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Form **990**

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)

2012

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

Open to Public Inspection

_			3A AAAA	
A F	or the 2	2012 calendar year, or tax year beginning $$	JUN 30, 2013	
B C	heck if oplicable	C Name of organization EDUCATION ENTERPRISE OF NEW YORK	D Employer identifi	cation number
	Address	FOUNDATION, INC.		
-	_change _Name	Doing Business As	16-1	557039
=	_change ∏Initial			
	_return Termin- ated	Number and street (or P.O. box if mail is not delivered to street address) 275 PINNACLE ROAD)334-8010
]Amended return	City, town, or post office, state, and ZIP code	G Gross receipts \$	4,315,609.
	Applica- tion	ROCHESTER, NY 14623	H(a) is this a group re	etum
	pending	F Name and address of principal officer: JOSEPH M. MARTINO	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
LI	ax-exen	npt status: X 501(c)(3) 501(c)()	` '	list. (see instructions)
	Vaheite	E2NY.ORG	H(c) Group exemption	
<u> </u>	orm of o		Year of formation: 1999	
		Summary	Tour or formation. 2222	VI Otato of logal dofficio. 242
٠٠٠		riefly describe the organization's mission or most significant activities: TO BENER	TTT AND SUPPOR	ጥ ጥዝድ
စ္	1 B	CTIVITIES OF EDUCATION ENTERPRISE OF NEW YO	ORK, INC., THE	NORMAN
Governance	_			
Je.		heck this box if the organization discontinued its operations or disposed of	1 _	
် ဗိ		umber of voting members of the governing body (Part VI, line 1a)	3	9
જ		umber of independent voting members of the governing body (Part VI, line 1b)	4	8
Activities &	5 To	otal number of ındıvıduals employed in calendar year 2012 (Part V, line 2a)	5	0
ĕ	6 T	otal number of volunteers (estimate if necessary)	6	7
Ç	7a To	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b N	et unrelated business taxable income from Form 990-T, line 34	7b	0.
		RECEIVED	Prior Year	Current Year
o o	8 C	Contributions and grants (Part VIII, line 1h)	1,442,334.	3,881,977.
Ĭ	9 P	rogram service revenue (Part VIII, line 2g) o	360,000.	360,000.
Revenue	10 In	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) 9 2013	37,265.	21,609.
Œ	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,839,599.	4,263,586.
		irants and similar amounts paid (Part IX, column (A), lines 1-3)	1,145,755.	1,310,218.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
s		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ďe.	l	otal fundraising expenses (Part IX, column (D), line 25)		
Ä	i	otal fulfillasing expenses (Fart IX, column (A), lines 11a-11d, 11f-24e)	284,870.	304,005.
	l	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,430,625.	1,614,223.
			408,974.	2,649,363.
38	19 R	levenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
t Assets or la Balances		Color accorde (Doubly June 40)	4,733,739.	9,026,553.
SSE	20 T	otal assets (Part X, line 16)	1,548,223.	3,114,747.
Net / Fund	21 T	otal liabilities (Part X, line 26)	3,185,516.	5,911,806.
		let assets or fund balances. Subtract line 21 from line 20 Signature Block	J,10J,J10.	3,311,000.
			halamania and to the best of m	ur knowlodno ond bokof it is
		ies of perjury, I declare that I have examined this return, including accompanying schedules and s		iy knowledge and bellet, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer nas any knowledge.	1.5
		- Bolly Mungo	Date Date	75
Sig	n	Signature of officer	Date /	
Her	e	JOSEPH M. MARTINO, CEO		
		Type or print name and title	10-1-	II DTIN
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ı [<u>[</u>	VANCY J. SNYDER lesur of hopen	Self-emptoy	P01340545
Pre	parer [Firm's name BONADIO & CO., LLP	Firm's EIN	16-1131146
Use	Only [Firm's address 171 SULLY'S TRAIL, SUITE 201		
		PITTSFORD, NY 14534	Phone no. (585)381-1000
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **990** (2012)

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pai	t III. Statement of Program Service Accomplishments							
	Check if Schedule O contains a response to any question in this Part III							
1	Briefly describe the organization's mission:							
	TO BENEFIT AND SUPPORT THE ACTIVITIES OF EDUCATION ENTERPRISE	OF NEW						
	YORK, INC., THE NORMAN HOWARD SCHOOL AND ENCOMPASS: RESOURCES	FOR						
	LEARNING, INC.							
2	Did the organization undertake any significant program services during the year which were not listed on							
	the prior Form 990 or 990-EZ?	Yes X No						
_	If "Yes," describe these new services on Schedule O.							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No						
	If "Yes," describe these changes on Schedule O.							
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b							
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and								
	revenue, if any, for each program service reported.							
4a	(Code) (Expenses \$ 1,310,218. including grants of \$ 1,310,218.) (Revenue \$)						
	GRANTS GIVEN TO NORMAN HOWARD SCHOOL THAT PROVIDED EDUCATIONAL							
	TO APPROX 127 LEARNING DISABLED STUDENTS. GRANTS GIVEN TO ENCOURAGE FOR LEARNING THE TRANSPORTED FOR THE PROPERTY OF THE PROPE							
	RESOURCES FOR LEARNING, INC. THAT PROVIDED EDUCATIONAL SERVICE	ES TO OVER						
	2,200 STRUGGLING LEARNERS.	<u></u>						
								
41-	(Code) (Expenses \$ 242,280 • including grants of \$) (Revenue \$	360,000.)						
4b	(Code) (Expenses \$ 242,280. including grants of \$) (Revenue \$ PROVIDED USE OF THE BUILDING FOR THE STUDENTS OF NORMAN HOWARD							
	TROVIDED ODE OF THE BUILDING FOR THE STUDENTS OF NORMAN HOWARD	BCHOOL.						
	<u> </u>							
	· · · · · · · · · · · · · · · · · · ·							
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$							
	/ (Expenses a linearing grants of a linearin							
	, , , , , , , , , , , , , , , , , , ,							
								
		·						
								
								
4d	Other program services (Describe in Schedule O.)							
	(Expenses \$ including grants of \$) (Revenue \$)						
4e	Total program service expenses ► 1,552,498.							
		Form 990 (2012)						
232002		,,						

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EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		
_	Part VI	11a	x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		3.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{x}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2012)

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Form 990 (2012) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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	1		۱
	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 pnor Forms 990 or 990-EZ? If "Yes," complete			۱.,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified		٠,	
	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			J.
	of any of these persons? If "Yes," complete Schedule L, Part III	_27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		-	Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	·	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
	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? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			-
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
- /	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990 ((2012)

JIII 330 (20 12)		
Part V Statements I	Regarding Other IRS Filings	and Tax Compliance

	Check in Concession of Contesting a response to any question in this hair v			ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	and the tile building wild of wilding the your bottered by this focus	ł I		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a		A .
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	-	
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		х
h	If "Yes," enter the name of the foreign country:	4a		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b		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 as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		
C	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?	71		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		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
а	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans			
C	· · · · · · · · · · · · · · · · · · ·			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form	990	(2012)
		rurm	330	(2012)

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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	9							
	If there are material differences in voting rights among members of the governing body, or if the governing			1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other	1						
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5										
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	or							
	more members of the governing body?			7a	:	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholder	s, or							
	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the follo	owing:							
а	The governing body?			8a	х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the	9							
	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 Re	evenue Cod	te.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, aff	ılıates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before fili	ng the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
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 rise	to conflicts?	•	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describ	oe .							
	ın Schedule O how this was done			12c	x					
13	Did the organization have a written whistleblower policy?			13	Х					
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 approva	al by indepe	endent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,						
а	The organization's CEO, Executive Director, or top management official			15a	_ X					
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					,				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a								
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its partic	ipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			_					
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 5	01(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	ın Schedui	'e O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict of int	erest 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 are	nd records	of the organiza	tion: 🕨						
	PATRICIA DELL - 585-334-8010									
77	275 PINNACLE RD., ROCHESTER, NY 14623									
23200 12-10-	12			Form	990	(2012)				

Form 990 (2012) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organization in	or any related	orga	aniza	tion	cor	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	ľ		(0				(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	⊢	1		1	T	1	from	from related	other
	(list any hours for	li ect				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9	ië E			sated		(W-2/1099-MISC)	(***-2/1033-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		ae yee	m Dec		(** 2. 7000 *********************************		and related
	below	dua	utou	11	를	est co	e			organizations
	line)	Ngi	Instit	Officer	Key employee	Highest compensated employee	Form			
(1) RICHARD SANDS	1.00									
CHAIRMAN		Х		X				0.	0.	0.
(2) WILLIAM NAPIER	1.00							_	_	_
TREASURER		Х	<u> </u>	X				0.	0.	0.
(3) JOSEPH M. MARTINO	40.00	l								
EXECUTIVE DIRECTOR/SECRETA	1	Х		X		_		0.	161,558.	14,889.
(4) GINNY CLARK	1.00	,,				l		0	0	
BOARD MEMEBER	1.00	X				-	-	0.	0.	0.
(5) RICHARD FOX BOARD MEMEBER	1.00	x						0.	0.	0.
(6) HORACE GIOIA	1.00	^	H		_	⊢		0.	0.	<u> </u>
BOARD MEMEBER	1.00	x						0.	0.	0.
(7) ELAINE DEL MONTE	1.00		 	_	├			<u>.</u>		
BOARD MEMEBER		x				İ		0.	0.	0.
(8) GEORGE H. GRAY, ESQ.	1.00					\vdash				<u>-,</u>
BOARD MEMEBER		Х						0.	0.	0.
(9) KENNETH MARVALAD, ESQ.	1.00									
BOARD MEMEBER		X						0.	0.	0.
(10) PATRICIA DELL	40.00							_		
CFO		╙	L	X		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	108,697.	11,761.
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Form 990 (2012)

Par			ploy	/ees			ighe	st C						
	(A)					-			(D)	(E)			(F)	
	Name and title	1		not c	heck	more	than		Reportable				stimati mount	
		week							from	1		<u>u</u>	other	
		(list any	ector						the				npensa	
		1	Đ b	8			sated		1 -	(W-2/1099-M	IISC)		rom th	
		Average hours per week (list any hours for related organizations below line) Description and a director/tustee) Descr		ganızat ıd relat										
		below	gang	utton	 	[음	est co oyee	<u></u>					anızati	
		line)	텰	inst.	₩	ě	Fig	툴						
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	A la salat		L	l	l		Ļ	l	0	270 3	55		6,6	50
	Sub-total Total from continuation sheets to Part V	II Section A								270,2			0,0	0.
	Total (add lines 1b and 1c)	ii, Section A								270,2	• •	2	6,6	•
2		not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100					
	compensation from the organization									-				(
													Yes	No
3	_			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		-	-	-
4	line 1a? If "Yes," complete Schedule J for s					at.a.		-11	hav assessansation from	the example to	_	3		X
4	•	•							· · · · · · · · · · · · · · · · · · ·	trie organization	11	4	_x	
5	<u> </u>	-								idual for service	es			
	rendered to the organization? If "Yes," con											5		X
Sec	tion B. Independent Contractors													
1											mpens	ation	from	
	•	the calendar y	ear	endi	ing v	with	or w	rthir/ T		year.	T			
	(A) Name and business	address	N	ONI	E					ervices	c		C) ensatio	ภา
								\neg	<u> </u>		†	<u></u> -		
											1			
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2	Total number of independent contractors (ot li	mite	d to		^	stec	d above) who received n	nore than	-	ر ، دد		~ ~
	\$100,000 of compensation from the organ	izatıon 🕨					0				'	,	, Š,	" <u>.</u> 4

Form 990 (2012) FOUNDAT

Part VIII Statement of Revenue

FOUNDATION, INC.

			Check if Schedule O conta	ains a response	to any question	ın this Part VIII			
1		-			45550011	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
t st	1 :	a	Federated campaigns	1a					
lg ä			Membership dues	1b					
å,		С	Fundraising events	1c					
当に		d	Related organizations	1d					
S,E		е	Government grants (contribute	ions) 1e					
Sign	1	f	All other contributions, gifts, grant	ts, and					
돌			similar amounts not included above	ve 11 3,	881,977.				
음雪	,	g	Noncash contributions included in lines		·				•
Contributions, Gifts, Grants and Other Similar Amounts		- h_	Total, Add lines 1a-1f	<u></u>		3,881,977.			
					Business Code				and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th
8	2 :	а	RENTAL INCOME		900003	360,000.	360,000.		
Program Service Revenue	1	b							
SE		С							
e au		d							
P.		е							
4	•	f	All other program service reve	enue					
		9	Total. Add lines 2a-2f		<u> </u>	360,000.			
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		>	15,681.			15,681.
	4		Income from investment of tax	x-exempt bond p	oroceeds >				
	5		Royalties		<u> </u>				
				(ı) Real	(ii) Personal				
	6	а	Gross rents			!			
		Ь	Less: rental expenses						
		С	Rental income or (loss)		<u> </u>				
		d	Net rental income or (loss)		<u> </u>				
	7	а	Gross amount from sales of	(i) Securities	(iı) Other			,	
			assets other than inventory	57,951.					
		b	Less: cost or other basis	F0 000					
			and sales expenses	52,023.					
			Gain or (loss)	5,928.	<u> </u>	5,928.			5,928.
			Net gain or (loss)		>	5,940.			3,940.
enne	8	а	Gross income from fundraisin						
Ven			including \$	of					
Other Rev			contributions reported on line	•					
her			Part IV, line 18	a		-			
ō			Less: direct expenses	b					·
			Net income or (loss) from fund Gross income from gaming ad						
	9	а	• •						
		_	Part IV, line 19	a b		-			
			Less: direct expenses Net income or (loss) from gam	_					
			Gross sales of inventory, less	-					
	l ''	a	and allowances	a			•		
		.	Less: cost of goods sold	. u		1			
	1		Net income or (loss) from sale	•					
	 	<u>.</u>	Miscellaneous Revenu		Business Code				
	11	2		<u>. </u>		†·		· ·-	
	l .	a b				<u> </u>	 		
	l	C							
		d	All other revenue			<u> </u>			
		e	Total. Add lines 11a-11d						
	12	_	Total revenue. See instructions.			4,263,586.	360,000.	0.	21,609.
23200 12-10						•		-	Form 990 (2012)

FOUNDATION, INC.

Part IX Statement of Functional Expenses

Secu	Check if Schodulo O sections must com	<u> </u>		implete column (ry.	
	Check if Schedule O contains a respon	ise to any question in the	IS PAπ IX . (B)	· · (C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,310,218.	1,310,218.		
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,			ļ	
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			İ	
	persons described in section 4958(c)(3)(B)	-			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	l			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	3,569.		3,569.	
d	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	30,000.		30,000.	
12	Advertising and promotion				
13	Office expenses	3,146.		3,146.	<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy	18,434.	18,434.		
17	Travel		20,0001		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials			<u>-</u> .	<u></u>
19	Conferences, conventions, and meetings	16,480.	16,480.		
20	Interest Programme to officiate	10,400	10,400.		
21	Payments to affiliates	207,366.	207,366.		
22	Depreciation, depletion, and amortization	207,300.	201,300.	10.	· · · · · · · · · · · · · · · · · · ·
23	Insurance	10.		10.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	25,000.		25,000.	
a	MISCELLANEOUS	25,000.		25,000.	
b					
C					
d					
	All other expenses	1 (14 000	1 550 400	C1 00E	^
25	Total functional expenses. Add lines 1 through 24e	1,614,223.	1,552,498.	61,725.	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)		<u> </u>		
					- 000 (

Form 990 (2012)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	92,273.	2	1,173,830.
3	Pledges and grants receivable, net	1,777,099.	3	3,140,238
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	_		
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			-
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
" l	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 8	Notes and loans receivable, net		7	
8 ¥	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 6,428,486.			
6	Less: accumulated depreciation 10b 2,634,700.	1,729,349.	10c	3,793,786
11	Investments - publicly traded securities	506,872.	11	608,943
12	Investments - other securities. See Part IV, line 11	312,236.	12	305,370
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	315,910.	15	4,386
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,733,739.	16	9,026,553
17	Accounts payable and accrued expenses	182,227.	17	80,347
18	Grants payable	-	18	
19	Deferred revenue	-	19	
20	Tax-exempt bond liabilities		20	
Liabilities 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
E	key employees, highest compensated employees, and disqualified persons.			1 500 000
- 1	Complete Part II of Schedule L	1,362,956.	22	1,500,000 838,956
23	Secured mortgages and notes payable to unrelated third parties	1,302,330.	23	030,330
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). Complete Part X of Schedule D	3,040.	25	695,444
26	Total liabilities. Add lines 17 through 25	1,548,223.	26	3,114,747
- 20	Organizations that follow SFAS 117 (ASC 958), check here	2,310,223.	20	3,111,717
s l	complete lines 27 through 29, and lines 33 and 34.			
ğ 27	Unrestricted net assets	1,408,417.	27	2,771,568
<u>a</u> 28	Temporanly restricted net assets	1,777,099.	28	3,140,238
B 29	Permanently restricted net assets		29	0,110,100
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
[and complete lines 30 through 34.			
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Capital stock or trust principal, or current funds		30	
8 31 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
# 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	3,185,516.	33	5,911,806
34	Total liabilities and net assets/fund balances	4,733,739.	34	9,026,553
	Commission and not appear that a paramonal			Form 990 (2012

Form **990** (2012)

review, or compilation of its financial statements and selection of an independent accountant?

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2012)

X

X

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Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

EDUCATION ENTERPRISE OF NEW YORK

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number

		FOUNDAT	ION, INC.						1	<u>6-1557</u>	<u> 1039</u>		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.					
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)	-					
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).					
2 🔲	A school des	cnbed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗀			tal service organization	•		170(b)(1)	(A)(iii).						
4	•	•	operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospita	l's nam	ne.	
	city, and stat	-	.,						•			,	
5 🔲	-		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	ıt describ	ped in			
-	-	(b)(1)(A)(iv). (Comple	-				J .						
6 🔲			ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).						
7 🗔	-		eives a substantial part					or from the	e general	nublic desc	enbed i	ın	
- —	=	b)(1)(A)(vi). (Comple		<u></u>		9-1-1			, go	p=====		•••	
в 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
e X			eives: (1) more than 33 1			rom contr	butions. n	nembershi	io fees. a	nd aross re	cents	from	
	•	•	nctions - subject to certa						•	•	•		
		•	axable income (less sect	-		•			* *	•			
		509(a)(2). (Complete			- ,			,			,		
10 🗀			perated exclusively to te	st for publ	ıc safetv. S	See sec tio	on 509(a)(4	4).					
11	_	-	perated exclusively for the	-	=			-	v out the	e purposes e	of one	or	
—	•	-	ations described in secti						•				
		• • •	organization and comple	, , ,	•		-,		-,,-,-				
	а Туре				nctionally		l c	avT 🔲 t	e III - No	n-functiona	lly inter	orated	
e 🗀			at the organization is not		-	•						-	
	, ,	•	han one or more publicly		•		•		•	•			
f	If the organization received a written determination from the IRS that it is a Type II, Type III												
	•	rganization, check th			•								
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?				
-	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons of	described	in (ii) and ((III) below	,	Yes	No	
			upported organization?	•				,,,,,,		11g(i)			
	(ii) A family	member of a persor	n described in (i) above?	,						11g(ii)			
	(iii) A 35%	controlled entity of a	person described in (ı) o	or (ii) abov	e?	11g(iii)							
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).		[3//]						
		_											
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) ls		(vii) Amoun	t of mo	netarv	
	ganization (ii) Ein		(described on lines 1-9	. , ,	i) listed in your organization			, (i) oi gainzeu iii		/1. [,	
			above or IRC section (see instructions))	governing document?		(i) of your support?		U.S	5.?				
_		<u></u> _	(dec manachono))	Yes	No	Yes	No	Yes	No				
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					1								
Total													

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012						Page 2
Part II Support Schedule for C	rganizations	Described in	Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	ri)
(Complete only if you checked				n failed to qualify	under Part III. If the	organization
fails to qualify under the tests I	isted below, plea	se complete Part	III.) _			_
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not]			
ınclude any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>			
Section B. Total Support		T	 		1	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest,		1				
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carned on						····
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 1012 Gross receipts from related activities, e	to loop instruct	l ana)			12	_
12 Gross receipts from related activities, 613 First five years. If the Form 990 is for		•	rd fourth or fifth to	av voor as a socti	<u> </u>	
organization, check this box and stop	=	s mst, second, am	u, louren, or mar te	ax year as a section	011 30 1(0)(3)	▶ []
Section C. Computation of Public		rcentage		· · · · · · · · · · · · · · · · · · ·		
14 Public support percentage for 2012 (lin			column (fl)		14	%
15 Public support percentage from 2011:					15	%
16a 33 1/3% support test - 2012. If the or	•	=	n line 13. and line	14 is 33 1/3% or		
stop here. The organization qualifies a	-					>
b 33 1/3% support test - 2011. If the or		_		l line 15 is 33 1/39	% or more, check th	nis box
and stop here. The organization qualif						. ▶□
17a 10% -facts-and-circumstances test				e 13, 16a, or 16b,	and line 14 is 10%	or more,

Schedule A (Form 990 or 990-EZ) 2012

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

b 10% -facts-and-circumstances test - 2011. 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

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

Schedule A (Form 990 or 990 EZ) 2012 FOUNDATION, INC.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)
A. Public Support

Sec	tion A. Public Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	895,391.	1,143,170.	1,140,939.	1,442,334.	3,881,977.	8,503,811.
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	360,000.	360,000.	360,000.	360,000.	360,000.	1,800,000.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513					·	
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,255,391.	1,503,170.	1,500,939.	1,802,334.	4,241,977.	10,303,811.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	100,000.	100,000.	100,000.	100,000.	100,000.	500,000.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					:	0.
c	Add lines 7a and 7b	100,000.	100,000.	100,000.	100,000.	100,000.	500,000.
	Public support (Subtract line 7c from line 6)	-		·		-	9,803,811.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,255,391.	1,503,170.	1,500,939.	1,802,334.	4,241,977.	10,303,811.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,095.	19,166.	23,777.	37,265.	15,681.	102,984.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
c	Add lines 10a and 10b	7,095.	19,166.	23,777.	37,265.	15,681.	102,984.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		2,623.				2,623.
13	Total support. (Add lines 9, 10c, 11, and 12)	1,262,486.	1,524,959.	1,524,716.	1,839,599.	4,257,658.	10,409,418.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (line 8, column (f) d	ıvıded by lıne 13, c	olumn (f))		15	94.18 %
16	Public support percentage from 2011					16	92.60 %
Se	ction D. Computation of Inve	stment Incom	e Percentage			. =	
17	Investment income percentage for 20	112 (line 10c, colur	nn (f) divided by lin	ne 13, column (f))		17	.99 %
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	1.83 %
19a	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						ightharpoons
b	33 1/3% support tests - 2011. If the				-		and
	line 18 is not more than 33 1/3%, che	eck this box and s	t op here. The orga	ınızation qualıfıes a	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	tructions	

232023 12-04-12

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 Open to Public Inspection

Name of the organization

EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

Employer identification number 16-1557039

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		i only
	for charitable purposes and not for the benefit of the donor	3	•
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organic	anization during the tax
	year >		•
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements during	the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)	(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the c	rganization's accounting for
	conservation easements.	·	
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	r 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 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
þ	Assets included in Form 990, Part X	•	> \$

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Schedule D (Form 990) 2012

	EDUCATION	I ENTERPRIS	E OF NEW	YORK				
Sche	dule D (Form 990) 2012 FOUNDATIO					16-	155703	39 Page
Par			Historical Tre	easures,	or Oth			
3	Using the organization's acquisition, accession,							
	(check all that apply):							
а	Public exhibition	a [Loan or exch	nange progr	ams			
b	Scholarly research	e [Other				_	
C	Preservation for future generations					-		
4	Provide a description of the organization's colle	ctions and explain hi	ow they further th	ne organizat	ion's exe	empt purpose in	Part XIII.	
5	During the year, did the organization solicit or re-	eceive donations of a	ırt, hıstorical treas	sures, or oth	ner simıla	ar assets		
	to be sold to raise funds rather than to be maint						Yes	No
Par	t IV Escrow and Custodial Arrange	ments. Complete i	if the organızatıoı	n answered	"Yes" to	Form 990, Parl	IV, line 9, o	ır
	reported an amount on Form 990, Part X	, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermedian	y for contribution	s or other a	ssets no	t included		
	on Form 990, Part X?						└── Yes	L No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follow	ving table:					
							Amou	nt
С	Beginning balance	•				1c		
ď	Additions during the year					1d		
е	Distributions during the year					. 1e		
f	Ending balance .					1f		
	Did the organization include an amount on Form			•			└── Yes	— No
	If "Yes," explain the arrangement in Part XIII. Ch							<u></u>
Par								
			(b) Prior year 604,002.	(c) Two yea		(d) Three years b		ur years back
1a	Beginning of year balance	1,005,626. 78,423.	401,624.		7,995. 6,007.	346,2 1,7		339,847 6,448
b	Contributions	70,423.	401,024.		0,007.	1,,		0,440
C	Net investment earnings, gains, and losses							
d	Grants or scholarships		-					
е	Other expenditures for facilities							
	and programs							
	Administrative expenses End of year balance	1,084,049.	1,005,626.	60	4,002.	347.9	95	346,295
9 2	Provide the estimated percentage of the curren				2,002.	327,3		
a	Board designated or quasi-endowment	year end balance (ii	· ·	jj neiu as.				
b	Permanent endowment 100.00	^	,					
	Temporarily restricted endowment	_ ^						
·	The percentages in lines 2a, 2b, and 2c should							
За	Are there endowment funds not in the possessi		n that are held a	nd administ	ered for t	the organization		
	by:				0.04.0.	ino organization		Yes No
	(i) unrelated organizations						3a(i)	7.5
	(ii) related organizations	•					3a(ii)	7.7
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on S	schedule R?				3b	
4	Describe in Part XIII the intended uses of the or							
	t VI Land, Buildings, and Equipmer							
	Description of property	(a) Cost or othe		or other	(c) A	ccumulated	(d) Bo	ok value

basis (other) basis (investment) depreciation 158,518. 6,199,968. 158,518. 3,565,268. 2,634,700. 1a Land **b** Buildings c Leasehold improvements d Equipment 70,000. 3,793,786.

70,000. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2012

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2) DUE TO RELATED PARTY
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

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

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

EDUCATION ENTERPRISE OF NEW YORK

Sche	edule D (Form 990) 2012 FOUNDATION, INC.	16-	1557039	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Retur	n	
1	Total revenue, gains, and other support per audited financial statements	1	4,339,	496.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a 75,91	0.		
b	Donated services and use of facilities 2b			
c	Recovenes of prior year grants 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	<u> </u>	,910.
3	Subtract line 2e from line 1	3	4,263,	,586.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,263,	586.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu		
1	Total expenses and losses per audited financial statements	1	1,614,	223.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
þ	Prior year adjustments 2b	_		
С	Other losses 2c	_		
d	Other (Describe in Part XIII.)	ᆜ		
е	:	2e	4 644	0.
3	Subtract line 2e from line 1	3	1,614,	,223.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	· · · · · · · · · · · · · · · · · · ·	_		
b			i	•
С	Add lines 4a and 4b	4c	1 711	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,614,	223.
	rt XIII Supplemental Information			
	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line		2b; Part V, line	4; Part
	ne 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform RT X, LINE 2: AS OF JUNE 30, 2013 AND 2012, THE ORGANIZA.		DOES	
NO	T HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORG	GANIZ	ATION FI	LES
IN	FORMATIONAL TAX RETURNS IN THE U.S. FEDERAL JURISDICTION	AND	NEW YORK	ζ
ST	ATE. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERA	AL AN	D STATE	
INC	COME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE	E 201	0.	

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. EDUCATION ENTERPRISE OF NEW YORK Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

1545-0047)12	to Public
OMB No	2(Open

Employer identification number

Inspection

2 | 16-1557039 (h) Purpose of grant or assistance X Yes GENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) FR 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for montoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of 237,623 cash grant (c) IRC section if applicable 501(C)(3) 11-9904502 General Information on Grants and Assistance INC. (P) EIN criteria used to award the grants or assistance? FOUNDATION, 1 (a) Name and address of organization or government NORMAN HOWARD SCHOOL ROCHESTER, NY 14623 275 PINNACLE ROAD Part II Part

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Schedule I (Form 990) (2012)

EDUCATION ENTERPRISE OF NEW YORK

FOUNDATION, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)
Part III Grants and Other

Page 2

16-1557039

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
		:			
Part IV Supplemental Information. Complete this part to provide the	de the information	required in Part I,	line 2, Part III, columi	information required in Part I, line 2, Part III, column (b), and any other additional information.	ormation.
SCHEDULE I, PART I, LINE 2: FOUNDA	FOUNDATION REVIEWS	THE	BUDGET OF THE NORMAN	HE NORMAN	
HOWARD SCHOOL, WHICH INCLUDES BOARD A	D APPROVAL.	1.			

232102 12-18-12

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

FOUNDATION, INC. Employer identification number 16-1557039

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence	1		1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1		
		1		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	i -	_
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	l	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1		
_	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, but explain in Part III.		İ	1
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	7 on 300 of other organizations		l	
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:			
_	Receive a severance payment or change-of-control payment?	4a		х
b		4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	 "	 	
	The second of lines 4a.c., list the persons and provide the applicable amounts for each item in that in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.]
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
3	contingent on the revenues of:			
_	The organization?	5a		X
a h	-	5b		X
O	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	55		 -
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
_	·	6a		x
a	The organization?	6b		X
Ø	Any related organization?	135	\vdash	
7	If "Yes" to line 6a or 6b, describe in Part III.		1-	
′	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	-		x
_	not described in lines 5 and 6? If "Yes," describe in Part III	7_	 	<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	-	┝┸
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	19		1

Schedule J (Form 990) 2012

16-1557039

Schedule J (Form 990) 2012

श्रिक्रों। है। 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 V	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-())(g)	reported as deferred in prior Form 990
(1) JOSEPH M. MARTINO	Ξ		0.	0.				0
EXECUTIVE DIRECTOR/SECRETA	▣	161,	0	0	8	6,052.	176	
	Ξ							
	▣							
	Ξ							
	(ii)							
	(3)							
	(iii)							
	€							
	≘							
	Ξ							
	€							
	₽							
	E							
	ε							
	▣							
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

EDUCATION ENTERPRISE OF NEW YORK

Employer identification number

F	OUNDAT	ON, INC.						16	-15	570	39		
Part Excess Bene	efit Transa	ctions (section 50	1(c)(3	3) and	section 501(c)(4) org	aniz	ations only).						
Complete if the	organization a	nswered "Yes" on F	orm 9	990, P	art IV, line 25a or 25	b, or	Form 990-EZ, P	art V,	line 40	b.			
1 (a) Name of disqualified p	(t) Relationship betv	veen o	disqua	lified	~) D	nonntion of tran	anation.			(d)	Corre	cted?
(a) Name of disqualified p	berson	person and or	ganiza	ation	(0	(c) Description of trans			isaction			es	No
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2 Enter the amount of tax section 49583 Enter the amount of tax,	·	· ·		-		ring	the year under		> \$ > \$				
Part II Loans to and	d/or From	nterested Pers	sons	·.									
· ·	-	nswered "Yes" on F			Z, Part V, line 38a or	Forn	n 990, Part IV, lin	ne 26;	or if th	e orga	anızatı	on	
(a) Name of	(b) Relations		(d) La	an to or	(e) Original	(f) Balance due	(g)		(h) Ap	proved ard or	I ('/ ''	ritten
interested person	organizatio	n of loan		zation?	principal amount	`		defa	ult?	comm		agree	ment?
				From				Yes	No	Yes	No	Yes	No
RICHARD SANDS	CHAIRM	ANTO ACQUI	X	<u> </u>	1,500,000.	1,	500,000.		Х	X	<u> </u>	X	<u> </u>
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(a) Name of interested		nswered "Yes" on f					(d) Tuno	<u></u>	$\overline{}$		\ D		
(a) Name of Interested	person	(b) Relationship interested pers the organiza	on an		(c) Amount of assistance		(d) Type assistan) Purp assista		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

SEE PART V FOR CONTINUATIONS

EDUCATION ENTERPRISE OF NEW YORK

Schedule L (Form 990 or 990 EZ) 2012 FOUNDATION, INC.

Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: RICHARD SANDS (C) PURPOSE OF LOAN: TO ACQUIRE LAND, BUILDING AND PERSONAL PROPERTY

16-1557039 Page 2

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

EDUCATION ENTERPRISE OF NEW YORK FOINDATTON

Employer identification number 16-1557039

100MDATION, INC
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOWARD SCHOOL AND ENCOMPASS: RESOURCES FOR LEARNING, INC.
FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BYLAWS
IN THE CURRENT YEAR IN ORDER TO INCREASE THE NUMBER OF DIRECTOR MEMBERS TO
15.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS E-MAILED TO ALL MEMBERS.
THE MEMBERS THEN HAVE THE OPPORTUNITY TO RESPOND AT THE FOLLOWING BOARD
MEETING.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS
REVIEWED ANNUALLY BY THE CFO. ANY ISSUES ARE THEN BROUGHT TO THE ATTENTION
OF THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF EMPLOYEES OF
EDUCATION ENTERPRISE OF NEW YORK, INC. AND OTHER KEY EMPLOYEES ARE REVIEWED
BY THE HR COMMITTEE. THIS COMMITTEE REVIEWS COMPARATIVE SALARY INFORMATION.
FORM 990, PART VI, SECTION C, LINE 19: A COPY OF THE 990 IS AVAILABLE AT
EACH LOCATION. A COPYING FEE IS CHARGED FOR EACH REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CONTRIBUTION FROM AFFILIATE 1,017.

FORM 990, PART XII, LN 2C

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

	ule O (Form 990 or 9	90-EZ) (2012)								Page 2
Name	of the organization	FOUNDAT:	ON EI	INC	PRISE OF	NEW	YOL	RK 		Employer identification number 16-1557039
THE	OVERSIGHT	PROCESS	HAS	NOT	CHANGED	IN	THE	CURRENT	YEAR	•
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Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990)

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

► See separate instructions.

► Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 16-1557039

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC. Name of the organization Parti

Direc	entity EDUCATION ENTERPRISE OF	NEW YORK FOUNDATION,	INC.					
(e) End-of-year assets			2,809,233, INC.					
(d) Total income			0.					
(c) Legal domicile (state or	foreign country)		NEW YORK					
(b) Primary activity	SUPPORT THE CHARITABLE AND	EDUCATIONAL ACTIVITIES OF	THE FOUNDATION					
(a) Name, address, and EIN (if applicable)	of disregarded entity 133 HOOVER DRIVE LLC - 16-1557039		ROCHESTER, NY 14623					

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.)

(g) Section 512(bX13) controlled entity?	Š			×		_	×		_	×		
Section con	Yes											
(f) Direct controlling entity		EDUCATION	ENTERPRISE OF NEW	YORK, INC.			N/A	EDUCATION	ENTERPRISE OF NEW	YORK, INC.		
(e) Public charity status (if section	501(c)(3))			LINE 7			LINE 11A, I			LINE 7		
(d) Exempt Code section				501(C)			501(C)			501(C)		
(c) Legal domicile (state or foreign country)				NEW YORK			NEW YORK			NEW YORK		
(b) Primary activity			EDUCATION SUPPORT AND	SERVICES		EDUCATION SUPPORT AND	SERVICES		EDUCATION SUPPORT AND	SERVICES		
(a) Name, address, and EIN of related organization		THE NORMAN HOWARD SCHOOL - 11-9904502	275 PINNACLE ROAD	ROCHESTER, NY 14623	EDUCATION ENTERPRISE OF NEW YORK, INC	26-0181589, 275 PINNACLE ROAD, ROCHESTER, NY EDUCATION SUPPORT AND	14623	ENCOMPASS: RESOURCES FOR LEARNING, INC	20-1612594, 275 PINNACLE ROAD, ROCHESTER, NY EDUCATION SUPPORT AND	14623		

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

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Schedule R (Form 990) 2012

EDUCATION ENTERPRISE OF NEW YORK

FOUNDATION, INC.

Part III 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.) Schedule R (Form 990) 2012

Page 2

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related organizations Taxable as a Corporation or Trust (Compiler (The against organization or Trust decrease) Name, address, and ElN Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Pr	Schedule R (Form 990) 2012
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EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

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Schedule R (Form 990) 2012 FOUNDATION, INC

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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?	is with one or more r	elated organizations lısted	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				tc X
d Loans or loan guarantees to or for related organization(s)				1d X
 Loans or loan guarantees by related organization(s) 				1e X
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1 _j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1h X
 Sharing of paid employees with related organization(s) 				T ot
				d ×
q Reimbursement paid by related organization(s) for expenses				19
r Other transfer of cash or property to related organization(s)				+ + +
	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) THE NORMAN HOWARD SCHOOL	В	237,623.FMV	FMV	
(2) THE NORMAN HOWARD SCHOOL	ŋ	360,000.FMV	FMV	
(3)				
(4)				
(5)				
(9)	-			
232163 12-10-12	36		Schedule F	Schedule R (Form 990) 2012

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EDUCATION ENTERPRISE OF NEW YORK

FOUNDATION, INC. Schedule R (Form 990) 2012 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.

urat was not a related organization. See instructions regarding exclusion for certain investment partificismiss	inucuons regarding excid	SION TOL CERTAIN INV	estilielit partifersinps.							
(a)	(q)	(၁)	(D)	(a)	€	(6)	£	e :	S	€
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501)	partners sec 501(c)(3)	Share of total	Share of end-of-year	Orspropor- tionate affocations?	Dispropor CODE V-UBI General of Percentage to the amount in Dox 20 managing ownership allocations?	General o managing partner?	Percentage ownership
		country)	under section 512-514) Yes	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2012