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### EXTENDED TO NOVEMBER 16, 2015

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

▶ 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

ΑI	For th	e 2014 calendar year, or tax year beginning and end	ding		
В	Check if	C Name of organization ENVISIONEXCELLENCE IN STEM		D Employer identifi	cation number
Γ-	Addr	SS EDUCATION THE			
	Name	Doing business as		20-8	622102
	Initial returi Final returi	Number and street (or P.O. box if mail is not delivered to street address)  2108 TAMPERTON DOAD	om/suite	E Telephone numbe 443 –	r 421-1076
	termi ated			G Gross receipts \$	857,896.
	Amer	ded CLEVELAND HEIGHTS, OH 44118		H(a) Is this a group re	eturn
	Appli			for subordinates	? ☐ Yes X No
	pend	2108 LAMBERTON ROAD, CLEVELAND HEIGHTS, C	ОН	H(b) Are all subordinates in	ncluded? Yes No
		empt status X 501(c)(3) 501(c)( ) ( Insert no.) 4947(a)(1) or □	527	If "No," attach a	list (see instructions)
		te: ► WWW.ENVISIONSTEM.ORG		H(c) Group exemptio	
_			L Year o	of formation: 2007	State of legal domicile, MD
Pa	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities TO DEVI	MS	, PROMOTE,	AND RAISE
i.	2	Check this box   if the organization discontinued its operations or disposed	of more	than 25% of its net as	ssets
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
დ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
ĭ	6	Total number of volunteers (estimate if necessary)		6	0
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	1.		-	Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	-	721,901.	857,896.
Revenue	9	Program service revenue (Part VIII, line 2g)	_	0.	0.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	_	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d 86, 9c, 10c, and 11e)	-	721,901.	857,896.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column.(A), line 12)  Grants and similar amounts paid (Part IX, column.(A), lines 1-3) - 1 14	<del></del>	306,666.	65,364.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	03,304.
so.	15	Salaries, other compensation, employee benefits (Part X/ column (A), lines 5:10)	<del>                                     </del>	30,000.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	1	Total fundraising expenses (Part IX, column (D), line 25)	. —		1
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d-11f-24e)	_	206,371.	519,784.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		543,037.	585,148.
	19	Revenue less expenses Subtract line 18 from line 12		178,864.	272,748.
ances			Beg	inning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		228,989.	501,737.
Net Asse Fund Bala	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances Subtract line 21 from line 20		228,989.	501,737.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true.	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.	
٥.		Signature of Officer		Date	L.D
Sig		JANICE S. MORRISON, EXECUTIVE DIRECTOR		Dato	
Her	е	Type or print name and title			
		Print/Type preparer's name Preparer's\signat\re	T D	ate Check	PTIN
Paid	i	JOEL B. CHAZEN WO (A	n	if self-employe	P00644282
	arer	Firm's name HERTZBACH & COMPANY P.A.	1	Firm's EIN	52-1158459
Use	Only	Firm's address 800 RED BROOK BOULEVARD, SUITE 300	0		
		OWINGS MILLS, MD 21117		Phone no.41	0-363-3200
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

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LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 11-07-14

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

4e Total program service expenses ► 560,815.

Form **990** (2014)

Part IV | Checklist of Required Schedules

•			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		х
~	during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			1
	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		<u> </u>
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			3.5
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			<del></del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19_		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	2014)

Form 990 (2014) EDUCATION, INC.

Part IV Checklist of Required Schedules (continued)

			res	INO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a			х
<b>h</b>		24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
٠	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), 501(c)(4), and 501(c)(29) 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
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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 "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			` * •
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
C	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	-1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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?			v
27	If "Yes," complete Schedule R, Part V, line 2	36	$\vdash$	X
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	27		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	$\vdash$	
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
	The second secon		990 (	2014
		_,,,,	- (	1)

rai	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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(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  2a  0			
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<b></b> _
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	İ		37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			ĺ
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			`X
b		5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- SC		
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	i/	_	7
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u></u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
_		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b>-</b> "		
	sponsoring organization have excess business holdings at any time during the year?	8		- `
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ı
11	Section 501(c)(12) organizations. Enter:	j		ı
	Gross income from members or shareholders  11a			ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			ı
12a	amounts due or received from them )  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ı
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ı
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	222	
		Form	990 (	(2014)

EDUCATION, INC. 20-8622102 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х  $\overline{\mathbf{X}}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed FOH, MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request \_\_\_ Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

Form 990 (2014)

State the name, address, and telephone number of the person who possesses the organization's books and records

HERTZBACH & COMPANY, P.A. - (410)363-3200 800 RED BROOK BLVD., SUITE 300, OWINGS MILLS,

21117

rm 990 (	2014)	 EDUCATION

20-8622102

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### INC. Part VII 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 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Name and Title  Average hours per week (list any hours for related organizations below line)  1) JANICE S. MORRISON  EXECUTIVE DIRECTOR  (1) LEIGH R. ABTS  CHAIRMAN OF THE BOARD  Average hours per week (list any hours for related organization should be a serious person is both an officer and a director/trustee)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organization should be a serious plants of the compensation from related organization (W-2/1099-MISC)  Average hours per week (list any hours for related organization should be a serious plants of the compensation from the organization (W-2/1099-MISC)  Average hours per week (list any hours for related organization should be a serious plants or particular should be a serious	Check this box if neither the organization (A)	(B)	1		((	C)			(D)	(E)	(F)
hours per week (list any hours for related organizations below line)  (1) JANICE S. MORRISON  EXECUTIVE DIRECTOR  (2) LEIGH R. ABTS  Compensation from the organization (W-2/1099-MISC)  (3) LOUIS B. ROSENBLATT  Compensation from the organization (W-2/1099-MISC)  (Interval a director/trustee)  the organization (W-2/1099-MISC)  (W-2/1099-MISC)  from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  O O O O  O  O  O  O  O  O  O  O  O  O			١		Pos	itior	1				
week (list any hours for related organizations below line)  (1) JANICE S. MORRISON  EXECUTIVE DIRECTOR  (2) LEIGH R. ABTS  CHAIRMAN OF THE BOARD  THE WORLD AND THE BOARD		_	box	box, unless perso			son is both an				
(1) JANICE S. MORRISON       10.00         EXECUTIVE DIRECTOR       X       X         (2) LEIGH R. ABTS       2.00         CHAIRMAN OF THE BOARD       X       X         (3) LOUIS B. ROSENBLATT       2.00		week	$\vdash$	officer and a director/trustee)					from		other
(1) JANICE S. MORRISON       10.00         EXECUTIVE DIRECTOR       X       X         (2) LEIGH R. ABTS       2.00         CHAIRMAN OF THE BOARD       X       X         (3) LOUIS B. ROSENBLATT       2.00			ector				İ		1	organizations	
(1) JANICE S. MORRISON       10.00         EXECUTIVE DIRECTOR       X       X         (2) LEIGH R. ABTS       2.00         CHAIRMAN OF THE BOARD       X       X         (3) LOUIS B. ROSENBLATT       2.00			=	   81		1	ated			(W-2/1099-MISC)	
(1) JANICE S. MORRISON       10.00         EXECUTIVE DIRECTOR       X       X         (2) LEIGH R. ABTS       2.00         CHAIRMAN OF THE BOARD       X       X         (3) LOUIS B. ROSENBLATT       2.00			nste	trust		l as	bens		(W-2/1099-MISC)		
(1) JANICE S. MORRISON       10.00         EXECUTIVE DIRECTOR       X       X         (2) LEIGH R. ABTS       2.00         CHAIRMAN OF THE BOARD       X       X         (3) LOUIS B. ROSENBLATT       2.00			雪	g		βο	15 av				
(1) JANICE S. MORRISON       10.00         EXECUTIVE DIRECTOR       X       X         (2) LEIGH R. ABTS       2.00         CHAIRMAN OF THE BOARD       X       X         (3) LOUIS B. ROSENBLATT       2.00		T .	gi	nstitu	Officer	(ey en	alghe Beg	orme			organizations
(2) LEIGH R. ABTS CHAIRMAN OF THE BOARD X X X 0. 0. 0 (3) LOUIS B. ROSENBLATT 2.00	(1) JANICE S. MORRISON	10.00	Ť	┢	<u> </u>	Ť	-	٣		-	
(2) LEIGH R. ABTS  CHAIRMAN OF THE BOARD  (3) LOUIS B. ROSENBLATT  2.00  X X X  0.  0.  0	EXECUTIVE DIRECTOR		X		Х				0.	0.	0
(3) LOUIS B. ROSENBLATT 2.00	(2) LEIGH R. ABTS	2.00							·		
	CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0
DIRECTOR X X 0. 0. 0. 0	(3) LOUIS B. ROSENBLATT	2.00									
	DIRECTOR		X		Х				0.	0.	0
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Form 990 (2014)

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(A) Name and title	(B) Average hours per week (list any	box,	not c	Posi heck r ss per d a di	tion more son i	than d s both	n an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	Į	am	(F) timate nount o other pensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		frorgand	om the anizati d relate	e ion ed
		-											
		_							<del></del>				
							_						
										_			
							!						
<del></del>		_											
1b Sub-total		-						0.		0.			0.
c Total from continuation sheets to l d Total (add lines 1b and 1c)	·						<u>&gt;</u> _	0.		0.			0.
Total number of individuals (including compensation from the organization	-	nose	liste	ed at	oove	e) wh	10 re	eceived more than \$100	0,000 of reportable	• 	_	Yes	No.
3 Did the organization list any former of line 1a? If "Yes," complete Schedule			e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on		3		х
4 For any individual listed on line 1a, is and related organizations greater that	an \$150,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	J f	for such individual	_		4	_	X
Did any person listed on line 1a rece rendered to the organization? If "Yes  Section B. Independent Contractors								ed organization or indiv	idual for services		5		<u>x</u>
Complete this table for your five high the organization. Report compensation.										pens	ation f	rom	
•	A) siness address	NC	ONE	3				(B) Description of s	ervices	С	(C ompe		n
							_	<del></del>					
							4						
							_						
Total number of independent contra- \$100,000 of compensation from the		not lii	mite	d to		se lis	sted	d above) who received in	nore than				-
\$100,000 or compensation from the	organization -			_		-	_				Form	990 c	2014

EDUCATION, INC. Form 990 (2014) EDUCATION Form VIII Statement of Revenue

<u> </u>		Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			
			•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a				<del>-</del> · · ·	
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
Am (	С	Fundraising events	1c					
agir l	d	Related organizations	1d					
ă.E	е	Government grants (contribut	tions) 1e					
iz či	f	All other contributions, gifts, gran	its, and					
혈		similar amounts not included abo	ve 1f	857,896.				
불입	g	Noncash contributions included in lines	1a-1f \$					
ပို့ ခြ	h	Total. Add lines 1a-1f		<b></b>	857,896.			
				Business Code				a ne
e c	2 a	·			_			
P G	b	· ·						
n S	С		<del> </del>					
Şă	d							
Program Service Revenue	е							
<b>-</b>	f		enue					
$\rightarrow$	g			<b>•</b>			<del></del>	
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)				_		
	4	Income from investment of ta	x-exempt bond p	proceeds	-			
	5	Royalties		<b>•</b>				
	•	0	(i) Real	(II) Personal	*			už
	6 a				» «	* **	ž ,	
	b	•					*	
	C	, ,		<u> </u>				1
	d	` ,	(2) Consumbus	(v) Other				
j	/ a	Gross amount from sales of	(i) Securities	(II) Other				
	<b>h</b>	assets other than inventory  Less cost or other basis	-					
	b	and sales expenses	İ					
	С			<del></del>				,
		Net gain or (loss)	L	<b>—</b>	TO APPEAR AND AN	2 00 00 0	-	
4.		Gross income from fundraisin	a events (not		·····			-
ğ	0 0	including \$	of	ŀ				
Revenue		contributions reported on line						
		Part IV, line 18	а					
Other	b	Less direct expenses	- b			:		
0		Net income or (loss) from fund	_	<b></b>				
		Gross income from gaming ad	-					
		Part IV, line 19	а					
	b	Less direct expenses	b					'
i	С	Net income or (loss) from gan	ning activities	<b></b>				
		Gross sales of inventory, less						
		and allowances	а					
1	b	Less cost of goods sold	b			İ		
	С	Net income or (loss) from sale	s of inventory	<b>&gt;</b>				
[		Miscellaneous Revenu	ie	Business Code				
ſ	11 a							
	b							
İ	С							
	d	· · · · · · · · · · · · · · · · · · ·		L				
	е			▶	0.55			
43300	12	Total revenue See instructions		<u> </u>	857,896.	0.	0.	0.
432009 11-07-	14							Form 990 (2014)

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# Form 990 (2014) EDUCATION, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				_
	and domestic governments. See Part IV, line 21	65,364.	65,364.		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				<del></del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		···		*
4	Benefits paid to or for members  Compensation of current officers, directors,				<del></del>
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			-	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	10,000.		10,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '	397,536.	207 526		
40	column (A) amount, list line 11g expenses on Sch O.)	397,330.	397,536.		
12	Advertising and promotion	57.		57.	<del></del>
13 14	Office expenses Information technology			37.	<del>-</del>
15	Royalties	<del></del>		<u>-</u>	
16	Occupancy		·		<del></del>
17	Travel	77,914.	77,914.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,008.	15,118.	890.	
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			<u> </u>	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	12,801.		12,801.	
a b	EDUCATIONAL SUPPLIES	4,883.	4,883.	12,001.	
C	OTHER TAXES & LICENSES	400.	1,003.	400.	
d	DUES & SUBSCRIPTIONS	120.		120.	
	All other expenses	65.		65.	
25	Total functional expenses. Add lines 1 through 24e	585,148.	560,815.	24,333.	0.
26	Joint costs. Complete this line only if the organization			<del></del>	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here If following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 227,789. 500,537. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 1,200. 1,200. 15 Other assets. See Part IV, line 11 15 228,989. 501,737. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 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 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 26 0. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 228,989. 501,737. 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 📖 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 228,989. 33 Total net assets or fund balances 228,989. 501,737. Total liabilities and net assets/fund balances

Form 990 (2014)

	1990 (2014)EDUCATION, INC.		-8022102	Pag	je <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	857	7 , 8	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2	585	5,1	48.
3	Revenue less expenses Subtract line 2 from line 1	3		2,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	228	3,9	89.
5	Net unrealized gains (losses) on investments	5			
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,				
	column (B))	10	501	L,7:	<u> 37 .</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1
	separate basis, consolidated basis, or both				i
	Separate basis Consolidated basis Both consolidated and separate basis			~ ~	i
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basıs	,	,	:
	consolidated basis, or both				·
	Separate basis Consolidated basis Both consolidated and separate basis				i I
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au		***	1
	Act and OMB Circular A-133?		3a		<u> </u>
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 <b>90</b> (2	2014)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

2014

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>
ENVISION . . . EXCELLENCE IN STEM Emplo

Employer identification number 20-8622102

EDUCATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. oxdot Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 19 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

# 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)

Calendary versified lives beginning in   Early 2010   Calendary (Danch   Calendary (Dan	Se	ction A. Public Support						•				
1 Galfs, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax reverues leved for the organization's benefit and either pad 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. Services or facilities furnished by a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts form line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from include gain or loss from the sale of capital assets (Explan in Part VI) 12 Gross recepts from related activities, etc. (see instructions) 13 First five years. If the Form 990s for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualities as a publicly supported organization meets the "facts and croumstances" test. The organization of din ot check the box on line 13, fig., and line 14 is 30 f/s or more, and if the organization meets the "facts and croumstances" test. The organization of din ot check a box on line 13, fig., and line 15 is 33 1/3% or more, check this box and stop here. The organization qualities as a publicly supported organization meets the "facts and croumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and croumstances" test. Check this box on line 13, fig., and line 15 is 10% or more, and if the organization meets the "facts and croumstances" test. Check this box on line 13, fig., and line 15 is 10% or more, and if the organization meets the "facts and croumstances" te	Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
modude any "unusual grants")  Tax revenues leved for the organization benefit and either paid to crespended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  The praise of services or facilities furnished by a governmental unit to the organization without charge  The praise of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Fuelic support. Subsectives from line 4  Gestion B. Total Support  Amounts from line 4  The Amounts from line 4  The praise of the sale of capital assets (Explan in Part VI)  Total support person (applications of Public Support Percentage  The praise of the sale of capital assets (Explan in Part VI)  Total support. Add lines? If through 10  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  Total support percentage for 2014 (line 6,	1	Gifts, grants, contributions, and	, ,			, ,						
2 Tax revenues leved for the organization selected 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 296 of the amount shown on line 11, column (f) 5 Public support, Services the store the business and income from interest, 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 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 31 1/3% support test - 2014. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization leafs or more, check this box and stop here. The organization qualifies as a publicly supported organization leafs or more, check this box and stop here. The organization qualifies as a publicly supported organization leafs or more, check this box and stop here. The organization qualifies as a publicly supported organization leafs the facts and circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization organization meets the "facts and circumsta		membership fees received (Do not										
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and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization of the organization organization organization organization organization.		•	. ,	•	40 40 1							
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.			_			line 15 is 33 1/3%	or more, check th	is box				
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.			•	• •								
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	1/a											
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.												
more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.												
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	b											
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions				-	•			▶ڸᆜ				
Schodulo A (Form 900 or 900 E7) 2014	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b							

### 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

Section A. Public Support	elow, please com	piete i art ii j				
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	` '	1		1		
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				<del> </del>		
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-		<del> </del>	<del> </del>			
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities		<del> </del>				
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		-		+		<u> </u>
•						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			1			
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the				1		
amount on line 13 for the year				+	<del> </del>	<u> </u>
c Add lines 7a and 7b	3.8			7	<del>                                     </del>	
8 Public support (Subtract line 7c from line 6) Section B. Total Support			′ "	q	<u> </u>	
Calendar year (or fiscal year beginning in)	/s) 2010	(b) 2011	(*) 2012	(4) 2012	(*) 0014	(f) Total
9 Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a Gross income from interest,		<del> </del>				
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources				<del>                                     </del>		
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
·		<u> </u>		<del>                                     </del>	<u> </u>	
c Add lines 10a and 10b				<del> </del>		
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on					ļ	
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)				_	<u> </u>	
13 Total support. (Add lines 9, 10c, 11, and 12)		L			<u> </u>	
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here	<del> </del>					<u> </u>
Section C. Computation of Publ						
15 Public support percentage for 2014 (		•	column (f))		15	
16 Public support percentage from 2013					16	%
Section D. Computation of Inves					<del></del>	
17 Investment income percentage for 20	•		ne 13, column (f))		17	%
18 Investment income percentage from :				. –	18	%
19a 33 1/3% support tests - 2014. If the	•					17 is not
more than 33 1/3%, check this box a	•	•	, ,			
b 33 1/3% support tests - 2013. If the	-					
line 18 is not more than 33 1/3%, che		•	•		•	<b>▶</b>
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶∟

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A. D. and E if you checked 11d of Part I, complete Sections A and D. and complete Part V.)

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in part VI how the supported organizations are designated. If designated by		-	<b></b>
_	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1		_
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	i		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	»		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		_
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			,
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		á	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	, *,		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			24
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		Ì	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		,	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action		l.	
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	_		- 07
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class		,	
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_		
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	_ 8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	L	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9с		
I0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			

10a

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

organizations)? If "Yes," answer (b) below

determine whether the organization had excess business holdings)

Sch	edule A (Form 990 or 990 EZ) 2014 EDUCATION, INC. 20 - 86	2210	2 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-		1
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c	<u> </u>	<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			ļ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		_	
<u> </u>	supervised, or controlled the supporting organization	2	ļ	
Sec	tion C. Type II Supporting Organizations		T	
	When a manufacture of the account of a fact that a second of the second		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control		*	*
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s)	1 1		L
360	tion D. Type III Supporting Organizations		T.,	·
1	Did the organization provide to each of its supported organizations, but he lost day of the fifth month of the		Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			,
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			ľ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del>  '</del> ,	-	<b></b> -
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	]		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's	İ		
	income or assets at all times during the tax year? If "Yes," describe in part VI the role the organization's			å
	supported organizations played in this regard	3		-
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	1 3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	;)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities	2a		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		1
3	Parent of Supported Organizations Answer (a) and (b) below.	<u> </u>		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	[		
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2014 EDUCATION, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_ 1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_ 3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4	-	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			* ,
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		\$	*
	factors (explain in detail in Part VI)			3 3 3
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•••	
4	Enter greater of line 2 or line 3	4	· · · · · · · · · · · · · · · · · · ·	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/-integra	ated Type III supporting org	anization (see
	instructions).	-	5 6	•

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 EDUCATION, INC. 20-8622102 Page 7

Га	TY 1 Type III Non-Functionally integrated 50	19(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Sect	ion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6	<del> </del>		
10	Line 8 amount divided by Line 9 amount	<del></del>	· · · · · · · · · · · · · · · · · · ·	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	B.(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			-
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)	<u> </u>		
_3_	Excess distributions carryover, if any, to 2014			
<u>a</u>				
<u>b</u>				
<u>c</u>	*			
<u>d</u>				**
	From 2013			· · · · · · · · · · · · · · · · · · ·
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)	<u> </u>		
	Remainder Subtract lines 3g, 3h, and 3i from 3f			- · · · · · · · · · · · · · · · · · · ·
4	Distributions for 2014 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			<u> </u>
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7			
<u>b</u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>
			ii	
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 EDUCATION, INC.	20-8622102 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of	or 17b, and Part III, line 12
	Also complete this part for any additional information (See instructions)	
		<del></del>
		<del></del>
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# SCHEDULEI (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.

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

▶ Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

% ⊠ **Employer identification number** 20-8622102 TO FURTHER STEM FUNDERS TO FURTHER STEM FUNDERS O FURTHER STEM FUNDERS TO FURTHER STEM FUNDERS TO FURTHER STEM FUNDERS (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any NETWORL TETWORK TETWORK TETWORK NETWORK Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö °. Ö ö 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 6,000. 950 8,706 15,157 25,464 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table œÌ ENVISION ... EXCELLENCE IN STEM (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501C-3 501C-3 501C-3 501C-3 501C-3 Enter total number of other organizations listed in the line 1 table 33-0758237 27-1551550 33-0828380 90-0136831 53-0196932 Part I General Information on Grants and Assistance (p) EIN EDUCATION, INC. criteria used to award the grants or assistance? DISCOVERY SCIENCE CENTER OF ORANGE 1 (a) Name and address of organization COUNTY - 2500 N MAIN ST - SANTA 10378 DEMOCRACY LANE, SUITE A CORONA DEL MAR, CA 92625-1900 NATIONAL GIRLS COLLABORATIVE NATIONAL ACADEMY OF SCIENCES 1271 AVENUE OF THE AMERICAS or government THE CLINTON INITIATIVE 2101 W. COAST HIGHWAY 500 FIFTH STREET, NW WASHINGTON, DC 20001 Name of the organization ANA, CA 92705-6600 SAMUELI FOUNDATION NEW YORK, NY 10020 FAIRFAX, VA 22030 Part II

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) EDUCATION, INC.

Schedule I (Form 990) (2014) EDUCATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed.

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20-8622102

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV 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 a	dditional information.	

### 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.

ENVISION...EXCELLENCE IN STEM Emplo

Employer identification number

EDUCATION, INC.	20-8622102
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
INSTITUTIONS AS WELL AS RAISE AWARENESS OF STEM EDUCATION	AMONG THE
GENERAL PUBLIC.	
<del></del>	<del></del>
FORM 990, PART VI, SECTION B, LINE 11:	
THE EXECUTIVE DIRECTOR HAS BEEN DESIGNATED BY THE GOVERNI	NG BODY TO REVIEW
THE 990 BEFORE FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
SUBCONTRACTOR FEES:	
PROGRAM SERVICE EXPENSES	397,536.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	397,536.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	397,536.
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