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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A F	or the 2	2013 calendar year, or tax year beginning $$	JUN 30, 2014						
В	Check if	C Name of organization	D Employer identific	ation number					
а	pplicable	EDUCATION ENTERPRISE OF NEW YORK							
	Address change	FOUNDATION, INC.							
	Name change	Doing Business As	16-1	557039					
Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
	Termin- ated	275 PINNACLE ROAD		334-8010					
-	Amended return Applica-	City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14623	G Gross receipts \$	2,171,957.					
<u>'</u>	tion pending	F Name and address of principal officer JOSEPH M. MARTINO	H(a) Is this a group re						
		SAME AS C ABOVE	for subordinates'						
		· · · · · · · · · · · · · · · · · · ·	H(b) Are all subordinates in: 527 If "No." attach a li						
		► E2NY.ORG	— " ''-', -''	ist (see instructions)					
		· · · · · · · · · · · · · · · · · · ·	ear of formation: 1999 M						
		Summary	ear of formation. 1999 M	State of legal domicile. IN 1					
		refly describe the organization's mission or most significant activities TO BENEF	דת אום פווססססי	י העד					
9		CTIVITIES OF EDUCATION ENTERPRISE OF NEW YO							
nan	. –								
& Governance	1	neck this box if the organization discontinued its operations or disposed of m	1.1	_					
ဖ ြ		umber of voting members of the governing body (Part VI, line 1a)	3	9					
ಿ ರ		umber of independent voting members of the governing body (Part VI, line 1b)	4	8					
Activities		otal number of individuals employed in calendar year 2013 (Part V, line 2a)	5						
ξį		otal number of volunteers (estimate if necessary)	6	8					
ě		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
	I I N	et unrelated business taxable income from Form 990-T, line 34	7b	0.					
ne			Prior Year	Current Year					
		ontributions and grants (Part VIII, line 1h)	3,881,977.	1,271,656.					
Revenue		ogram service revenue (Part VIII, line 2g)	360,000.	830,752.					
æ		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	21,609.	37,432.					
		ther 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)	4,263,586.	2,139,840.					
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	1,310,218.	1,325,927.					
	l	enefits paid to or for members (Part IX, column (A), line 4)	0.	22 226					
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	23,336.					
ë	ŀ	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
쫎	l .	otal fundraising expenses (Part IX, column (D), line 25)	204 005	0.5.4					
_		ther expenses (Part IX, column (A), lines 11a·11d, 11f·24e)	304,005.	864,979.					
	18 To	otal expenses Add lines 13-17 (must equal Part X, column (A), inc. 25)	1,614,223.	2,214,242.					
_ 	19 R	evenue less expenses Subtract line 18 from ine 2	2,649,363.	<74,402.>					
15 O		otal assets (Part X line 16)	Beginning of Current Year	End of Year					
SSE	20 To	10 10V 1 2 1014 1 2 1	9,026,553.	8,311,369.					
Net Assets or Fund Balances	21 To	otal liabilities (Part X, line 26)	3,114,747.	2,396,605.					
		et assets or fund balances Subtract line 21 from line 20 - 1 1 1 7	5,911,806.	5,914,764.					
_		Signature block		 					
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is					
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.						
_		Signature of officer	10/29/	<i>, y</i>					
Sıgı			Date						
Her	e	JOSEPH M. MARTINO, CEO							
	<u> </u>	Type or print name and title	I Date	II DTW					
.		rint/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid		ANCY J. SNYDER heart of high life	1022/9 self-employer						
-	<u> </u>	irm's name BONADIO & CO., LLP	Firm's EIN	16-1131146					
Use	Only F	irm's address 171 SULLY'S TRAIL, SUITE 201							
_		PITTSFORD, NY 14534	Phone no. (5 8	35)381-1000					
Maν	the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No					

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	OF MEN
	TO BENEFIT AND SUPPORT THE ACTIVITIES OF EDUCATION ENTERPRISE YORK, INC.AND ITS AFFILIATED ORGANIZATIONS, THE NORMAN HOWARD	
	AND ENCOMPASS: RESOURCES FOR LEARNING, INC.	ВСПООЬ
	THE ENCOMPRES RESOURCES FOR BEHAVIOR, THE	
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 by	
	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	<u> </u>
4a	(Code) (Expenses \$ 1,325,927. including grants of \$ 1,325,927.) (Revenue \$ GRANTS GIVEN TO NORMAN HOWARD SCHOOL THAT PROVIDED EDUCATIONAL	
	TO APPROX 135 LEARNING DISABLED STUDENTS. GRANTS GIVEN TO ENCO	
	RESOURCES FOR LEARNING, INC. THAT PROVIDED EDUCATIONAL SERVICE	
	2,580 STRUGGLING LEARNERS.	D TO OVER
4b	(Code) (Expenses \$ 784,950 · including grants of \$) (Revenue \$	830,752.)
	PROVIDED USE OF THE BUILDING FOR THE STUDENTS OF NORMAN HOWARD	
	ENCOMPASS: RESOURCES FOR LEARNING, INC. AND AFFILIATED ORGANIZ	ATIONS OF
	EDUCATION ENTERPRISE OF NY, INC.	. <u></u>
4c	(Code) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,110,877.	
33200	2	Form 990 (2013)

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EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

Form 990 (2013)

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)?		х	
_	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	<u> </u>	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		X
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		х
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		x
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, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
_	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	ا . ـ		v
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		21	X
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2013)
		FORM	-	· # 19 (2)

Form 990 (2013) FOUNDATION, INC. Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>
22	Did the organization report more than \$5,000 of grants or 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	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
. –	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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,		1	İ
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	24		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	"	_	<u> </u>
-	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	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-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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2013)

Form 990 (2013) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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L	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b				
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	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		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	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 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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	_		 -
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		 -
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	"		
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
	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	-	·
L	Note. See the instructions for additional information the organization must report on Schedule O			ĺ
þ	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2013)

EDUCATION ENTERPRISE OF NEW YORK

FOUNDATION, INC.

Form 990 (2013) FOUNDATION, INC. 16-1557039 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line ou, as, or roo below, describe the chearistances, processes, or charges in benedictions.								
	Check if Schedule O contains a response or note to any line 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			ļ					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 8								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v					
_	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		x					
	of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		^					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		X					
	more members of the governing body?	7a_		^					
O	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x					
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u> </u>					
8			$\widetilde{\mathbf{X}}$						
	The governing body?	8a	X	├─					
	Each committee with authority to act on behalf of the governing body?	8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	<u> </u>	1					
000	tion D. Follotos (This occulor B requests information about policies not required by the internal revenue code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		 -					
_	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 body before filing the form?	11a	X						
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						
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	·					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in 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	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1					
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l					
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			L					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►NY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le						
	for public inspection. Indicate how you made these available Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	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 records of the organization	ion. 🕨							
	PATRICIA DELL - 585-334-8010	_							
	275 PINNACLE RD., ROCHESTER, NY 14623								
	40.00.13	Earm	noo	/20121					

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A.	Officers, Directors,	Trustees, Key Em	ployees, and High	hest Compensated Employees
------------	----------------------	------------------	-------------------	----------------------------

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

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

(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	amount of other
	(list any hours for related organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
	below line)	пдиидпа	nstitutio	Officer	Key employee	fighest ci mployee	Former			organizations
(1) RICHARD SANDS	1.00	1	<u> </u>	ľ	Ť				-	 -
CHAIRMAN		X		X	ł			0.	0.	0
(2) KENNETH A. MARVALD	1.00									, , , , ,
VICE CHAIR		X		X				0.	0.	0.
(3) WILLIAM NAPIER	1.00									
TREASURER		Х		Х				0.	0.	0
(4) JOSEPH M. MARTINO	40.00									
EXECUTIVE DIRECTOR/SECRETA		X		Х	L			0.	166,337.	15,126
(5) GINNY CLARK	1.00				l				_	
BOARD MEMBER	1 00	X	_	<u> </u>	<u> </u>	<u> </u>		0.	0.	0
(6) RICHARD FOX	1.00								•	
BOARD MEMBER	1 00	X						0.	0.	0
(7) ELAINE DEL MONTE	1.00	₩.						ا م	0	,
BOARD MEMBER	1.00	X		_	<u> </u>			0.	0.	0
(8) GEORGE H. GRAY, ESQ. BOARD MEMBER	1.00	x						0.	0.	_
(9) SUSAN F. SCHOTTLAND	1.00	^		<u> </u>	⊢			0.	0.	0
BOARD MEMBER	1.00	X						0.	0.	0
(10) PATRICIA DELL	40.00		\vdash	\vdash	\vdash	\vdash		0.	0.	
CFO		1		х				0.	111,770.	11,894
			-	=	Ι					11,031
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332007 10-29-13

Page 8

Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)	<u> </u>		(D)	(E)	Ī	(F)	
Name and title	Average	(40		Pos		than	200	Reportable	Reportable	,	Estimated	
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		amount of	
	week	offi	cer an	nd a d	irecto	ector/trustee)		from	from related		other	
	(list any	ector		ŀ		ŀ		the	organization		compensation	on
	hours for	횽	_ a			age of		organization	(W·2/1099-MI	SC)	from the	
	related	Individual trustee or director	Institutional trustee		۱.,	Highest compensated employee		(W-2/1099-MISC)			organization	
	organizations below	la tr	onal		Кеу етріоуее	8 8					and related	
	line)	diwd	stituti	Officer	y ear	ghest	Former				organization	ıs
		트	Ë	5	ᄬ	± 5	122	 				
		l										
	ļ		<u> </u>	<u> </u>	_	_	<u> </u>					
			_	_								
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		1										
		1										
						İ						
		1				ŀ						
			 	_	┢	 	_				·	
		1		İ								
1b Sub-total	1				_	<u>. </u>		0.	278,1	07.	27,02	0.
c Total from continuation sheets to Part V	II. Section A							0.		0.		0.
d Total (add lines 1b and 1c)	, 000							0.	278,1	- 1	27,02	
Total number of individuals (including but n	ot limited to th	1056	lista	ad al	hove	e) wi	no r					_
compensation from the organization	iot iiiiiited to ti	1030	11311	Ju a	0011	C) **·		cocived more triain grou	,ooo or reportab	,,,,		0
compensation from the organization											Yes N	No
3 Did the organization list any former officer,	director or tr	ieta	o ka	w er	nnlo	WAA	or	highest compensated a	mplovee on	ſ	1 1	
line 1a? If "Yes," complete Schedule J for s			c, nc	усі	пріс	усс	, Oi	riignest compensated e	inployee on	ł		X
·					. .					ŀ	3 -	<u> </u>
4 For any individual listed on line 1a, is the su									tne organization	- }	4 X	
and related organizations greater than \$15										}	4 X	
5 Did any person listed on line 1a receive or a							elat	ted organization or indivi	dual for services	·		37
rendered to the organization? If "Yes," com	piete Schedul	e J i	or s	uch	pers	son					5 4	X
Section B. Independent Contractors												
Complete this table for your five highest co										npens	ation from	
the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthır T		/ear			
(A) Name and business	addrass	37/	~ 877					(B) Description of s	00,000	_	(C) ompensation	
Ivairie and business	address	14(INC	<u> </u>			\dashv	Description or s	el vices		ompensation	
							ı					
							\dashv					
							ı					
							\dashv					
							\dashv					
		_					_					
												
2 Total number of independent contractors (ot li	mıte	d to		_	stec	above) who received m	ore than			
\$100,000 of compensation from the organi	zation >					<u> </u>		··-			- 000	
											Form 990 (20	1131

FOUNDATION, INC.

		Check if Schedule O cont	tains a response	or note to any lir		<u></u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				·	
g al	b	Membership dues	1b					
A,	c	Fundraising events	1c		ŀ			
홅희	d	Related organizations	1d					
S,Ē	е	Government grants (contribut	tions) 1e	·				
	f	All other contributions, gifts, gran						
들		similar amounts not included abo	ve 1f 1,	271,656.				
E E	g	Noncash contributions included in lines	s 1a-1f \$					
<u>v</u> <u>e</u>	h	Total. Add lines 1a-1f			1,271,656.			
_	_	DENMAT THOOME		Business Code		000.750		
jć	2 a			900003	830,752.	830,752.		
او کے	b							
Program Service Revenue	C							
	d							 .
윤	e	All other program convectors					-	
	f	All other program service reve Total. Add lines 2a-2f	silue	<u> </u>	830,752.			
\neg	3	Investment income (including	dividends inter		000,,020			
	_	other similar amounts)	aa.,	•	17,152.			17,152.
	4	Income from investment of ta	x-exempt bond r	proceeds				
	5	Royalties	,	•			· · · · · · · · · · · · · · · · · · ·	
		,	(i) Real	(II) Personal				
	6 a	Gross rents		<u> </u>				
	b	Less: rental expenses				1		
	С	: Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	52,397.					
	b	Less: cost or other basis						
		and sales expenses	32,117.					
	С	Gain or (loss)	20,280.			·		·
		Net gain or (loss)			20,280.		-	20,280.
une	8 a	Gross income from fundraisin	g events (not					
ē		including \$	of					
æ		contributions reported on line	:1c) See					
Other Reve		Part IV, line 18	а					
ਰੋ		Less: direct expenses	. b					
		Net income or (loss) from fund		<u> </u>				
	9 а	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses	b					
		 Net income or (loss) from gan Gross sales of inventory, less 	-					
	IV a	and allowances						
	ь	Less: cost of goods sold	a b					
		: Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C							
	d	All other revenue .						
	е	Total. Add lines 11a-11d						
- 1	12	Total revenue. See instructions.		•	2,139,840.	830,752.	0.	37,432.

Form **990** (2013)

Form 990 (2013) FOUNDATION, INC.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respor	nse or note to any line in	this Part 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	4 66- 66-	4 655 555		
	organizations in the United States. See Part IV, line 21	1,325,927.	1,325,927.		
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	19,672.	19,672.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	304.	304.		
9	Other employee benefits	1,238.	1,238.	,	
10	Payroll taxes	2,122.	2,122.		
11	Fees for services (non-employees):				
а	Management		- 0.		
b	Legal				
С	Accounting	6,757.		6,757.	
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,	000 000	160 100	40.040	
	column (A) amount, list line 11g expenses on Sch O.)	209,029.	168,189.	40,840.	
12	Advertising and promotion	89.			89.
13	Office expenses	9,167.		9,167.	
14	Information technology				
15	Royalties	204 742	204 742		
16	Occupancy	284,743.	284,743.		
17	Travel		,		 -
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,985.	30 005		
20	Interest	30,985.	30,985.		
21	Payments to affiliates	270 020	270 020		
22	Depreciation, depletion, and amortization	270,038.	270,038.	27,407.	
23	Insurance	21,401.		27,407.	
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 (C.)				Į.
а	EQUIPMENT REPAIRS AND M	18,708.		18,708.	
b	OTHER INSTRUCTIONAL	8,056.	7,659.	397.	
С			·		
d					
	All other expenses	-		· -	
25	Total functional expenses. Add lines 1 through 24e	2,214,242.	2,110,877.	103,276.	89.
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)		_		

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,173,830. 913,710. 2 2 Savings and temporary cash investments 2,701,351. 3,140,238. 3 3 Pledges and grants receivable, net 1,159. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 7 Notes and loans receivable, net Inventories for sale or use 4,386. 28,007. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 6,545,911. basis. Complete Part VI of Schedule D 10a 3,793,786. 3,641,173. 10c 10b b Less: accumulated depreciation 608,943. 698,221. 11 Investments - publicly traded securities 11 305,370. 327,748. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 9,026,553. 8,311,369. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 80,347. 102,665. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 1,500,000. 1,200,000. 22 Complete Part II of Schedule L 838,956. 838,956. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 695,444. 254,984. Schedule D 25 3,114,747. 2,396,605. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,771,568. 3,213,413. 27 27 Unrestricted net assets 3,140,238. 2,701,351. 28 28 Temporanly restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 5,911,806. 5,914,764. 33 Total net assets or fund balances 9,026,553. 8,311,369. 34 Total liabilities and net assets/fund balances

Form **990** (2013)

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5	2,	, 21 ⁴ <7 ⁴ , 91 ²	4,2 4,4 1,8	40. 42. 02. 06. 60.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_	0.1		<i>-</i> 1
	column (B))	10	5	, 914	1,/	64.
Pai	t XII Financial Statements and Reporting					X
	Check if Schedule O contains a response or note to any line in this Part XII				Yes	No
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	ŀ		X	
	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sch Act and OMB Circular A-133?	ngle Aud		2c 3a	Α	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	jit	İ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	
				Form	9 90 ((2013)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 EDUCATION ENTERPRISE OF NEW YORK

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	 	FOUNDAT							1	0-133	039	<u>' </u>
Part I		•	rity Status (All organiz					tructions.				
The orga	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	enbed in s e	ection 170	(b)(1)(A)(i) .				
2 🖳	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	chedule E.))							
з 🖳	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4 📖	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170)(b)(1)(A)(i	ii). Enter	the hospita	l's nan	ne,
	city, and sta											
5 📖	An organizat	ion operated for the	benefit of a college or un	niversity o	wned or o	perated by	a govern	mental un	rt descrit	oed in		
	section 170	0(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	nent or governmental uni	t describe	d in sectio	on 170(b)(1)(A)(v).					
7 📖	An organizat	on that normally rec	ceives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	e general	public desc	nbed	ın
		(b)(1)(A)(vi). (Comple	•									
8 🖳			section 170(b)(1)(A)(vi).									
9 X	An organizat	ion that normally rec	ceives. (1) more than 33	1/3% of its	s support f	from contr	ibutions, n	nembersh	p fees, a	and gross re	ceipts	from
	activities rela	ated to its exempt fu	nctions - subject to certa	ain except	ions, and (2) no more	than 33	1/3% of its	suppor	t from gross	inves	tment
			axable income (less sect	tion 511 ta	ex) from bu	ısınesses	acquired b	y the orga	anızatıon	after June	30, 197	75.
🗀		509(a)(2). (Complete	•									
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of or to carry out the purposes of one or											
11 📖	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box that											
	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.											
		· · · · · · · · · · · · · · · · · · ·			-							
	a L Type				inctionally	-				n-functional	- '	-
e 📖	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 II, or Type III											
f												
_	supporting organization, check this box											
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)											
	=		· · · · · · · · · · · · · · · · · · ·					-		11g(i)	├	
		•	n described in (i) above? a person described in (i) o		<u></u>		-	-		11g(ii)		-
h		-	about the supported or	• •						11g(iii)		L
	r lovide the i	ollowing information	about the supported on	gariizatiori	(5).							
C) No.		(2) 510	(P) T ((iv) Is the	organization	(v) Did voi	L notify the	(vi) Is	the	T		
	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	r /	sted in your	, , ,	ion in col.	Lorganizatio	on in col	(vii) Amoun		netary
Org	amzation		above or IRC section		document?		support?	(i) organiz U.S	.?	յ Տար	port	
			(see instructions))	Yes	No	Yes	No	Yes	No	}		
			-	 	1		-					
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					!			<u> </u>	 			
Total]			
	Paperwork Re	duction Act Notice	, see the Instructions for	or				Schedul	e A (For	m 990 or 99	10-F7	2013

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			•		· - ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon'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						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 carried on						
10	Other income Do not include gain			1			
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>			
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ	here ic Support Pe	rcentage			 	<u> </u>
14	Public support percentage for 2013 (I	ine 6, column (f) d	ivided by line 11.	column (f))		14	%
	Public support percentage from 2012			\ <i>''</i>		15	
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2012. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop h	nere. Explain in Pai	t IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization	•	ightharpoons
t	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	in Part IV how the	<u> </u>
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	<u>s_</u>
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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.)

Sec	ction A. Public Support	ciew, picase comp	note i ait ii j	<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	3-7	. \-/ == -		3 -7	3 -7	
	membership fees received. (Do not						
	include any "unusual grants.")	1,143,170.	1,140,939.	1,442,334.	3,881,977.	1,271,656.	8,880,076.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	360,000.	360,000.	360,000.	360,000.	830,752.	2,270,752.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						· · · · · · · · · · · · · · · · · · ·
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				- '		
6	Total. Add lines 1 through 5	1,503,170.	1,500,939.	1,802,334.	4,241,977.	2,102,408.	11,150,828.
78	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.
	Add lines 7a and 7b	100,000.	100,000.	100,000.	100,000.	100,000.	
	Public support (Subtractline 7c from line 6.)				,		10,650,828.
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	1,503,170.	1,500,939.	1,802,334.	4,241,977.	2,102,408.	11,150,828.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,166.	23,777.	37,265.	15,681.	17,152.	113,041.
t	Unrelated business taxable income		-			-	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	19,166.	23,777.	37,265.	15,681.	17,152.	113,041.
12	Other income. Do not include gain or loss from the sale of capital	2 (22		1			2 (22
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	2,623. 1,524,959.	1,524,716.	1,839,599.	4,257,658.	2,119,560.	2,623.
	First five years. If the Form 990 is for						
	check this box and stop here			<u>.,</u>			▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (line 8, column (f) di	ivided by line 13, c	column (f))		15	94.54 %
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	94.18 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	113 (line 10c, colun	nn (f) divided by lin	ne 13, column (f))		17	1.00 %
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	.99 %
19	a 33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here . The	organization qual	ifies as a publicly s	supported organiza	ation	$\triangleright X$
t	o 33 1/3% support tests - 2012. If the	•			-	•	and
	line 18 is not more than 33 1/3%, che		•	•		~	
20	**	n did not check a	pox on line 14, 19	a, or 19b, check th			0 or 900 E7\ 2010
JJ20	23 09-25-13				ocn ocn	euule A (FORM 99	0 or 990-EZ) 2013

EDUCATION ENTERPRISE OF NEW YORK

chedule A	(Form 990 or 990 EZ) 2013 FOUNDATION,	INC.	16-155/039 Pag
ailv.	Supplemental Information. Provide the ex	planations required by	Part II, line 10; Part II, line 17a or 17b, and Part III, line 12.
	Also complete this part for any additional informati	on (See instructions)	, , , , , , , , , , , , , , , , , , , ,
	7400 complete the part for any additional informati	ion: (oco instructiona)	
			•
			
		· · · · · · · · · · · · · · · · · · ·	
			
	· · · · · · · · · · · · · · · · · · ·		
24 09-25-	13		Schedule A (Form 990 or 990-EZ) 2
		16	•

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

EDUCATION ENTERPRISE OF NEW YORK

Emplo

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FOINDATTON TNC

Employer identification number 16-1557039

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<u> </u>
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 adv	Lucad funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	· ·	
o		• •	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Pai	impermissible private benefit? rt II Conservation Easements. Complete if the organization	capitation answered "Ves" to Form 900	
			raitiv, mie /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	· —	istonically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		<u>2a</u>
Ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	' '	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization 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,	_	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ► \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	(0(h)(4)(B)(i)
	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 expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	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 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance 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	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS 1		g, p. 01100
а	Revenues included in Form 990, Part VIII, line 1	v coo, rolding to tricse hells.	> \$
b	Assets included in Form 990, Part X	•	► \$ ► \$
	. 2000 diada irr diir dag f aren		

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Schedule D (Form 990) 2013

EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

		ION, INC.					16-15	57039	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	rt, Historical T	reasures, c	or Othe	er Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	t are a s	ignificant	use of its	collection	ı items
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	•		=			ose ın Par	t XIII	
5	During the year, did the organization solicit o				er sımıla	r assets	_	٦	
<u> </u>	to be sold to raise funds rather than to be ma							<u> Yes</u>	No_
Par			ete if the organizati	on answered '	"Yes" to	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
па	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributio	ns or otner as	sets not	incluaea		Yes	□ No
	on Form 990, Part X?	and complete the fo	llauuna tabla					_ res	NO
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing table:			Г	I	Amount	
_	Beginning balance					1c		Amount	
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fe	orm 990. Part X. line	217					Yes	No
	If "Yes," explain the arrangement in Part XIII			n provided in l	Part XIII				
Par				•		10			-
		(a) Current year	(b) Pnor year	(c) Two year			years back	(e) Four	years back
1a	Beginning of year balance	1,084,049.	1,005,626		4,002.		347,995.		346,295.
b	Contributions	6,300.	78,423	. 40:	1,624.	:	256,007.		1,700.
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	1,090,349.	1,084,049	. 1,00	5,626.	(504,002.		347,995.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column	(a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administe	ered for t	he organı	zation	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations	- 1 - 4 1 · · · · · · · · · · · · · · ·	O - b d- d - DO					3a(ii)	- ^ -
_	If "Yes" to 3a(ii), are the related organizations	•						3b	
Dai	Describe in Part XIII the intended uses of the		owment tunas						
ı dı	Complete if the organization answere		Part IV line 11a	See Form 990	Dart Y	line 10			
	·		1				od	(d) Book	value
	Description of property	(a) Cost or o	1 , ,	t or other (other)		ccumulate preciation		(d) Book	value
1a	Land	323.2 (. ,	58,518.		,		158	3,518.
	Buildings			55,575.	2.	899,0	98.		,477.
c	Leasehold improvements		7,2	,		,		-,	
	Equipment		!	51,818.		5,6	40.	46	5,178.
	Other			70,000.				70	,000.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part						3,641	,173.
	The state of the s			-3-77					2001 0040

Schedule D (Form 990) 2013

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Schedule D (Form 990) 2013 FOUNDA'L'ION,	INC.		16-155/039 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			<u> </u>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	_		
(7)	_		
(8)	<u>. </u>		
(9)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		line 11d See Form 990, Part X, line 1	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11e or 11f. See Form 990, Part X	X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO RELATED PARTY		254,984.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	254,984.	
2. Liability for uncertain tax positions. In Part XIII, provide			ements 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) 2013

FOUNDATION, INC.

Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per		
	Complete if the organization answered "Yes" to Form 990, Part IV, line	-		·-
1	Total revenue, gains, and other support per audited financial statements	7124	11	2,217,200.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		H	
a	Net unrealized gains on investments	_{2a} 77,360	.	
ь	Donated services and use of facilities	2b	7	
c	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII)	2d	1	
е	Add lines 2a through 2d		2e	77,360.
3	Subtract line 2e from line 1		3	2,139,840.
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	4a		
b	Other (Describe in Part XIII)	4b		
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	2,139,840.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses pe	r Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a		
1	Total expenses and losses per audited financial statements		1	2,214,242.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1	
а	Donated services and use of facilities	2a	╛╸╏	
b	Prior year adjustments	2b	4 1	
С	Other losses	2c	4 1	
d	Other (Describe in Part XIII.)	2d	┩	0
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,214,242.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII)	4b		0
_	Add lines 4a and 4b		4c	0. 2,214,242.
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII] Supplemental Information.	3)	5	2,214,242.
		Is Bort IV lines the and the Bort V line	4. Dort	V line 2. Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide ar		4; Pan	A, line 2, Part AI,
111162	20 and 4b, and Fart XII, lines 20 and 4b Also complete this part to provide ar	iy additionar information		
PAI	RT X, LINE 2:			
				· · ·
EXI	PLANATION: AS OF JUNE 30, 2014 AND 2013	, THE ORGANIZATION	DOE	S NOT HAVE
		· · · · · · · · · · · · · · · · · · ·		
A I	LIABILITY FOR UNRECOGNIZED TAX BENEFITS	. THE ORGANIZATION	FIL	ES
INI	FORMATIONAL TAX RETURNS IN THE U.S. FED	ERAL JURISDICTION A	AND I	NEW YORK
ST	ATE. THE ORGANIZATION IS NO LONGER SUBJ	ECT TO U.S. FEDERA	L ANI	STATE
			-	
INC	COME TAX EXAMINATIONS BY TAX AUTHORITIE	S FOR YEARS BEFORE	201	<u>l.</u>
				• •
		<u> </u>		
_				

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

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2013	Open to Public	Inspection

OMB No 1545-0047

ê []

X Yes

16-1557039

Employer identification number 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 ► Information about Schedule I (Form 990) and its instructions is at www its gov/form990 EDUCATION ENTERPRISE OF NEW YORK Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. General Information on Grants and Assistance FOUNDATION, INC. criteria used to award the grants or assistance? Name of the organization Parti

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

Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	sss of organization (b) EIN (c) IRC section (d) Amount of non-cash organization (b) EIN (c) IRC section (d) Amount of non-cash organization (d) Purpose of grant non-cash assistance other)	L 11-9904502 501(C)(3) 237,623. 0.FMV GENERAL SUPPORT			
recipient that received more than \$	1 (a) Name and address of organization or government	NORMAN HOWARD SCHOOL 275 PINNACLE ROAD ROCHESTER, NY 14623			

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

Schedule I (Form 990) (2013)

EDUCATION ENTERPRISE OF NEW YORK

16-1557039

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) (2013)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
Rankiy Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, line	e 2, Part III, column	(b), and any other ac	Iditional information	
PART I, LINE 2:					
EXPLANATION: FOUNDATION REVIEWS THE	BUDGET	OF THE NO	OF THE NORMAN HOWARD SCHOOL,	SCHOOL,	
WHICH INCLUDES BOARD APPROVAL.					

27

332102 10-29-13

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

2013

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

16-1557039

Employer identification number

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,	7		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			1
	Compensation committee Written employment contract			1
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				İ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	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:			v
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III			
7	, , ,			X
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		_^
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			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)?	9		1

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

Schedule J (Form 990) 2013

FOUNDATION, INC.

Schedule J (Form 990) 2013

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 [Partil] Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

16-1557039

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) 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	(a)·(l)(B)	reported as deferred in prior Form 990
(1) JOSEPH M. MARTINO	Ξ			0		0.		
EXECUTIVE DIRECTOR/SECRETA	3	166,337.	0	0.	8,850.	6,276.	181,463.	0
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332112				c			Schedu	Schedule J (Form 990) 2013

EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

Schedule J (Form 990) 2013

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Raniii Supplemental Information

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Schedule J (Form 990) 2013

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SCHEDULE L

Transactions With Interested Persons

(Form 990 of 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No 1545-0047

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury Internal Revenue Service

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Open To Public Inspection

Name of the organization EDUCATION ENTERPRISE OF NEW YORK Employer identification number

Schedule L (Form 990 or 990-EZ) 2013

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected Yes No (d) Corrected Yes No (e) Description of transaction (d) Corrected Yes No (e) Description of transaction (d) Corrected Yes No (e) Description of transaction (e) Description of transaction (f) Relationship to the organization analyses or disqualified persons during the year under section 4958 (e) Description of transaction (f) Relationship to the organization analyses or disqualified persons during the year under section 4958 (e) Description of transaction (f) Relationship to the organization analyses or disqualified persons during the year under section 4958 (e) Corrected Yes No (f) Relationship to the organization or form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of to the organization of loan to form 990, Part X, line 5, 6, or 22. (a) Name of to the organization of loan to form 990, Part X, line 5, 6, or 22. (a) Name of to the organization of loan to form 990, Part X, line 5, 6, or 22. (a) Name of to the organization of loan to form 990, Part X, line 5, 6, or 22. (a) Name of to organization or form 990, Part X, line 5, 6, or 22. (a) Name of to organization or form 990, Part X, line 5, 6, or 22. (a) Name of to organization or form 990, Part X, line 5, 6, or 22. (a) Name of to organization or form 990, Part X, line 5, 6, or 22. (b) Relationship to organization or form 990, Part V, line 28a or Form 990, Part IV, line 26; or if the organization or form 990, Part V, line 28a or Form 990, Part IV, line 26; or if the organization or form 990, Part V, line 28a or Form 990, Part IV, line 26; or if the organization or form 990, Part V, line 38a or Form 990, Part IV, line 28; or if the organization or form 990, Part V, line 38a or Form			OUNDATIO							16	<u>-1</u> 5	570	39		
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Yes No No No No No No No No No No No No No	Part I E	xcess Bene	efit Transact	tions (section 50	01(c)(3	3) and	section 501(c)(4) org	janiz	zations only)						
a) Name of disqualined person person and organization Person person and organization Person person	С	omplete if the o						b, o	r Form 990-EZ, P	art V,	line 40	0b			
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship of loan or from the organization with organization of loan or from the organization or load organization or from the organization or load organization or load organization organi	1 (a) Name (of disqualified r	person (b)				ulified (c) D	eccuption of tran	eactic	ND.		(d)	Corre	cted?
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization of loan or form with organization of loan or form yellow into organization? To From (e) Original principal amount principal amoun	- (a) Namo (or dioqualifica p		person and or	rganız	ation		-			// ·		_ Y	es	No
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Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization of loan (c) Purpose of loan (d) Loan to organization of loan (d) Loan to organization of loan (d) Loan to organization of loan (d) Loan to organization of loan (d) Loan to organization principal amount principal amount principal amount (d) Balance due (g) In default? (d) Written agreement (d) Written (d) From (d) Ves	section 49	958						iring	the year under		▶ \$ ▶ \$				
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To From Yes No Y			1 , , ,	, ,			(C) Original	(1) Balance due			(h) Ap	proved ard or	(i) W	ritten.
ICHARD SANDS CHAIRMANTO ACQUT X 1,500,000.1,200,000. X X X X potal	intereste	ed person	with organization	of loan			principal amount			defa	ult?	comm	ittee?	agree	ment?
potal Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance assistance	TOULDD	GANDG	CULT TOUGH	100 100				ļ	000 000	Yes			No	_	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance	CICHARD	SANDS	CHAIRMAI	ALO ACOUT	. X	 -	1,500,000.	μ,	200,000.		X	X		X	ļ
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance				 -		-	<u> </u>	-				<u> </u>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance				 	 	-	· · · · · · · · · · · · · · · · · · ·	⊢				-			├
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance				 	<u> </u>		·	⊢			<u> </u>	├			-
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance		1.1.1.			1			╁							
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance				-	1	1									
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance				 				H							
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance			<u> </u>	***				H				<u> </u>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance	_								,						
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and interested person and assistance assistance assistance	otal							1,	200,000.						<u> </u>
(a) Name of interested person (b) Relationship between interested person and interested person and interested person and interested person assistance interested person assistance interested person assistance interested person assistance interested person assistance interested person interested person assistance interested person inter	Part III G	irants or As	sistance Be	nefiting Inter	reste	d Pe	rsons.					•			
interested person and assistance assistance assistance	С	omplete if the o	organization ans	wered "Yes" on I	Form 9	990, P	art IV, line 27.								
	(a) Name	e of interested p	person	interested pers	son an										Ī
		_													
											-				
															

SEE PART V FOR CONTINUATIONS

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

EDUCATION ENTERPRISE OF NEW YORK

Schedule L (Form 990 or 990-EZ) 2013 FOUNDATION, INC. 16-1557039 Page 2 Partily 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 (c) Amount of (b) Relationship between interested (d) Description of organization's person and the organization transaction transaction revenues? Yes Nο Part V Supplemental Information 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 Schedule L (Form 990 or 990-EZ) 2013

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. irs. gov/form990.

EDUCATION ENTERPRISE OF NEW YORK Emplo FOUNDATION, INC.

Employer identification number 16-1557039

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AFFILIATED ORGANIZATIONS, THE NORMAN HOWARD SCHOOL AND ENCOMPASS: RESOURCES FOR LEARNING, INC. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE 990 IS E-MAILED TO ALL BOARD MEMBERS. THE MEMBERS THEN HAVE THE OPPORTUNITY TO RESPOND AT THE FOLLOWING BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: 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: EXPLANATION: THE COMPENSATION OF EMPLOYEES OF EDUCATION ENTERPRISE OF NEW YORK, INC. AND OTHER KEY EMPLOYEES IS REVIEWED BY THE HR COMMITTEE. THIS COMMITTEE REVIEWS COMPARATIVE SALARY INFORMATION. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: A COPY OF THE 990 IS AVAILABLE AT EACH LOCATION. A COPYING FEE IS CHARGED FOR EACH REQUEST. FORM 990, PART XII, LINE 2C: EXPLANATION: NO CHANGES HAVE BEEN MADE TO THE OVERSIGHT PROCESS IN THE CURRENT YEAR.

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

Name of the organization

Part

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

▶ See separate instructions. ► Attach to Form 990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

INC.

FOUNDATION,

Open to Public

OMB No 1545-0047 2013

►Information about Schedule R (Form 990) and its instructions is at www.rs.gov/form990. EDUCATION ENTERPRISE OF NEW YORK

Inspection

Employer identification number 16-1557039

EDUCATION ENTERPRISE OF DUCATION ENTERPRISE OF IEW YORK FOUNDATION, WEW YORK FOUNDATION, Direct controlling entity 2,748,025. ENC. 223. INC. End-of-year assets 26, e ö 533,689 Total income ਉ Legal domicile (state or foreign country) છ NEW YORK NEW YORK SUPPORT THE CHARITABLE AND SUPPORT THE CHARITABLE AND EDUCATIONAL ACTIVITIES OF EDUCATIONAL ACTIVITIES OF Primary activity 9 THE FOUNDATION THE FOUNDATION LLC - 16-1557039 Name, address, and EIN (if applicable) 133 HOOVER DRIVE, LLC - 16-1557039 of disregarded entity E2 CHARTER PROPERTIES, ROCHESTER, NY 14623 ROCHESTER, NY 14623 275 PINNACLE RD 275 PINNACLE RD

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

(a)	(q)	(၁)	(Q)	(e)	(J)	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(bX13) controlled entity?	2(DXT3) led ?
		,		501(c)(3))		Yes	2
THE NORMAN HOWARD SCHOOL - 11-9904502					EDUCATION		
275 PINNACLE ROAD	EDUCATION SUPPORT AND				ENTERPRISE OF NEW		
ROCHESTER, NY 14623	SERVICES	NEW YORK	501(C)	LINE 7	YORK, INC.		×
EDUCATION ENTERPRISE OF NEW YORK, INC							
26-0181589, 275 PINNACLE ROAD, ROCHESTER, NY	EDUCATION SUPPORT AND						
14623	SERVICES	NEW YORK	501(C)	LINE 11A, I	N/A		×
ENCOMPASS: RESOURCES FOR LEARNING, INC					EDUCATION		
20-1612594, 275 PINNACLE ROAD, ROCHESTER, NY EDUCATION SUP	EDUCATION SUPPORT AND				ENTERPRISE OF NEW		
14623	SERVICES	NEW YORK	501(C)	LINE 7	YORK, INC.		×

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

16-1557039

Page 2

EDUCATION ENTERPRISE OF NEW YORK

Schedule R (Form 990) 2013 FOUNDATION, INC.

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

General or Percentage managing ownership partner? Schedule R (Form 990) 2013 Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership Yes Ξ Code V-UBI amount in box me 20 of Schedule E K-1 (Form 1065) Share of end-of-year assets \equiv 6 Orsproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>a</u> Type of entity (C corp, S corp, or trust) **©** Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) <u>ق</u> (d)
(Direct controlling entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 332162 09-12-13 Part IV

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2013

M-4- O				ľ		
Note: Complete line I if any entity is listed in Parts II, III, or IV of this schedule 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	elated organizations listed	in Parts II-1V2		se L	2
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity)		ta E		×
b Gift, grant, or capital contribution to related organization(s)				₽	×	۱.
c Gift, grant, or capital contribution from related organization(s)				မ		×
d Loans or loan guarantees to or for related organization(s)				₽		×
e Loans or loan guarantees by related organization(s)				9		×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				=		×
J Lease of facilities, equipment, or other assets to related organization(s)				į	×	
I I now the foodbloom was a second consistency and the construction (a)					i	>
	anization(s)			£ =	-	×
m Performance of services or membership or fundraising solicitations by related organization(s)	Janization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę		×
				2	×	
p Reimbursement paid to related organization(s) for expenses				٩		×
				무		×
r Other transfer of cash or property to related organization(s)				-		×
s Other transfer of cash or property from related organization(s)				13		×
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	is line, including covered	relationships and transaction thresholds			
ı						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pevi		
(1) THE NORMAN HOWARD SCHOOL	В	237,623.FMV	FMV			
(2) THE NORMAN HOWARD SCHOOL	J.	360,000.FMV	FMV			
(3) EDUCATION ENTERPRISE OF NEW YORK, INC.	0	173,675.	173,675.CONTRACT			
(4)						
(5)						
(9)						
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16-1557039

Page 4

EDUCATION ENTERPRISE OF NEW YORK

FOUNDATION, INC.

Schedule R (Form 990) 2013

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(k) - centage nership) 2013
Perc					<u>8</u>
ral or aging ner?					OT II
(j) General or managing partner? Yes No					÷
Code V-UBI General or Percentage amount in box 20 partner? over Schedule K-1 (Form 1065) yes No					Schedule R (Form 990) 2013
Orspropor- tionate allocations?					
(h) Disproportionate allocations? Yes No					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Are all 501(c)(3) 01gs 7					
× Egg ×					
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

EDUCATION ENTERPRISE OF NEW YORK

chedule R (Form 990) 2013 FOUNDATION, INC. Zark Will Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
Trevior additional monitoration to responded to questions on outrodate in face monature,	
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