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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

A F	or the	2014 calendar year, or tax year beginning JUL 1, 2014 and ending	JUN 30, 2015	
Вс	heck if pplicable	C Name of organization	D Employer identifi	cation number
a	pplicable	JAMES B. HUNT, JR. INSTITUTE FOR		
	Addres			
一	Name change	Doing business as	80-0	025367
Ē	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		(919) 962-4296
F	Final	1000 DADY FORMY DIAZA		425 4160
	/return termin			
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,552,627.
<u> </u>	_return Applic	DURHAM, NC 27/13	H(a) Is this a group re	
	tion pendin	F Name and address of principal officer	for subordinates	
		SAME AS C ABOVE	H(b) Are all subordinates to	ncluded? Yes No
			527 If "No," attach a	list (see instructions)
		e: > WWW.HUNT-INSTITUTE.ORG	H(c) Group exemption	n number 🕨
KF			ear of formation: 2001 r	M State of legal domicile: NC
Pa	art I	Summary		
ø)	1 1	Briefly describe the organization's mission or most significant activities TO SECUR	E AMERICA'S F	UTURE
ĕ		THROUGH QUALITY EDUCATION.		
Activities & Governance	i '	Check this box I if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets
ĕ	1	Number of voting members of the governing body (Part VI, line 1a)	3	21
ő	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
مخ در	l	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
ŧį.	1		·	22
.≅.	l .	Total number of volunteers (estimate if necessary)	6	
Ac	l	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, line-34	7b	0.
		RECEIVED	Prior Year	Current Year
þ	8	Contributions and grants (Part VIII, line 1h)	3,440,237.	1,540,802.
Revenue	I .	Program service revenue (Part VIII, line 2g)	0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d)	4,181.	11,825.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) Line 12)	3,444,418.	1,552,627.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
v	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per	l	Total fundraising expenses (Part IX, column (D), line 25)		<u>.</u>
<u>~</u>	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,580,438.	1,886,287.
द्गा <u>१</u>	l		2,580,438.	1,886,287.
	40	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		
<u>೯೪</u>	19	Revenue less expenses Subtract line 18 from line 12	863,980.	
ts or	l		Beginning of Current Year	End of Year
-	20	Total assets (Part X, line 16)	5,904,005.	5,564,246.
TAPE TAPE		Total liabilities (Part X, line 26)	82,177.	76,078.
·" <u>~rr</u>		Net assets or fund balances Subtract line 21 from line 20	5,821,828.	5,488,168.
~	art II	Signature Block		
₹ Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	ly knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
₹ =		Mouth akivro		
Sig	n	Signature of officer	Date	
Her	е	N Cludith A. NILZO	//- /	13-15
		Type or print name and title		
		Print/Type preparer's name Preparer's Signature	Date Check	PTIN
Paid	1	W. GORDON DOUGLAS	-10/27/15 if self-employ	P00238579
	arer	Firm's name DIXON HUGHES GOODMAN LLP	Firm's EIN	56-0747981
	Only		T IIII S EIN	JU 0/4/301
036	July .	Firm's address 2501 BLUE RIDGE ROAD, SUITE 500	Dhc 0.1	0 076 4546
	. 49	RALEIGH, NC 27607	Pnone no. 9 1	9-876-4546
<u>May</u>	<u>/ tne iF</u>	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO SECURE AMERICA'S FUTURE THROUGH OUALITY EDUCATION. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 1,795,134. including grants of \$) (Expenses \$) (Revenue \$ SEE ATTACHMENT FOR COMPREHENSIVE SUMMARY OF 2015 PROGRAM SERVICE ACCOMPLISHMENTS ____) (Expenses \$ including grants of \$ ______) (Revenue \$ (Code) (Expenses \$ ______ including grants of \$) (Revenue \$ Other program services (Describe in Schedule O.) including grants of \$) (Revenue \$ Total program service expenses 795,134. 4e

Form 990 (2014)

JAMES B. HUNT, JR. INSTITUTE FOR

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367

Page 3

"Form 990 (2014) EDUCATIONAL
Part IV Checklist of Required Schedules

		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
4	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	3		X
4	during the tax year? If "Yes," complete Schedule C, Part II			х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_	l i	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		v
ત	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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	46	!	v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		_x
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		C	990	(2014)

Form 990 (2014) EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367
Part IV Checklist of Required Schedules (continued)

Page 4

<u> </u>	One Chilst Of Required Schedules (continued)			
	D. I.I		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K If "No", go to line 25a	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
zsa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			77
26	·	25b		X
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II			v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	07		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X I	

Form 990 (2014)

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

80-0025367

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 18 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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)? X 4a **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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 Х 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? X 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? X 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations, Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Form 990 (2014)

JAMES B. HUNT, JR. INSTITUTE FOR Form 990 (2014) EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 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 \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 21 b Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

DAVON CLACK - 919-425-4161

1000 PARK FORTY PLAZA SUITE 280, DURHAM, NC 27713

7.					
JAMES B.	HUNT,	JR. INSTITUTE	FOR		
orm 990 (2014) EDUCATION	VAL LEA	DERSHIP & POI	ICY_FOUNDAT	I 80-0025	367 Page 7
Part VII Compensation of Officers, D	Directors, T	rustees, Key Empl	oyees, Highest Co	mpensated	
Employees, and Independen	it Contract	tors			
Check if Schedule O contains a response	onse or note to	any line in this Part VII			
Section A. Officers, Directors, Trustees, Key	Employees, a	nd Highest Compensat	ed Employees		
a Complete this table for all persons required to	be listed Rej	port compensation for th	e calendar year ending	with or within the orga	nızatıon's tax year.
 List all of the organization's current officers inter -0- in columns (D), (E), and (F) if no compens List all of the organization's current key em List the organization's five current highest couple compensation (Box 5 of Form W-2 and/or Bo List all of the organization's former officers, eportable compensation from the organization ai List all of the organization's former director 	eation was pailiployees, if any ompensated ex 7 of Form 10, key employed any related rs or trustees	d y. See instructions for de employees (other than an 099-MISC) of more than es, and highest compens organizations that received, in the cap	finition of "key employe officer, director, trustee \$100,000 from the orgal ated employees who reactly as a former direct	e " e, or key employee) wh nization and any relate ceived more than \$10	no received reported organizations.
nore than \$10,000 of reportable compensation fr	om the organi	zation and any related or	ganizations		
ust persons in the following order individual trust and former such persons	tees or directo	ors; institutional trustees,	officers, key employees	s, highest compensate	d employees,
Check this box if neither the organization no	or any related	organization compensate	ed any current officer, d	rector, or trustee	
(A)	(B)	_ (C)	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)	compensation	compensation	amount of
	week	Sincer and a director/ridstee)	from	from related	other

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X
_				

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LUCILLE E DAVY		•
1 MALLARD PLACE, PENNINGTON, NJ 08534	CONSULTING	196,300.
SHORELINE PRODUCTIONS		
2125 OAKTON DRIVE, RALEIGH, NC 27606	VIDEOGRAPHER	187,856.
GMMB, 1010 WISCONSIN AVENUE, NW STE 800,	DIGITAL ADS, MEDIA,	
WASHINGTON, DC 20007	RECRUITMENT	113,500.
Total number of independent contractors (including but not limited to those lix	sted above) who received more than	
\$100,000 of compensation from the organization	_	

Form 990 (2014)

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

Form 990 (2014) 80-0025367 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 1,540,802. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 540,802 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 11,825. 11,825. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 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 b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less, cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d ...

552,627

0

Total revenue. See instructions.

Form 990 (2014) EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 10 Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	-		impiete column (A)	
Dor	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	<u></u> :			
	ındıvıduals 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes Fees for services (non-employees)				
11 a	Management				
b	Legal	-			
	Accounting			-	
	Lobbying		-		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,		"		
	column (A) amount, list line 11g expenses on Sch O.)	_			
12	Advertising and promotion				
13	Office expenses	10,645.		10,645.	
14	Information technology	_			
15	Royalties				
16	Occupancy				
17	Travel	109,184.	109,184.	-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	104 501	101 000	12 510	
19	Conferences, conventions, and meetings Interest	194,521.	181,002.	13,519.	
20					
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SERVICE- UNC	957,637.	957,637.		
b	CONSULTING FEES	566,587.	522,773.	43,814.	
С	MISCELLANEOUS EXPENSES	21,761.	12,813.	8,948.	
ď	PROGRAM RESEARCH	11,725.	11,725.		
е	All other expenses	14,227.		14,227.	
25	Total functional expenses. Add lines 1 through 24e	<u>1,886,287.</u>	1,795,134.	91,153.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 11

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	448,603.	1	838,731.
	2	Savings and temporary cash investments	1,739,936.	2	3,482,926.
	3	Pledges and grants receivable, net	1,278,797.		740,549.
	4	Accounts receivable, net		4	<u> </u>
ł	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
1		Part II of Schedule L		5	
1	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			
2		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	2,240
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	investments - publicly traded securities		11	
ŀ	12	Investments - other securities See Part IV, line 11	2,348,297.	12	499,800
	13	Investments · program-related. See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
ļ	15	Other assets See Part IV, line 11	88,372.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,904,005.	16	5,564,246
	17	Accounts payable and accrued expenses	82,177.	17	76,078
	18	Grants payable		18	
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<u> </u>	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	82,177.	26	76,078.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ဖွ		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	2,960,235.	27	3,315,544.
ja j	28	Temporarily restricted net assets	2,861,593.	28	2,172,624.
	29	Permanently restricted net assets		29	
בֿ		Organizations that do not follow SFAS 117 (ASC 958), check here			
6		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž]	33	Total net assets or fund balances	5,821,828.	33	5,488,168.
	34	Total liabilities and net assets/fund balances	5,904,005.	34	5,564,246.

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 12 Form 990 (2014) Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,552,627. Total revenue (must equal Part VIII, column (A), line 12) 1,886,287. Total expenses (must equal Part IX, column (A), line 25) 2 2 <333,660.> 3 Revenue less expenses Subtract line 2 from line 1 3 5,821,828. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 5,488,168. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis 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 audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2014)

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

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

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

2014

Open to Public Inspection

Employer identification number

	EDUC	ATIONAL LE	<u> ADERSHIP & P</u>	OLICY	FOUN	DATI	8(<u>0-0025367 </u>
Part I	Reason for Public							
The organ	ization is not a private found							
1 📋	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
з 🔲	A hospital or a cooperative			ection 170	(b)(1)(A)(iii	i).		
4	A medical research organiz					•	ı). Enter t	he hospital's name,
- —	city, and state	·	•				•	
5 🔲	An organization operated for	or the benefit of a col	llege or university owner	d or operat	ted by a go	vernmental uni	t describe	ed in
_	section 170(b)(1)(A)(iv). (0		,	•	, ,			
6 🗆	A federal, state, or local go	· · · · · ·	nental unit described in	section 17	/Ω(h)(1)(Δ)(v)		
7 🗂	An organization that norma	*				· ·	general i	oublic described in
,	section 170(b)(1)(A)(vi). (C	-	ina part of no capport	ioiii a gov	ciriiriciitai		gonorar	345110 433011534 117
в 🗆	A community trust describe		1)/A)(vi) (Complete Par	, 11)				
ا و	An organization that norma	` .			contributio	ne momboreh	n foos ar	ad arose rocointe from
9	•	•	•	-			-	= .
	activities related to its exer	•	·					=
	income and unrelated business.		(less section 511 tax) ii	om busine	sses acqui	ired by the orga	inization a	alter Julie 30, 1973
40	See section 509(a)(2). (Co	•	wals to toot for public or	efatu Caa	ti FO	0(-)(4)		
10 L 11 X	An organization organized		- ·	-			v out tho	nurnance of one or
11 LXJ	An organization organized							
	more publicly supported or	•	, ,, ,					neck the box in
TV	lines 11a through 11d that				-		_	
a LX		•	·	•				
	the supported organization			a majority t	or the alrec	ctors or trustees	s or the st	apporting
	organization You must o	•					-\ hh	
b	☐ Type II. A supporting org							
	control or management of	.,		ame perso	ons that co	ntroi or manage	tne sup	ported
	organization(s). You mus	•						I II.
с <u></u>		•	'			-	integrate	a with,
. —	its supported organization		•	-	•	-		
d L	☐ Type III non-functionall							
	that is not functionally in	•		-		-	an attenti	veness
	requirement (see instruct	•	•	•				
e L_	☐ Check this box if the org					Type I, Type II,	Type III	
_	functionally integrated, o	• •	nally integrated support	ing organi	zation.			
	er the number of supported	J						2
	vide the following information (i) Name of supported	n about the supporte (ii) EIN	ed organization(s) (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of m	onetary	(vi) Amount of
	organization	(11) [11]	(described on lines 1-9	listed	n your	support (s		other support (see
		,	above or IRC section	governing		Instruction	i	Instructions)
			(see instructions))	Yes	No			
mic c	177	EC (170047	_	v		05.0	257	
UNC-C		56-6172047	D	X		956,	250.	
	EARN DIGITAL	46 2075702						
LEARN	ING INSTITUTE	46-2075782	 ' 		X		0.	
				į				
			-		 			
	<u> </u>	-		 				
		 		 				
						956	250	n

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")			<u> </u>			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4					, ,	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						-
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (I	. ,,	•	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶□
Ł	33 1/3% support test - 2013. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	•					▶□
17a	10% -facts-and-circumstances tes	_					·
	and if the organization meets the "fac			· · · · · · · · · · · · · · · · · · ·		rt VI how the orgar	nization
	meets the "facts-and-circumstances"	•	•		•		▶□
t	10% -facts-and-circumstances tes						
	more, and if the organization meets th				•		,
	organization meets the "facts-and-circ		-	•			P
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	dule A (Form 990	or 000-E7\ 2014

Schedule A (Form 990 or 990 EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II if the organization fails to

Section A. Public Support	low, please comp	piete Part II)	· ·			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(3) 2011	(0) 2012	(4) 2010	(6) 2014	(i) iotai
membership fees received (Do not						
include any "unusual grants ")			İ	l		
2 Gross receipts from admissions,					-	
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that			}		•	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities					_	
furnished by a governmental unit to						
the organization without charge					1	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			}			
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	-					
8 Public support (Subtract line 7c from line 6)						-
Section B. Total Support		<u> </u>	1	l	<u> </u>	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6				<u> </u>		-1 -2
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·			 	<u> </u>		
c Add lines 10a and 10b 11 Net income from unrelated business			 -			
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain			 			
or loss from the sale of capital		i				
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		l	<u> </u>			L
14 First five years. If the Form 990 is for the	he organization's	s first, second, thii	rd, fourth, or fifth to	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here	- C D -					▶∟
Section C. Computation of Public					T T	
15 Public support percentage for 2014 (lir	, ,,	• •	column (f))		15	
16 Public support percentage from 2013					16	
Section D. Computation of Inves		<u></u>			1.5	
17 Investment income percentage for 201	=	•	ne 13, column (f))		17	
18 Investment income percentage from 20		·		. 45	18	
19a 33 1/3% support tests - 2014. If the c	_				•	i / is not
more than 33 1/3%, check this box an	-	-		• • •		. ▶∟
b 33 1/3% support tests - 2013. If the c	_				•	_
line 18 is not more than 33 1/3%, chec					•	▶ _
20 Private foundation If the organization	did not check a	hoy on line 14 10	a or 10h chack th	nie hav and een ir	etnictione	▶ I

Schedule A (Form 990 or 990 EZ) 2014 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80 - 0025367 Page 4

Part IV Supporting Organizations

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

Section	A. All	Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	}		
	class or purpose, describe the designation If historic and continuing relationship, explain	1	X	
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		Х
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		X
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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
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		X
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			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	1		
	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		_X_
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		<u>_X</u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		<u>X</u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990)	8		<u>X</u>
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		<u>_X</u>
D	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	<u>9b</u>		<u> </u>
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			12
0-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<u> </u>
υa	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	ا مر ا		v
L	organizations)? If "Yes," answer (b) below.	10a		<u>X</u>
Ø	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)	401		
	determine whether the organization had excess business holdings)	10b		

Sche	idule A (Form 990 or 990-EZ) 2014 EDUCATIONAL LEADERSHIP & POLICY FOUNDATIS 0 - 0.0 rt IV Supporting Organizations (continued)	2536	7 P	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)	_		т—
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	}		
	below, the governing body of a supported organization?	11a	 	<u> X</u>
	A family member of a person described in (a) above?	11b	ļ 	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	X
Sec	tion B. Type I Supporting Organizations		T	
			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	X	├──
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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2_	<u> </u>	X
Sec	tion C. Type II Supporting Organizations		T	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1 1		
Sec	tion D. Type III Supporting Organizations			
			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_	<u> </u>	
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	ļ	<u> </u>
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			
	supported organizations played in this regard	3	L	
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 instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insi	tructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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			
	that these activities constituted substantially all of its activities	2a_	-	
þ	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	ļ	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ļ	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Sche	dule A (Form 990 or 990-EZ) 2014 EDUCATIONAL LEADERSHIP			30-0025367 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		_
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990 EZ) 2014 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6 7 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 (i) (ii) (iii) **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 3 а b С 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) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 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 8 Breakdown of line 7 а b d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	(Form 990 or 990-F7) 2014	JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATISO-0025367 Page 8
Part VI		EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 8 mation. 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)
*		
	-	
<u> </u>	_	
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ch to Form 990. 30) and its instructions is at www.lrs.gov/form990.

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

JAMES B. HUNT, JR. INSTITUTE FOR Empl

Employer identification number

OMB No 1545-0047

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 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 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 Protection of natural habitat 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 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? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? __ Yes 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 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. Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par		ONAL LEADE					_	80-00		
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that a	are a siç	gnificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	C			hange program	าร				
b	Scholarly research	€	• 🗀 (Other						
С	Preservation for future generations							_		
4	Provide a description of the organization's co				-			ose in Parl	XIII	
5	During the year, did the organization solicit o					sımılar	assets	_	٦	
D	to be sold to raise funds rather than to be ma								<u>Yes</u>	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered "Y	es" to F	Form 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other asse	ets not i	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or c	ustodial accour	nt liabili	ty?		Yes	☐ No
<u> </u>	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided in Pa	rt XIII				
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part IV	, line 10	<u> </u>			
		(a) Current year	(b) P	rior year	(c) Two years	back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	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					["			_	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
ь	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administere	d for th	e organiz	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment 1	<u>funds</u>						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a S	See Form 990, F	Part X, I	ine 10			_
	Description of property	(a) Cost or o	1	, , ,	t or other	(c) Ac	cumulate	ed	(d) Book	value
	<u>.</u>	basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other			<u></u>						
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c)			>		0.

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI Schedule D (Form 990) 2014 80-0025367 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (A) SHORT-TERM INVESTMENTS 499,800. END-OF-YEAR MARKET VALUE (B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 499,800. Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2)(3)(4)(5)(6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)(4) (5) (6)

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

(7) (8) (9)

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

Schedule D (Form 990) 2014 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1,892,517. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 339,890 Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIII) 2d e Add lines 2a through 2d 339,890. Subtract line 2e from line 1 552,627. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 0. 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1.552.627. Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 2,226,177. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 339,890. 2a b Prior year adjustments 2b c Other losses 2с d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 339,890. 1,886,287. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 886 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART X, LINE 2: THE FOLLOWING IS AN EXCERPT FROM THE AUDITED FINANCIAL STATEMENTS OF JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATION FOR THE YEAR ENDED JUNE 30, 2015 REGARDING THE ADOPTION OF FIN 48: IN ACCORDANCE WITH GUIDANCE ON ACCOUNTING FOR UNCERTAINTY OF INCOME TAXES, THE FOUNDATION HAS DETERMINED THAT ALL TAX POSITIONS TAKEN ARE HIGHLY ALL TAX YEARS SINCE 2012 ARE OPEN TO EXAMINATION UNDER THE STATUTE OF LIMITATIONS. THE FOUNDATION HAS DETERMINED THAT NO UNRECOGNIZED TAX LIABILITY EXISTS. FURTHERMORE, THE ORGANIZATION BELIEVES THERE IS NO MATERIAL INCOME TAX AFFECT ON THE FINANCIAL STATEMENTS FOR THIS PERIOD.

Schedule D (Form 990) 2014	JAMES B. HUI EDUCATIONAL	LEADERSHIP	& POLICY H	OUNDATI80-0	025367 Page
Schedule D (Form 990) 2014 Part XIII Supplemental Inf	ormation (continued)				
					
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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.

ZU 14

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Questions Regarding Compensation

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

JAMES B. HUNT, JR. INSTITUTE FOR Empl

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

80-0025367

Employer identification number

			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			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
Ū	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 Written employment contract			
	Independent compensation consultant Compensation survey or study			'
	Form 990 of other organizations Approval by the board or compensation committee			
	/ ppoval by the board of companion committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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			
а	The organization?	5a		<u>X</u> _
b	Any related organization?	5b		X
	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			ĺ
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in]
	Regulations section 53.4958-6(c)?	9	l	I

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

Schedule J (Form 990) 2014

Page 2

JAMES B. HUNT, JR. INSTITUTE FOR

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(i)(B)	n column (B) reported as deferred in prior Form 990
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Schedule J (Form 990) 2014

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Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 80-0025367 Part III Supplemental Information Schedule J (Form 990) 2014

Schedule J (Form 990) 2014		
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SCHEDULE O

· ,

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

2014 Open to Public

OMB No 1545-0047

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

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Open to Public Inspection

Employer identification number

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING OF THE FORM 990, THE FOUNDATION'S EXECUTIVE COMMITTEE AND AUDIT COMMITTEE WILL REVIEW THE FILING DOCUMENTATION. THEY WILL BE ASSISTED IN THEIR REVIEW BY MANAGEMENT AND DIXON HUGHES GOODMAN LLP. ALL BOARD MEMBERS WILL RECEIVE THE FORM 990 AT THE WINTER BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE ISSUES ARE DISCUSSED AT THE SPRING EXECUTIVE COMMITTEE MEETING COVERING DIRECTORS' LIABILITY ISSUES. IN ADDITION, KEY EMPLOYEES COMPLETE AN ANNUAL REVIEW PROCESS WHICH WOULD DOCUMENT ANY POTENTIAL CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: ALL KEY EMPLOYEES ARE EMPLOYEES OF THE UNIVERSITY OF NORTH CAROLINA. FOUNDATION FOLLOWS UNIVERSITY COMPENSATION GUIDELINES AS DETERMINED BY THE UNIVERSITY'S OFFICE OF THE PROVOST AND EXECUTIVE VICE PRESIDENT AND THE UNIVERSITY'S HUMAN RESOURCES DIVISION. FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REOUEST. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2014

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. JAMES B. HUNT, JR. INSTITUTE FOR

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80-0025367

Direct controlling 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. End-of-year assets **e** Total income Ē Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part Part II

(g) Section 512(b)(13) controlled entity?	Š		×				
Section 5 contr enti	Yes						
(f) Direct controlling entity							
(e) Public charity status (if section	501(c)(3))		6				
(d) Exempt Code section			501(C)(3)				
(c) Legal domicile (state or foreign country)			NORTH CAROLINA				
(b) Primary activity		PUBLIC SYSTEM OF HIGHER	EDUCATION				
(a) Name, address, and EIN of related organization		THE UNIVERSITY OF NORTH CAROLINA -	56-6172047, CHAPEL HILL, NC 27599				

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

Schedule R (Form 990) 2014

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EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 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

80-0025367

General or Percentage managing ownership Schedule R (Form 990) 2014 Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Code V-UBI General or Pranagung code Schedule K-1 (Form 1065) Percentage ownership Ξ Share of end-of-year assets Ξ 6 Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile (state or foreign country) <u>©</u> (d)
| Direct controlling | central Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> 432162 08-14-14 Part IV

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EDUCATIONAL LEADERSHIP & POLICY FOUNDATI Schedule R (Form 990) 2014

Page 3

80-0025367

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

		Ļ	١
Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	-	res N	0
Juring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
leceipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	1a	×	

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
1	h Giff areat or cepital contribution to related organization(s)

- b Girt, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Shanng of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses

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- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s) ٠.
- s Other transfer of cash or property from related organization(s)

s		
	relationships and transaction thresholds.	
	this line, including covered	
	who must complete t	
 S Other transfer of cash or property from related organization(s) 	2 If the answer to any of the above is "Yes," see the instructions for information on v	

type (a-s)

Schedule R (Form 990) 2014

432163 08-14-14

80-0025367

Page 4

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

of entity of entity	Primary activity (6	(state or foreign country)	Predominant income par (related, unrelated, excluded from tax vider sections 512-514) y	Parties see on the see of the see	Share of total income	Share of end-of-year assets	Dispropor-	Code V-UBI amount to x 20 of Schedule K-1 (Form 1065)	General or managing Personal or Personal o	Percentage
		country)	sections 512-514)	NO N	псоте	assets	Q	(Form 1065)	Ves No	
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Schedule R (Form 990) 2014

Schedule R	(Form 990) 2014	JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page
Part VII	Supplemental Infor	rmation
	Provide additional informa	nation for responses to questions on Schedule R (see instructions)
	1 Tovide additional informs	iation for responses to questions on ochequie in (see instructions)
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Schedule R (Form 990) 2014