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Form **990** 

# 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

		of the Treasury	1	•	mbers on this form a	-	•	Open to Public Inspection				
Information about Form 990 and its instructions is at www.ir.  A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending J								mapecuon				
	heck if		f organization	, <u> </u>	2014 810	enuning t	D Employer identifi	nation number				
a	pplicab		ATION ENTERPRIS	E OF NEW	YORK		D Employer Identific	Cation number				
Г	Addre	E FOUN	DATION, INC.	D OI HEW	TORK							
F	Name	Name Doing business as 16-15										
⊨	Tinitial											
	Final	Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   E Telephone number										
ш	termir	lerma.										
_	ПАлпел	ated City or town, state or province, country, and ZIP or foreign postal code  G Gross receipts \$										
一												
_	tion   Name and address of principal officer: UOSEFI M. FARTINO   for subordinates/											
		empt status:		)◀ (insert n	10.) 4947(a)(1)	or 527	H(b) Are all subordinates in	ctuded? Yes No list. (see instructions)				
	Vobsi	te: E2NY	- ORG	) \ (msert	10.) 4541(a)(1)	01 327	H(c) Group exemption	· · · · · ·				
F	orm of	organization:	X Corporation Trust	Association	Other >	I Vear		State of legal domicile; NY				
	rt I	Summary	ZA CONFORMATION			L Toda	Oriomiation. 2000 N	State of legal definition, 242				
			e the organization's mission or	most significant	activities: TO B	ENEFT	AND SUPPOR	r THR				
Activities & Governance	•	ACTTVTT	IES OF EDUCATION	I ENTERPE	TSE OF NE	W YORK	, INC. AND					
nar			x if the organization		<del></del>							
Ver			ting members of the governing		•	sed of frior	3	8				
ဗိ			lependent voting members of the	• •			4	$\frac{}{7}$				
න් ග			of individuals employed in caler		• •		5	0				
E E			of volunteers (estimate if neces	•	-art v, iii le 2a)		6	7				
⋛│			d business revenue from Part V	• ·	20.12		7a	0.				
₹			business taxable income from			<u> </u>	76	0.				
		iver unrelated	business taxable income from	C	OH XE OF I A I		Prior Year	Current Year				
	8	Contributions	and grants (Part VIII, line 1h)	19		S		2,080,510.				
Revenue			ce revenue (Part VIII, line 2g)	A006	NOV 1 8 20	115	830,752.	1,107,431.				
§		•	come (Part VIII, column (A), lines	1 1	1 0 40		37,432.	111,470.				
ř			(Part VIII, column (A), lines 5, 6		AADEN I		0.	0.				
			- add lines 8 through 11 (must e				2,139,840.	3,299,411.				
1			nilar amounts paid (Part IX, colu				1,325,927.	1,536,468.				
	i		to or for members (Part IX, colu	• • •	,		0.	0.				
<u>"</u>		-	compensation, employee bene		ımn (A) lines 5-10)	<u> </u>	23,336.	0.				
130		-	undraising fees (Part IX, column	•	(, 4,	<u> </u>	0.	0.				
Expenses			ng expenses (Part IX, column (I	• • • • • • • • • • • • • • • • • • • •		0.						
Ě			es (Part IX, column (A), lines 11a	•		<del></del>	864,979.	1,037,150.				
		•	s. Add lines 13-17 (must equal)	•	A) line 25)		2,214,242.	2,573,618.				
1		•	expenses. Subtract line 18 fron	•	<i>y,</i> ==-,		<74,402.	725,793.				
88						Ве	ginning of Current Year	End of Year				
Fund Balances	20	Total assets (F	Part X, line 16)				8,311,369.	7,886,169.				
d Be			(Part X, line 26)				2,396,605.	1,338,866.				
휜			fund balances. Subtract line 21	from line 20			5,914,764.	6,547,303.				
Pa	rt II	Signature										
Inde	er pena	lties of perjury, I	I declare that I have examined this r	eturn, including acc	companying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is				
rue,	correc	ct, and complete.	Declaration of preparer (other than	officer) is based o	I information of wh	nch preparer	has any knowledge,					
			gyall	4then 6	40		11/57	15				
Sigr	1	· ·	e of officer				Date /					
ler	е			CEO								
		Type or p	orint name and title									
		Print/Type prep		Preparer's s	ignature		Date Check	PTIN				
aid		NANCY J	• SNYDER	Ilu	Kf Lyda.	190	///3/13 If self-employe	P01340545				
rep	arer	Firm's name	BONADIO & CO.	LEP /	/ / /		Firm's EIN	16-1131146				
Jse	Only	Firm's address	171 SULLY'S TI	RAIL, SUI	TE 201							
		1	PITTSFORD, NY	14534			Phone no. ( 5 8	35) 38 <u>1-1000</u>				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form **990** (2014)

# EDUCATION ENTERPRISE OF NEW YORK FOUNDATION. INC.

	m 990 (2014) FOUNDATION, INC.	16-155	7039	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Striefly describe the organization's mission:  TO BENEFIT AND SUPPORT THE ACTIVITIES OF EDUCATION ENTE	RPRISE	OF NEW	N
	YORK, INC. AND ITS AFFILIATED ORGANIZATIONS, THE NORMAN			
	AND ENCOMPASS: RESOURCES FOR LEARNING, INC.			
2	Did the organization undertake any significant program services during the year which were not listed on		<del></del>	
	the pnor Form 990 or 990-EZ?		L Yes	X No
_	If "Yes," describe these new services on Schedule O.	•		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		∟ Yes	L <u>.</u> A.J No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as	e maggired by	, evnencec	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth			
	revenue, if any, for each program service reported.	0.0, 0.10 1012.	<b>,</b> -	
4a	(Code ) (Expenses \$ 1,536,468. Including grants of \$ 1,536,468.) (Rever	nue \$		
	GRANTS GIVEN TO NORMAN HOWARD SCHOOL THAT PROVIDED EDUC	ATIONAL		
	TO APPROX 123 LEARNING DISABLED STUDENTS. GRANTS GIVEN			
	RESOURCES FOR LEARNING, INC. THAT PROVIDED EDUCATIONAL	SERVICE	S TO	OVER
	2,580 STRUGGLING LEARNERS.			<u> </u>
				<del> </del>
4b	(Code ) (Expenses \$ 854, 199 • including grants of \$ ) (Reven	ue \$ 1	,107,4	431.
	PROVIDED USE OF THE BUILDING FOR THE STUDENTS OF NORMAN			
	ENCOMPASS: RESOURCES FOR LEARNING, INC. AND AFFILIATED	ORGANIZ	ATIONS	S OF
	EDUCATION ENTERPRISE OF NY, INC.			
	<del></del>			
		<del></del>		
4c	(Code ) (Expenses \$ including grants of \$ ) (Reven	ue \$		)
	<del></del>			
		<del>-</del>		
	<del></del>			
		<del></del>		
4d	Other program services (Describe in Schedule 0.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses ▶ 2,390,667.			
40000			Form 9	<b>90</b> (2014)
43200 11-07-	∠ -14			

Form 990 (2014) FOUNDATION, INC.
Part IV Checklist of Required Schedules

EDUCATION ENTERPRISE OF NEW YORK

5-1557	<u>039</u>	Pa	age <b>3</b>
		Yes	No
	1	Х	
tes for	2	Х	
n ın effect	3		<u> </u>
ents, or	4		X
ght to	5		_ <u>X</u> _
D, Part I	6		X
ete	7		_X
n for	8		X
ces?	9		X
ermanent	10	х	<del></del>
X, or X			
dule D,	11a	x	
tal	11b		х
tal	11c		х
ed in	11d		х
	11e	Х	
es	11f		х
	12a		х
	12b	x	7-
	13	<b> </b>	X
	14a	<del>                                     </del>	┼┷
siness, 00,000	14b		x
у	15		X
to	16		x
,	17		х
I, lines	18		x

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		<b>.</b>	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
4	during 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		<u> </u>
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?	_		Х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	x	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10	-	
11	•			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ļ	
a	Part VI	11a	Х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128	Schedule D, Parts XI and XII	12a		х
h	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	<u> </u>
13	ATOM VAVA CODE B Complete Cohodule F	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	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	15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<del>                                     </del>	-
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,			_
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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	1	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		(2014)
		-0m	n 33U	シロコム

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### 16-1557039

Form 990 (2014)

EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

Page 4 Part IV 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 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 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 X Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a 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 X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L. Part I 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," X complete Schedule L, Part II 26 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 X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1  $\mathbf{x}^{-}$ 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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? X 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2014)

Note. All Form 990 filers are required to complete Schedule O

Page 5

ra	Check if Schedule 0 contains a response or note to any line in this Part V			$\Box$
	· · · · · · · · · · · · · · · · · · ·	<u>_</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	$\Box$		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1. 1		l
	(gambling) winnings to prize winners?	1c		L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l
	filed for the calendar year ending with or within the year covered by this return	]		l
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2</u> b		
	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		X
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			
	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:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	l _ i		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		x
	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<del></del>
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<b></b>
a	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		х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
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_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8_		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		<u> </u>
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		<del> </del>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)			1
12a	,	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	}		
C	Enter the amount of reserves on hand	<u></u>	<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	1 <b>990</b>	(2014)

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form 990 (2014)	FOUNDATION,	INC.		

16-1557039 Pa

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

	Check if Schedule O contains a response or note to any line in this Part VI				X						
Sec	tion A. Governing Body and Management										
	ton 74 do tonning body and Managoriion.			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	8									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.										
ь	Enter the number of voting members included in line 1a, above, who are independent	7									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an	y other									
	officer, director, trustee, or key employee?		2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct s	supervision	ľ	- 1							
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?		6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint on	e or									
	more members of the governing body?	1	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold	ers, or			7.7						
	persons other than the governing body?		7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo	ollowing:		v							
а	The governing body?	-	8a	X							
b	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 t	ne	9		X						
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	endo )	9_		72						
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		Yes	No						
10-	Did the organization have local chapters, branches, or affiliates?	Г	10a	163	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	offiliates									
U	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b								
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	X							
	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.										
12a											
ь.	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	s?	12b	X							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descriptions of the organization regularly and consistently monitor and enforce compliance with the policy?										
	In Schedule O how this was done		12c	X							
13	Did the organization have a written whistleblower policy?		13	X							
14	Did the organization have a written document retention and destruction policy?	_	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by inde	pendent			i						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			, v							
	The organization's CEO, Executive Director, or top management official	-	15a	Δ	<u> </u>						
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	4 <b>6</b> 0	1	x						
1.	taxable entity during the year?	ticination	16a	<del>                                     </del>	<del></del>						
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1									
	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	vailat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Sched	lule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir		finar	ncial							
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and	records: >									
	PATRICIA DELL - 585-334-8010										
	275 PINNACLE RD., ROCHESTER, NY 14623			000	(00:00						
43200	6 11-07-14		Forn	n <b>990</b>	(2014)						

# 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.

(A) (B			(B) (C) Average Position						director, or trustee.	(F)		
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated		
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other		
	(list any	ctor						the	organizations	compensation		
	hours for	l ii				Egg.		organization	(W-2/1099-MISC)	from the		
	related	ste	truste			bense		(W-2/1099-MISC)		organization and related		
	organizations below	曹	gual		ploye	rt com	_			organizations		
	line)	Individual trustee or director	Institutional trustee	<b>G</b> licer	Key employee	Highest compensated employee	Бугшег			0. ga		
(1) RICHARD SANDS	1.00	<u> </u>	-	_	-		_					
CHAIRMAN		X		X				0.	0.	0.		
(2) KENNETH A. MARVALD	1.00	Г							,,			
VICE CHAIR		X		X			l	0.	0.	0.		
(3) WILLIAM NAPIER	1.00							_	_			
TREASURER		X		X			<u> </u>	0.	0.	0.		
(4) JOSEPH M. MARTINO	1.00			l					150 650	15 705		
EXECUTIVE DIRECTOR/SECRETA	39.00	X	<u> </u>	X	<u> </u>	<u> </u>	L.	0.	159,670.	15,795		
(5) GINNY CLARK	1.00	ļ.,						0.	0.	0		
BOARD MEMBER	1.00	X	H	<u> </u>	├	<u> </u>	├—	0.	<u> </u>			
(6) RICHARD FOX BOARD MEMBER	1.00	x					ĺ	0.	0.	0.		
(7) ELAINE DEL MONTE	1.00	1	├	<u> </u>	├		⊢		0.			
BOARD MEMBER	1.00	X						0.	0.	0.		
(8) SUSAN F. SCHOTTLAND	1.00	-	$\vdash$		$\vdash$		<u> </u>					
BOARD MEMBER		x						0.	0.	0.		
(9) PATRICIA DELL	1.00											
CFO	39.00	1		X				0.	108,675.	11,661		
		<u> </u>			$ldsymbol{ldsymbol{ldsymbol{eta}}}$							
		4										
		╀	_	<del> </del>	⊢	-	├─					
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		-				1						
	. <del> </del>	$\vdash$	⊢	-	$\vdash$	-	-					
		4	1	l	l	1	ļ	1				

Form 990 (2014)

	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both a officer and a director/trustee					one han	( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensation from related organizations		an	(F) timat nount other	of
		hours for related organizations below (ine)	Individual trustee or director		Institutional trustee Officer Key employee Highest compensated		Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)		compensation from the organization and related organizations		
			<u>.</u>	_										
				_										
										<del></del> -				
			_			$\dashv$	$\dashv$			· <del></del>				
				_	$\dashv$									
<u>-</u>														
1b	Sub-total		_					<b>•</b>	0.	268,3	45.	2	7,4	56.
c	Total from continuation sheets to Part VII	, Section A						•	0.	2.50	0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) .  Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	0 . eceived more than \$100	268,3 000 of reportab			/,4	56.
	compensation from the organization	··- <del>-</del>											Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so		stee	e, ke	y em	ploy	/ee,	or t	nighest compensated er	nployee on		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl		•						he organization	Ì	4	х	
5	Did any person listed on line 1a receive or a	ccrue comper	sati	on fi	om .	any	unre		•	dual for services	. [			х
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	olete Schedule	J fo	or su	ch p	perso	on				!	_5_		<u>,</u>
1	Complete this table for your five highest cor										npensa	ation 1	rom	
_	the organization. Report compensation for t					itn c	or wit	Inin	(B)			((		
	Name and business	address —————	NC	NE				+	Description of se	ervices	C	ompe	nsatio	on
		<u>.                                  </u>						+			<del></del>			
						-		+		-				
								+						
								$\dagger$						
2	Total number of independent contractors (in		ot lin	nited	l to t	_		ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	ation >				0			····			Form	990	(2014)

Form 990 (2014)

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under Unrelated Total revenue Related or exempt function business revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 1đ d Related organizations e Government grants (contributions) 1e f All other contributions, offts, grants, and 1f 2,080,510 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 2,080,510 h Total. Add lines 1a-1f **Business Code** 900003 1,107,431.1,107,431. 2 a RENTAL INCOME Program Service Revenue f All other program service revenue 1,107,431 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 41,235. 41,235 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 637,599 assets other than inventory b Less: cost or other basis 567,364 and sales expenses 70,235 c Gain or (loss) 70,235. 70,235 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 111,470. 3,299,411.1,107,431. Total revenue. See instructions. Form 990 (2014)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. Fundraising Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1,536,468. 1,536,468 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees). 11 a Management 19,585. 19,585. Legal b 7.905. 7,905. c Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 247,247. 62,835. column (A) amount, list line 11g expenses on Sch O.) 310,082. 12 Advertising and promotion 10,414. 9,198. 1,216. Office expenses 13 Information technology 14 Royalties 15 309,576. 309,576. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 -Conferences, conventions, and meetings 18,484. 18,484. 20 Interest 21 Payments to affiliates 277,676. 277,676. Depreciation, depletion, and amortization 22 51,897. 51,897. Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) EQUIPMENT REPAIRS AND M 17,657. 17,657. OTHER INSTRUCTIONAL 13,874. 13,874. C đ All other expenses 0. Total functional expenses. Add lines 1 through 24e 2,573,618. 2,390,667. 182,951. 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 fiffollowing SOP 98-2 (ASC 958-720)

Form 990 (2014) J
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X		· ·	(P)
•		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1	0.45
2	Savings and temporary cash investments	913,710.	2	847,323
3	Pledges and grants receivable, net	2,701,351.	3	2,117,644
4	Accounts receivable, net	1,159.	4	6,106
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			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
<sup>t</sup> 8	Inventones for sale or use		8_	
9	Prepaid expenses and deferred charges	28,007.	9	15,962
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 7,006,443.			
Ь	Less: accumulated depreciation 10b 3,182,415.	3,641,173.	10c	3,824,028
11	Investments - publicly traded securities	698,221.	11	692,304
12	Investments - other securities. See Part IV, line 11	327,748.	12	348,627
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	34,175
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,311,369.	16	7,886,169
17	Accounts payable and accrued expenses	102,665.	17	164,717
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	<u> </u>	21	
	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L	1,200,000.	22	300,000
23	Secured mortgages and notes payable to unrelated third parties	838,956.	23	838,956
24	Unsecured notes and loans payable to unrelated third parties	N	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	254,984.	25	35,193
26	Total liabilities. Add lines 17 through 25	2,396,605.	26	1,338,866
<del> </del>	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
,	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	3,213,413.	27	4,429,659
28	Temporarily restricted net assets	2,701,351.	28	2,117,644
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
-	and complete lines 30 through 34.			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	5,914,764.	33	6,547,303
34	Total liabilities and net assets/fund balances	8,311,369.		7,886,169
				Form <b>990</b> (20

	990 (2014) FOUNDATION, INC.	<u> 16-15:</u>	57039	Pac	<sub>le</sub> 12					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u></u>					
	•		2 200	n 4						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,299	9,4	<u> </u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,57	5, 6. 5, 7	T8.					
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,91							
5	Net unrealized gains (losses) on investments	5	<u>&lt;9.</u>	3,2	<u>54.</u> >					
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,		4							
	column (B))	10	6,54	7,3	03.					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII	·		Yes	X					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain In Schedule			165	No					
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 0.	2a	1	X					
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	dona								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis		1		l					
h	Were the organization's financial statements audited by an independent accountant?		2b	X						
Ŭ	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis.								
	consolidated basis, or both:		1 1	1						
	Separate basis X Consolidated 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	ne audit,			ĺ					
-	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule 0.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si									
	Act and OMB Circular A-133?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	•	3b		L					
			Form	990	(2014)					

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

# 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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

EDUCATION ENTERPRISE OF NEW YORK Employer identification number 16-1557039 FOUNDATION, INC.

Pa	rt l	Reason for Public	Charity Status	All organizations must d	omplete th	is part.) S	ee instructions.						
		zation is not a private found					<del></del>						
1		A church, convention of ch		-	-	-							
2	一	A school described in secti			eu iii secul	да тиодорд	1)(~)(1).						
_	H			· · · · · · · · · · · · · · · · · · ·	action 17	VLV4VAV:	::1						
3	一	A hospital or a cooperative						the beandal's name					
4		A medical research organiz	ation operated in co	injunction with a nospita	ai describe	ı in sectio	n 170(D)(1)(A)(III). Enter	the nospital's name,					
_		city, and state:				A							
5	لـــا	An organization operated for		ollege or university owner	a or opera	ted by a g	overnmental unit descrit	oea in					
		section 170(b)(1)(A)(iv). (C	•										
6	닐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		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). (Co	omplete Part II.)										
8	<u> </u>	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Pa	rt II.)								
9	X	An organization that norma	ily receives: (1) more	than 33 1/3% of its su	pport from	contributi	ons, membership fees, a	and gross receipts from					
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment					
		income and unrelated busing	ness taxable income	(less section 511 tax) fi	rom busine	sses acqu	iired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
10	$\sqsubseteq$	An organization organized a	and operated exclus	ively to test for public s	afety See	section 50	09(a)(4).						
11		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to carry out the	e purposes of one or					
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	or section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in					
		lines 11a through 11d that	describes the type o	of supporting organization	on and con	plete lines	s 11e, 11f, and 11g.						
а	L_	Type I. A supporting orga	ınizatıon operated, s	supervised, or controlled	l by its sup	ported org	ganization(s), typically by	giving					
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting					
		organization. You must c	omplete Part IV, Se	ections A and B.									
Ь		Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving					
		control or management o	f the supporting org	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
C		Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with, a	and functionally integrat	ed with,					
		its supported organization	n(s) (see instructions	s) You must complete	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization ope	rated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness					
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Section	s A and D,	and Part	<b>v</b> .						
е		Check this box if the orga	inization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated support	ting organi	zation.							
f	Ente	r the number of supported o	organizations										
g	Prov	ide the following information	about the supporte	ed organization(s).									
	(i	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9 above or IRC section	listed i	document?	support (see	other support (see					
				(see instructions))	Yes	No	Instructions)	Instructions)					
							- "						
					l								
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<u> ota</u>	<u>ıl _</u>												

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.)

Se	ction A. Public Support		······································				
Cal	endar 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		
	membership fees received. (Do not		ļ	i			]
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			<del> </del>	1		
_	furnished by a governmental unit to				ľ	1	
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions				<del>                                     </del>	<del> </del>	<del></del>
Ū	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included		1				
	on line 1 that exceeds 2% of the		]		Ì		
	amount shown on line 11,		ł		ł		}
	column (f)	I					
6	Public support. Subtract line 5 from line 4			<u> </u>	<del> </del>	<del> </del>	<del></del>
	etion B. Total Support		L	<u> </u>	<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(4) 2010	(6) 2011	(0,2012	(4) 2010	(0) 2014	(7 10.2)
	Gross income from interest,						
Ü	dividends, payments received on						
	· ·					·	
	securities loans, rents, royalties and income from similar sources	1					
		·			<del> </del>	<del> </del>	
9	Net income from unrelated business						
	activities, whether or not the	· 	į				
40	business is regularly carried on				<del>                                     </del>		
10	Other income. Do not include gain						
	or loss from the sale of capital	I	-				
	assets (Explain in Part VI.)		·				
	Total support. Add lines 7 through 10				L	40	<u></u>
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		s tirst, second, thir	a, τουπη, or τιπη τ	ax year as a section	on 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage	·			
	Public support percentage for 2014 (I			column (fl)	<del></del>	14	
	Public support percentage from 2013			Joidinin (13)		15	<del></del> %
	33 1/3% support test - 2014. If the c			n line 13 and line	1/1 is 33 1/3% or r		
100	stop here. The organization qualifies				7413 00 17370 011	nore, eneck trits be	<b>▶</b> □
	33 1/3% support test - 2013. If the o		-		Hilma 15 te 22 1/20/	A or more check the	nie hox
٠	• •	•			1 line 13 is 33 1/3/	o of friore, check u	<b>▶</b> □
17-	and stop here. The organization qual	•	• • •		a 13 16a ar 16b	and line 14 is 1004	or more
178	<ul> <li>10% -facts-and-circumstances test</li> <li>and if the organization meets the "fact</li> </ul>	-	•				
						it viriow the organ	IIZAUOI I
	meets the "facts-and-circumstances"	_	•		-	170 and less 45 :-	. P
	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•		•		<b>'</b>
40	organization meets the "facts-and-circ		•	•			· · <b>\</b>
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 1/a, or 1/			or 990-EZ) 2014
					JUIN		

Support Schedule for		

(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 bettion A. Public Support	pelow, please comp	olete Part II.)				
Cale	ndar 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 membership fees received. (Do not						
	include any "unusual grants.")	1,140,939.	1,442,334.	3,881,977.	1,271,656.	2,080,510.	9,817,416.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	360,000.	360,000.	360,000.	830,752.	1,107,431.	3,018,183.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513		;				
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	1,500,939.	1,802,334.	4,241,977.	2,102,408.	3,187,941.	12,835,599.
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received	100,000.	100,000.	100,000.	100,000.	75,000.	475,000.
_	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	344,753.	341,604.	317,423.	788,360.	999,905.	2,792,045.
	Add lines 7a and 7b	444,753.	441,604.	417,423.		1,074,905.	3,267,045.
	Public support (Subtract line 7c from line 6)						9,568,554.
Sec	tion B. Total Support		<u></u>		·		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1,500,939.	1,802,334.	4,241,977.	2,102,408.	3,187,941.	12,835,599.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,777.	37,265.	15,681.	17,152.	41,235.	135,110.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	23,777.	37,265.	15,681.	17,152.	41,235.	135,110.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add Imes 9, 10c, 11, and 12)	1,524,716.	1,839,599.	4,257,658.	2,119,560.	3,229,176.	12,970,709.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here			•			
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	73.77 %
	Public support percentage from 2013			<u>.</u> .		16	94.54 %
	tion D. Computation of Inves			<u>.</u>		·····	- 1 04
	Investment income percentage for 20	•	•	e 13, column (f))		17	1.04 %
	Investment income percentage from					18	1.00 %
19a	33 1/3% support tests - 2014. If the	•					
_	more than 33 1/3%, check this box a	-	-		• • •		<b>▶</b> X
Ь	33 1/3% support tests - 2013. If the	-			•		and
00	line 18 is not more than 33 1/3%, che		. •	•		•	
	Private foundation. If the organization	TOUTIOL CHECK A I	DOX OF HITE 14, 198	i, or 190, check th	-		0 or 990-EZ) 2014
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### 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 and D, and Sections A and D, and Complete Part V.)

Section A	A. All Supporting Organizations
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)
•	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

### 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 yi how the supported organizations are designated. If designated by 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 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. **3a** b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and 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 c 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 4b despite being controlled or supervised by or in connection with its supported organizations. c 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 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," 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 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 designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 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 7 controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990) 9a 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 9b the supporting organization had an interest? If "Yes," provide detail in Part VI. c 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. 9c 10a 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 organizations)? If "Yes," answer (b) below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings) 10b

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Pa	rt IV   Supporting Organizations <sub>(continued)</sub>		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	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	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ĺ		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization	2	<u> </u>	!
Sec	tion C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
1	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			
	the supported organization(s)	1	1 '	
Sec	tion D. Type III Supporting Organizations	<del></del>		
			Yes	No
1	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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			
	income or assets at all times during the tax year? If "Yes," describe in part VI the role the organization's		1	
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instruction	s):		
a	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.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see iii)	nstruction:	s)	
C		15(15)(15)	Yes	No
2	Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in part VI identify		1	ŀ
	the state of the s			1
	those supported organizations and explain how these activities directly furthered their exempt purposes, 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		
ь	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	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	many and the state of the state			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	↓	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	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 FOUNDATION, INC.  Part V   Type III Non-Functionally Integrated 509(a)(3) Support	na Oras		16-155/039 Page
1 Check here if the organization satisfied the Integral Part Test as a qualify			uctions. All
other Type III non-functionally integrated supporting organizations must	_		4001011517 til
Section A - Adjusted Net Income	Somplete	(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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 secunties	1a		
<b>b</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		
e Discount claimed for blockage or other		<del></del>	
factors (explain in detail in Part VI):			
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		
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		
ection 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		<u> </u>
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
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-function	ally-integra	ted Type III supporting org	anization (see
instructions).	_		

Schedule A (Form 990 or 990-EZ) 2014

EDUCATION ENTERPRISE OF NEW YORK Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC. 16-1557039 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) (i) (ii) Excess Distributions **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, line 7. a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 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). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3 and 4c. Breakdown of line 7 b

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

# EDUCATION ENTERPRISE OF NEW YORK 16-1557039 Page 8 Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC. Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2014

### **SCHEDULE D**

(Form 990) ·

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

EDUCATION ENTERPRISE OF NEW YORK

Inspection

**Employer identification number** Name of the organization 16-1557039 FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

Schedule D (Form 990) 2014

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

# EDUCATION ENTERPRISE OF NEW YORK FOUNDATION INC.

	edule D (Form 990) 2014 FOUNDAT							05/039	Page 2
Pa	rt III Organizations Maintaining (								
3	Using the organization's acquisition, access	ion, and other record	ds, check any o	of the following t	hat are a	significant	t use of its	collection	items
	(check all that apply):								
а	Public exhibition	c	i Loan d	r exchange prog	grams				
b	Scholarly research	e	Other						
C	Preservation for future generations		•						
4	Provide a description of the organization's c	ollections and explai	n how they fur	her the organiza	ation's ex	empt purp	ose in Pa	rt XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m						Г	Yes	☐ No
Pa	rt IV Escrow and Custodial Arran				d "Yes" t	o Form 99	) Part IV		
	reported an amount on Form 990, Pa					0 1 01111 00	o, , a,		
1a	Is the organization an agent, trustee, custod	lan or other intermed	diary for contrib	utions or other:	seeste no	at included		<del></del>	
	on Form 990, Part X?	man or other miterines	alary for contrib		333C13 110	J. IIIGIGGG	·	Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fe	Ilouring table:				<u> </u>	res	∟ NO
U	in res, explain the arrangement in Part XIII	and complete the to	mowing table:				r		
_	Designing haloss					<u> </u>		Amount	
C	Beginning balance		•			1c			
a	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	<u> </u>		
	Did the organization include an amount on F						L.	<b>」Yes</b>	No ا
	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has	oeen provided ir	Part XII	<u> </u>	. •		<u> </u>
Pa	t V Endowment Funds. Complete	f the organization an	swered "Yes"	o Form 990, Pa	rt IV, line	10.			
		(a) Current year	(b) Prior yea			(d) Three	years back	(e) Four ye	ears back
1a	Beginning of year balance	1,090,349.	1,084,	1,0	05,626.		504,002.	3	47,995.
b	Contributions	5,000.	6,	300.	78,423.	[	101,624.	2	56,007.
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses				-				
g	End of year balance	1,095,349.	1,090,	49 1 0	84,049.	1 (	05,626.	6	04,002.
2	Provide the estimated percentage of the curr			<u></u>	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
a	Board designated or quasi-endowment	rent year end balance		iiii (a)) iieiu as					
_	100 00	%	_%						
b	· · · · · · · · · · · · · · · · · · ·	<del></del>							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should be a sh	•							
38	Are there endowment funds not in the posse	ession of the organiza	ition that are h	eld and administ	tered for	the organi	zation	T	
	by:								es No
	(i) unrelated organizations		-					3a(i)	X
	(ii) related organizations	-						3a(ii)	X
ь	If "Yes" to 3a(II), are the related organizations					•		3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 990,	Part IV, line 11	a. See Form 99	0, Part X	line 10			
	Description of property	(a) Cost or ot	her (b)	Cost or other	(c) A	ccumulate	ed	(d) Book v	/alue
		basis (investm	nent) b	asıs (other)		preciation			
1a	Land			158,518.					,518.
b	Buildings		6,	726,107.		169,1	36.	3,556	<u>,971.</u>
c	Leasehold improvements		1		<u> </u>				
d	Equipment		1	51,818.		13,2	79.	38	,539.
	Other			70,000.					,000.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B)		•			3,824	
		,,,	,,,,,	<u> </u>				<del></del>	·

Schedule D (Form 990) 2014

		ENTERPRISE O	F NEW YORK	1.5	1	_
Schedule D	(Form 990) 2014 FOUNDATION,	INC.		16	-1557039	Page 3
Part VII	Investments - Other Securities.		441.0 . 5	D		
(a) Descrip	Complete if the organization answered "Yes"  otion of security or category (including name of security)	(b) Book value	ine 11b. See Form 990,	raluation. Cost or en	d-of-vear market v	alue
<u> </u>	- <del></del>	(b) Book value	(C) Well lod of V	aluation. Cost of en	d-or-year market v	
	al derivatives					
	held equity interests					
(3) Other			<del></del>			
(A)						
(B)						
(C)	<del></del>					
(D)						
<u>(E)</u>		<del></del>	<del></del>		<del> </del>	
<del>(F)</del>				<u>-</u>		
(G)						
(H)	b) must equal Form 990, Part X, col. (B) line 12.)					
	Investments - Program Related.	<u> </u>		<del></del>		
rait viii	-	to Form 990 Part IV is	ne 11c. See Form 990 I	Part Y line 13		
	Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-vear market v	alue
(4)	(a) Bosonpaon or invocations	(2) 20011 10.00	(5)			
(1)			<del></del>			
(2)			<del></del>			
(3)		<u> </u>				
(4)						
(5) (6)		1.00				
(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 13.)			<del></del>		
Part IX	Other Assets.	J	<u> </u>			
	Complete if the organization answered "Yes"	to Form 990. Part IV. III	ne 11d. See Form 990. I	Part X. line 15.		
		Description			(b) Book va	lue
(1)		· · · · · · · · · · · · · · · · · · ·				
(2)	<u> </u>					
(3)						
(4)						
(5)						
(6)		•				-
(7)						
(8)		-	-			
(9)						
	mn (b) must equal Form 990, Part X, col (B) lin	e 15.)		<b>•</b>	,	
Part X	Other Liabilities.					
	Complete if the organization answered "Yes"	to Form 990, Part IV, III	ne 11e or 11f. See Form	990, Part X, line 25.		
1.	(a) Description of liability		(b) Book value			
	eral income taxes					
(2) DU	E TO RELATED PARTY		35,193.			
(3)		<u>_</u>				
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	<u> </u>					
Total, (Colu	mn (b) must equal Form 990, Part X, col. (B) lin	e 25.) ▶Ì	35,193.			

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

▶

Schedule D (Form 990) 2014

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

	dule D (Form 990) 2014 FOUNDATION, INC					155/039	Page 4
Pai	Reconciliation of Revenue per Audited	Financial State	ements With	Revenue per F	?etur	٦.	
	Complete if the organization answered "Yes" to For	n 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financia	al statements		•	1	3,206,	157.
2	Amounts included on line 1 but not on Form 990, Part VIII,	line 12:					
a	Net unrealized gains (losses) on investments		2a	<93,254.	<u> </u>		
b	Donated services and use of facilities	_	2b		]		
С	Recovenes of pnor year grants		2c		]		
d	Other (Describe in Part XIII.)		2d		1		
е	Add fines 2a through 2d				2e		254.
3	Subtract line 2e from line 1			•	3	3,299	411.
4	Amounts included on Form 990, Part VIII, line 12, but not or	n line 1			$\Box$		
а	Investment expenses not included on Form 990, Part VIII, li		4a				
b	Other (Describe in Part XIII.)		4b		1		
-	Add lines 4a and 4b		. <u> </u>		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 99	00. Part I. line 12)			5	3,299	411.
	t XII   Reconciliation of Expenses per Audited	Financial Stat	ements With	Expenses per			
	Complete if the organization answered "Yes" to Form						
1	Total expenses and losses per audited financial statements				1	2,573	618.
2	Amounts included on line 1 but not on Form 990, Part IX, Im	ne 25:			$\vdash$	7	
٠,	Donated services and use of facilities		2a				
- a		•	2b		il		
D	Prior year adjustments		_ <del>                                    </del>		1		
С.	Other losses		2c		<del> </del>		
d	Other (Describe in Part XIII.)	•	2d		1 _		0.
е	Add lines 2a through 2d	•			2e	2,573	
3	Subtract line 2e from line 1		•	•	3	4,513	010.
4	Amounts included on Form 990, Part IX, line 25, but not on		, ,		] [		
а	Investment expenses not included on Form 990, Part VIII, li	ne 7b	4a		1 1		
b	Other (Describe in Part XIII.)		. 4b				•
	Add lines 4a and 4b		. [4b]		4c	A F 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0.
с 5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9)	 990, Part I, line 18.)	4b		4c 5	2,573	
с 5	Add lines 4a and 4b	990, Part I, line 18.)	45		$\rightarrow$	2,573	
c 5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9)			and 2b; Part V, line	5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 5  TXIII Supplemental Information.	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 9  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4; F	Part IV, lines 1b a		5		618.

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

)14	Open to Public Inspection
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OMB No 1545-0047

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

General Information on Grants and Assistance

Part

INC.

FOUNDATION,

Employer identification number 16-1557039

Schedule I (Form 990) (2014) 2 | (h) Purpose of grant or assistance × ¥88 BENERAL SUPPORT BENERAL SUPPORT 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) O.FMV Š ö (e) Amount of assistance non-cash 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. 428,110. (d) Amount of 237, 623 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 20-1612594 11-9904502 (**b**) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ENCOMPASS: RESOURCES FOR LEARNING - 275 PINNACLE ROAD or government NORMAN HOWARD SCHOOL ROCHESTER, NY 14623 ROCHESTER, NY 14623 275 PINNACLE ROAD Part II INC.

FOUNDATION, INC.

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. Schedule I (Form 990) (2014) Part III

Page 2

16-1557039

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. FOUNDATION REVIEWS THE BUDGET OF THE NORMAN HOWARD SCHOOL AND ENCOMPASS: (d) Amount of non-cash assistance RESOURCES FOR LEARNING, INC., WHICH INCLUDES BOARD APPROVAL. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE

### **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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

16-1557039 FOUNDATION, INC. **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 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 Compensation committee X Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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. 4a a Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? 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), 501(c)(4), and 501(c)(29) 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: X 5a a The organization? X 5b **b** Any related organization? 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: 6a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X R ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2014

Regulations section 53.4958-6(c)?

FOUNDATION, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2014

Page 2

16-1557039

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	plq	(E) Total of columns	E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneira	(n)-(i)(n)	In column (b) reported as deferred in prior Form 990
(1) JOSEPH M. MARTINO	Ξ	0	0	0.		0.		0
CRETA	(ii)	159,67	0	0.	9,018.	6,777.	175,465.	0
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432112 10-13-14				33			Sched	Schedule J (Form 990) 2014

# EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

Schedule J (Form 990) 2014

Part III | Supplemental Information

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

Page 3

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Schedule J (Form 990) 2014	

### **SCHEDULE L**

**Transactions With Interested Persons** 

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

**Open To Public** Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  1 (a) Name of disqualified person  (b) Relationship between disqualified person and organization  (c) Description of transaction  (d) Corrected?  Yes No  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  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 lib Relationship (c) Purpose of loan organization with organization with organization of loan organization principal amount on Form 990. Part IV, line 26; or if the organization or	Name of the o	I I	OUNDA	rio	ENTERPH N, INC.			-				16	-15	r ident		ion nu	mber
(a) Name of disqualified person  (b) Flelationship between disqualified person of transaction  (c) Description of transaction  (d) Corrected?  Yes No    Complete file organization   Complete file organization														<b>.</b> .			
Part II   Loans to and/or From Interested Persons.   Complete if the organization   Citate Persons   Citate Persons   Citate Persons   Citate Persons   Citate Persons   Citate Persons   Complete if the organization   Citate Persons   Citate P		complete if the	organization T						ine 25a or 25	b, o	r Form 990-EZ, F	art V,	line 40	Jb	(4)	Corro	etod?
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  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, or 22.  (a) Name of interested person (b) Relationship of loan from the organization of loan principal amount pri	(a) Name	of disqualified p	person	רם) רו				aimed	(6	c) D	escription of trar	nsactio	on				
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 (c) Purpose (d) Loan to or loan (d) Relationship of loan (d) Principal amount (e) Onginal principal amount (e) Onginal principal amount (f) Balance due load (g) In default?  Yes No	<del></del>		-			<u> </u>									<del>                                     </del>	-	
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 (c) Purpose (d) Loan to or loan (d) Relationship of loan (d) Principal amount (e) Onginal principal amount (e) Onginal principal amount (f) Balance due load (g) In default?  Yes No	<del></del>	<del></del>		_					-						$\top$		
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 (c) Purpose (d) Loan to or loan (d) Relationship of loan (d) Principal amount (e) Onginal principal amount (e) Onginal principal amount (f) Balance due load (g) In default?  Yes 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 of loan (c) Purpose of interested person (d) Loan to a form the organization?  (a) Name of interested person (b) Relationship between interested person and (a) Name of interested person (b) Relationship between interested person and (a) Name of interested person (b) Relationship between interested person and (a) Name of interested person and (b) Relationship between interested person and (c) Part V, line 38a or Form 990, Part IV, line 26; or if the organization regarization rega				_							•		<b>▶</b> \$				
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reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (from the organization?)  To From (e) Original principal amount (f) Balance due organization?  To From (e) Original principal amount (f) Balance due organization?  Yes No Yes No Yes No Yes No RICHARD SANDS CHATRMANTO ACQUI X 1,500,000. 300,000. X X X X X   A STANDS CHATRMANTO ACQUI X 1,500,000. 300,000. To STANDS CHATRMANTO ACQUI X 1,500,000. TO STANDS CHATRMANTO ACQUI X 1,500,00								Part\	/ line 38a or l	Form	n 990 Part IV lin	e 26.	or if th	o oraș	nizatı	on	
(a) Name of interested person  (b) Relationship with organization of loan  (c) Purpose of loan  (d) Loan to or from the organization?  To From  (e) Original principal amount  (f) Balance due (g) In default?  (ii) Morroved by board or committee?  Yes No Yes No Yes No  (iii) Approved by board or committee?  Yes No Yes No  (iii) Approved by board or committee?  In Sands or		•	_					., 1 (2) ( )	, 1110 000 01 1	0111	11000,1 41114,111	ic 20,	O1 11 U	ic orga	, rizati	O.,	
rinterested person with organization of loan organization? To From Promise No Yes No Y						(d) Lo	an to or	(e	Onginal	(f	) Balance due	(g)	ln .	(h) Apr	roved	(i) W	ritten
Fotal  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 (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance	ıntereste	ed person	with organiz	ation						`				comm	ittee?	agree	ment?
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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 (c) Amount of assistance (e) Purpose of assistance	RICHARD	SANDS	CHAIRM	IAN.	ro Acqui	Х		1,50	00,000.		300,000.		X	X		X	
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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 cassistance (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	Total		<u> </u>			<u> </u>	<u>.                                    </u>	1	- s		300,000.		<b></b>			†	Ь
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interested person and assistance assistance assistance	。	omplete if the o	organization	answ	rered "Yes" on I	Form 9	990, Pa	art IV, lı	ne 27.								
interested person and	(a) Name	of interested p	person	1 (	b) Relationship	betwe	en	(c	) Amount of		(d) Type	of					f
The organization							d	1					assistance				
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SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2014

chedule L (Form 990 or 990-EZ) 2014 FOUNDA	TION, INC.		16-1557	7039	Page
chedule L (Form 990 or 990-EZ) 2014 FOUNDA Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.		. (5) (5)	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zatıör
				Yes	
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rt V Supplemental Information	-				
Provide additional information for response	nses to questions on Schedule L (see	instructions).			
UPDIII.P I. DARM TT I.OANS	TO AND EROM INTERES	STEN PERSON	ıg.		
HEDOLE II, PARI II, DOANS	TO AND FROM INTERES	SIED PERSON			
) NAME OF PERSON: RICHAR	D SANDS				
) PURPOSE OF LOAN: TO AC	QUIRE LAND, BUILDING	G AND PERSO	NAL PROPERT	'Y	
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	L, PART II, LOANS TO AND FROM INTERESTED PERSONS:  OF PERSON: RICHARD SANDS				
Part V   Supplemental Information Provide additional information for responses to questions on Schedule Ligae instructiones).  CHEDULE 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 Ligaer 2007 or 200 pt 200					

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

EDUCATION ENTERPRISE OF NEW YORK Emplo Name of the organization

FOUNDATION. TNC. **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:
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:
THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE AUDIT
COMMITTEE. A REPORT, DISCUSSING ALL CONFLICTS, IS PRESENTED TO AND APPROVED
BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION OF OFFICERS 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:
A COPY OF THE 990 IS AVAILABLE AT EACH LOCATION. A COPYING FEE IS CHARGED
FOR EACH REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTING:
PROGRAM SERVICE EXPENSES 247,247.
MANAGEMENT AND GENERAL EXPENSES 62,835.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2014)  32221  08-27-14

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the-organization EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.	Employer identification number 16-1557039
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	310,082.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	310,082.
FORM 990, PART XII, LINE 2C	
NO CHANGES HAVE BEEN MADE TO THE OVERSIGHT PROCESS IN TH	E CURRENT YEAR.
<del></del>	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

2014

OMB No. 1545-0047

►Information about Schedule R (Form 990) and its instructions is at www.ins.gov/form990.

FOUNDATION, INC.

Open to Public Inspection

Employer identification number 16-1557039

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

133 HOOVER DRIVE, LLC - 16-1557039       SUPPORT THE CHARITABLE AND         275 PINNACLE RD       EDUCATIONAL ACTIVITIES OF         ROCHESTER, NY 14623       THE FOUNDATION         E2 CHARTER PROPERTIES, LLC - 16-1557039       SUPPORT THE CHARITABLE AND         275 PINNACLE RD       EDUCATIONAL ACTIVITIES OF         ROCHESTER, NY 14623       THE FOUNDATION         ROCHESTER, NY 14623       THE FOUNDATION         1001 LAKE AVENUE, LLC - 16-1557039       SUPPORT THE CHARITABLE AND         275 PINNACLE RD       EDUCATIONAL ACTIVITIES OF		747 451		RDIICATION RNTREPRISE OF
SUPPORT THE CHARITABLE AND EDUCATIONAL ACTIVITIES OF THE FOUNDATION SUPPORT THE CHARITABLE AND EDUCATIONAL ACTIVITIES OF				NEW YORK FOUNDATION,
C - 16-1557039 SUPPORT THE CHARITABLE AND EDUCATIONAL ACTIVITIES OF	a.	111111111111111111111111111111111111111	2,702,391.	INC. EDUCATION ENTERPRISE OF NEW YORK FOUNDATION
E, LLC - 16-1557039 SUPPORT THE EDUCATIONAL			469,624.INC.	INC.
	ND F			EDUCATION ENTERPRISE OF NEW YORK FOUNDATION,
ROCHESTER, NY 14623 THE FOUNDATION NEW YORK	NEW YORK	0.	0	0.INC.

Identification of Related Tax-Exempt Organizations Complete if 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 II

(0)	(P)	(0)	€	(6)
Primary activity Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
foreign country)	section	status (if section	entity	entity?
		501(c)(3))		Yes
			SDUCATION	
EDUCATION SUPPORT AND			ENTERPRISE OF NEW	_
NEW YORK 5	501(C)	LINE 7	YORK, INC.	×
26-0181589, 275 PINNACLE ROAD, ROCHESTER, NY EDUCATION SUPPORT AND				
NEW YORK 5	501(C)	LINE 11A, I	N/A	×
			EDUCATION	
20-1612594, 275 PINNACLE ROAD, ROCHESTER, NY EDUCATION SUPPORT AND			ENTERPRISE OF NEW	
NEW YORK	01(C)	LINE ?	YORK, INC.	X
NEW YOR		K 501(C)	501(C)	501(C) LINE 7

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

432161 08-14-14 LHA

Schedule R (Form 990) 2014

FOUNDATION, Schedule R (Form 990) 2014

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

Page 2

16-1557039

General or Percentage managing ownership Schedule R (Form 990) 2014 Yes Section 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. 乏 Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g)
Share of end-of-year assets € Disproportionate Yes allocations? Ξ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) e Share of total income  $\boldsymbol{arepsilon}$ (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) 40 Ö Direct controlling entity € Primary activity (C)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 432162 08-14-14 Part IV

16-1557039

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes, No	ၟႄ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<del>-</del>	1	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift. grant, or capital contribution from related organization(s)				2		×
				14	_	X
				4	H	×
E LOAIS OF IDAR guitees by related by gamearonly					T	
f Dividends from related organization(s)				=		×
				2	_	×
B care of assets from related organization(s)				£		×
				Ŧ	r	×
באכוומוועל טו מספרט שונו ולומנכט טועמווינסן			•		,	:
j Lease of facilities, equipment, or other assets to related organization(s)				=	4	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	_	×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	•		ŧ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			ŧ		×
o Sharing of paid employees with related organization(s)				9	×	İ
<ul> <li>Beimbursement paid to related organization(s) for expenses</li> </ul>				÷	. —	×
				=		×
				,		×
				<u>~</u>	T	×
	who must complete tl	nis line, including covered	relationships and transaction thresholds.			
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pevjo.		
(1) ENCOMPASS: RESOURCES FOR LEARNING, INC.	В	428,110.FMV	FMV			
(2) THE NORMAN HOWARD SCHOOL	Д	237,623.FMV	FMV			
(3) THE NORMAN HOWARD SCHOOL	D	360,000.FMV	FMV	:		
(4) EDUCATION ENTERPRISE OF NEW YORK, INC.	0	310,065.	310,065.CONTRACT			
(5)						
432163 08-14-14	41		Schedule R (Form 990) 2014	Rorm	(066	2014

EDUCATION ENTERPRISE OF NEW YORK FOUNDATION, INC.

16-1557039

Schedule R (Form 990) 2014

Part VI 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.

General or Percentage 20 managing 4 ownership	Yes No						
Code V-UBI	No (Form 1065)		:			_	
(h) Disprepor- tionate	Yes No					 	
(g) Share of end-of-year	assets						
(f) Share of total	income						
Are all partners sec 501(c)(3)	Yes No				-		
(d) Predominant income (related, unrelated, unrelated, unrelated,	excluded from tax under sections 512-514)	- ::-					
(c) Legal domicile (state or foreign	country)						
(b) Primary activity							
(a) Name, address, and EIN of entity							

42