
990, THE FOUNDATION'S EXECUTIVE COMMITTEE AND AUDIT COMMITTEE WILL REVIEW
THE FILING DOCUMENTATION. THEY WILL BE ASSISTED IN THEIR REVIEW BY
MANAGEMENT AND DIXON HUGHES GOODMAN LLP. ALL BOARD MEMBERS WILL RECEIVE
THE FORM 990 AT THE SPRING BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE ISSUES ARE DISCUSSED AT
THE SPRING EXECUTIVE COMMITTEE MEETING COVERING DIRECTORS' LIABILITY
ISSUES. IN ADDITION, KEY EMPLOYEES COMPLETE AN ANNUAL REVIEW PROCESS WHICH
WOULD DOCUMENT ANY POTENTIAL CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15: ALL KEY EMPLOYEES ARE EMPLOYEES OF
THE UNIVERSITY OF NORTH CAROLINA. THE FOUNDATION FOLLOWS UNIVERSITY
COMPENSATION GUIDELINES AS DETERMINED BY THE UNIVERSITY'S OFFICE OF THE
PROVOST AND EXECUTIVE VICE PRESIDENT AND THE UNIVERSITY'S HUMAN RESOURCES
DIVISION.
FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 2C
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Partl

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.
 ▶ See separate instructions.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 80-0025367

JAMES B. HUNT, JR. INSTITUTE FOR

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI Name of the organization

Ξ ٥ € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) 3

	(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
							ı
							l
							1
							1
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.)	ons (Complete if the organization an	swered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more rel	ated tax-exempt	ı

(5)	ا						ļ	
(g) n 512(b)(1 ntrolled intity?	Š	 	×					 _
Section 512(bX13) controlled entity?	Yes							
(f) Direct controlling entity								
(e) Public charity status (if section	501(c)(3))		6					
(d) Exempt Code section			501(C)(3)					
(c) Legal domicile (state or foreign country)	•		NORTH CAROLINA					
(b) Primary activity		PUBLIC SYSTEM OF HIGHER	EDUCATION					
(a) Name, address, and EIN of related organization		THE UNIVERSITY OF NORTH CAROLINA -						

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

Schedule R (Form 990) 2011

**5** 

JAMES B. HUNT, JR. INSTITUTE FOR

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI Schedule R (Form 990) 2011

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) PartIII

Page 2

80-0025367

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes Share of end-of-year assets Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) Share of total income Disproportionate allocations? Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** Direct controlling entity Share of total income ਉ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত্ <u>e</u> Primary activity Direct controlling entity 9 ਉ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 132162 01-23-12 Part IV

Page 3

# Schedule R (Form 990) 2011 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed i	n Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<b>1a</b>	×
b Gift. grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				<b>2</b>	×
d Loans or loan quarantees to or for related organization(s)				14	×
				<b>1e</b>	×
f Sale of assets to related organization(s)				<b>*</b> =	×
g Purchase of assets from related organization(s)				5	×
h Exchange of assets with related organization(s)				ŧ	×
i Lease of facilities, equipment, or other assets to related organization(s)				<b>;=</b>	×
j Lease of facilities, equipment, or other assets from related organization(s)				1j	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥	×
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=	×
	tion(s)			ŧ	××
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				=	4
o Reimbursement paid to related organization(s) for expenses				10 X	
p Reimbursement paid by related organization(s) for expenses				1p	×
<b>q</b> Other transfer of cash or property to related organization(s)				t +	××
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.	who must complete the	nis line, including covered i	elationships and transaction thresholds.		
	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) UNC-CHAPEL HILL	0	616,949.	FMV		
(2)					
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Page 4

JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

Schedule R (Form 990) 2011

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

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

(b) (c) Primary activity Legal domicile (state or foreign country) und country)		rding exclusion for certain investment partnerships.  (c) (d)	Legal domicile Predominant income parties and control (related, unrelated, organical expension) (state or foreign excluded from fix organical expension) (state or foreign excluded from fix organical expension) (state or foreign expension) (state or	under section 5 (2-5) (4) Yes No							
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# JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 5 Schedule R (Form 990) 2011 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

## The Hunt Institute 2012 Year-In-Review Summary

The Hunt Institute had a full year in 2012, hosting several significant convenings and activities. The year began with The Hunt Institute's 9<sup>th</sup> annual North Carolina Legislators Retreat (NCLR) on January 9-10, in Pinehurst, N.C. More than 60 legislators attended the event to learn more about the strategies to ensure that North Carolina's public schools prepare students with the skills and knowledge needed to be successful in college and career. Former North Carolina Governor Bev Perdue delivered a keynote address about the Career & College Promise program. As a follow up to the NCLR and direct requests of legislators, The institute hosted a dinner discussion on April 24 to discuss in greater detail college and career readiness for students – including Advanced Placement and teacher support and accountability.

The Institute hosted its 2012 Governors Education Symposium, Advance America | A Commitment to Education & the Economy, on April 29-30 in Cary, N.C. The event was partnered with the Foundation for Excellence in Education, founded and chaired by former Florida Governor Jeb Bush. Eleven dignitaries and two first ladies attended, as well as U.S. Secretary of Education Ame Duncan. The focus was on strategies to ensure that all students graduate from high school ready to succeed in college or career.

The Hunt Institute cohosted the **North Carolina business leaders meeting** on May 30-31 in Raleigh, N.C., to examine the performance of public education and discuss the plan of action to transform the system to create a skilled workforce capable of competing and excelling in the 21<sup>st</sup> century global economy. Hunt Institute Foundation Board Members were featured, providing remarks to a gathering of top business executives, policymakers, and prominent education leaders. The Institute also provided a number of issue briefs addressing such topics as the critical role of rigorous standards and the current shift to the Common Core State Standards.

The Hunt Institute established itself as a dominant force in the world of social media in August with the launch of its blog, *The Intersection*. This outlet serves as a platform for thoughtful conversation on the Common Core State Standards, education policy, leadership, and student success. Content is provided by members of the Hunt Institute team, guest contributors, and experts in the field.

The Institute brought together state teams to set college- and career- readiness agendas on October 1-2 in Atlanta. This was a first-time collaboration with the Southern Regional Education Board. The convening provided a valuable opportunity for more than 90 participants to gain insight into the specific policies, strategies, and partnerships needed to help further efforts to create a comprehensive college- and career-ready initiative.

A Hunt Institute's presence was also felt at various events throughout the year, including co-hosting, with the state of Georgia, the Common Core Georgia Performance Standards Telecast for Teachers; CCSSO's annual national conference on student assessment and Summer Institute; Dr. Hung-His Wu's Mathematics Professional Development Institute at UC Berkeley, the National Conference of State Legislatures Summit, and Virginia Gov. Bob McDonnell's K-12 Education Reform Summit.

Solid, state-led Common Core implementation continues to unfold in states across the nation as the Hunt Institute continued its efforts to be a reliable, honest broker of information for partner groups, school districts, and grassroots organizations alike, and provide a platform to share resources or present new Common Core tools, materials, and leadership events.

The year concluded with The Institute honoring its 10<sup>th</sup> anniversary in existence with a **new logo**, and publishing another edition of **re:VISION**. The Institute's policy primer. The December 2012 edition placed a spotlight on Career and Technical Education and the various efforts taking place on a federal, state, and collaborative level.

## JBHI Foundation Board of Directors Roster

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Director of Communications

Director of Research and

Policy

Deputy Director of Strategic

Initiatives and Resource

Development

Business Services Coordinator

Communications Specialist

**Events Coordinator** 

Communication Coordinator

Policy Analyst

Policy Analyst

## Form **8868**

(Rev. January 2012) Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you Do not Electronic requires of times Person visit with Part A corp Part 1 of All others.	oration required to file Form 990-T and requesting an autor	tension, of an automa you need a nth extens ception of per format s.  - Only smatic 6-mo.	complete only Part II (on page 2 of the stic 3-month extension on a previous a 3-month automatic extension of times and of time. You can electronically fifter 8870, Information Return for 1 (see instructions) For more details of submit original (no copies need to the extension - check this box and of the extension - check the extension - check this box and of the extension - check the extension - check the ex	ly filed te to fil le Form ransfe on the e eded) comple	Fo e (6 rs / elec	rm 8868. S months for a corpo 368 to request an exassociated With Ceretronic filing of this form	tension tain
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Cile by Al	EDUCATIONAL LEADERSHIP & PO	OLICY	FOUNDATI	X		80-002536	7
filing you	due date for Number, street, and room or suite no. If a P.O. box, see instructions.    1000 PARK FORTY PLAZA, NO. 280   Social security number (SSN)						
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Form 9		01	Form 990-T (corporation)				07
Form 9		02	Form 1041-A				08
Form 9		01	Form 4720			<del></del>	09
Form 9		04	Form 5227				10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	990-T (trust other than above)	06	Form 8870				12
	MICHAEL GILLIGA						
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	ephone No ► 919-425-4172		FAX No. >				$\overline{}$
	e organization does not have an office or place of business						
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Form 8868 (Rev. 1-2012)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this	box		▶ X		
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Type or Name of exempt organization or other filer, see instruc	Employer	identification	number (EIN) or				
print JAMES B. HUNT, JR. INSTITUTE	FOR						
File by the EDUCATIONAL LEADERSHIP & POI	JICY :	FOUNDATI	<u> </u>	80-002	<u> 25367                                     </u>		
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Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	01	Form 4720			09		
Form 990-PF 04 Form 5227							
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							
Form 990-T (trust other than above) 06 Form 8870							
STOP! Do not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	iously file	d Form 8868	3		
DAVON CLACK							
• The books are in the care of ▶ 1000 PARK FORTS	Y PLA	ZA SUITE 280 - DUR	HAM,	NC 2772	L3		
Telephone No. ► 919-425-4161		FAX No 🕨			. $\square$		
<ul> <li>If the organization does not have an office or place of business</li> </ul>					<b></b>		
If this is for a Group Return, enter the organization's four digit	7						
box ▶ . If it is for part of the group, check this box ▶		ach a list with the names and EINs of	all memb	ers the exten	sion is for.		
4 I request an additional 3-month extension of time until			7777	20 0/	110		
5 For calendar year, or other tax year beginning			_		114		
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8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions					0.		
	nonrefundable credits See instructions  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax payments made. Include any prior year overpayment all	•						
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c Balance due. Subtract line 8b from line 8a Include your pa	ayment wi	th this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instr	uctions.		8c	\$	0.		
———————————————————————————————————————		st be completed for Part II o	-		_		
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form	ling accom orm.	panying schedules and statements, and to	the best o	f my knowledg	e and belief,		
Signature Title			Date	<b>_</b>			
					868 (Rev. 1-2012)		

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