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DLN: 93493223019896

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or th	e 2015 c	alendar year, or tax year be	ginning 01-01-2015 , and ending	12-31-201	5			
		applicable	THE EXTERMAN FOUNDATION	FOR EDUCATIONAL			D Emplo	yer iden	tification number
		change	CHOICE INC % CAREY E FOLCO				35-19	78359	
		nange	Doing business as						
∏ Inr		turn	Number and street (or P.O. b.	ox if mail is not delivered to street address	s) Room/suit	<u> </u>	E Telepho	one numb	per
⊢ Fir		erminated	111 MONUMENT CIRCLE Suite		, Room, said	C	(317)	681-0	745
┌ Am	nende	d return		e, country, and ZIP or foreign postal code					
Гар	plication	on pending	INDIANAPOLIS, IN 46204				G Gross r	eceipts \$	7,467,631
			F Name and address	of principal officer		H(a) Is t	=== :his a group	return	for
			ROBERT C ENLOW 111 MONUMENT CIRC	CLE 2650			ordinates?		□Yes □No
			INDIANAPOLIS, IN 4				: all subord: luded?	nates	□Yes □No
			<u> </u>			If"	No," attach	alıst ((see instructions)
		empt statu) ◀ (insert no)	527	H(c) Gr	oup exempt	ion num	nber ►
J W	ebsi	te:► W	WW EDCHOICE ORG						
			n 🔽 Corporation 🗌 Trust 🦳 Ass	ociation Other 🕨		L Year of	formation 19	96 M	State of legal domicile IN
Pa	rt I		nmary						
		•		ission or most significant activities ORDER TO IMPROVE, THROUGH		ITION K-	1.2 EDUCA	TIONE	O D A L L
	'	F KO MO	TING SCHOOL CHOICE IN	ORDER TO IMPROVE, THROUGH	I COMPLI	1110N, K-	12 LDUCA	TION	ORALL
<u>မ</u> ွ	-								
፸									
<u> </u>	2	Check t	:his box 🛏 if the organizati	on discontinued its operations or d	ısposed of	more than	25% of its	net ass	ets
Governance			·						
Activities &				overning body (Part VI, line 1a) .				3	12
ĕ				bers of the governing body (Part VI				4	11
툿				ed ın calendar year 2015 (Part V, lı e ıf necessary)			• •	6	22
ď			nrelated business revenue fr			7a	0		
	1			me from Form 990-T, line 34.				7b	
							ior Year	 /5 	Current Year
	8	Cont	rıbutıons and grants (Part V	III.line 1h)			10,042,	798	6,720,450
₫	9					·		0	0
Revenue	10	<u>-</u>					149,5		410,512
Ë	11	Othe	r revenue (Part VIII, colum	n (A), lines 5, 6d, 8c, 9c, 10c, and	11e)		-24,443		-45,079
	12		l revenue—add lines 8 throu	gh 11 (must equal Part VIII, colum	nn (A), line		10,167,856		7,085,883
	13	12)	to and cimilar amounts haid	(Part IX, column (A), lines 1-3)			961,	000	1 227 105
	14			Part IX, column (A), line 4)			901,	000	1,327,105
	15			nployee benefits (Part IX, column (
\$	13	5-10		iproyee benefits (Fare IX, coranii).	A), IIIIC3		1,590,	1,604,197	
Expenses	16a	n Profe	essional fundraising fees (Pa	ort IX, column (A), line 11e)			30,	000	60,000
졄	Ь	Total	fundraising expenses (Part IX, colu	mn (D), line 25) 🕨 591,961					
	17			(A), lines 11a-11d, 11f-24e) .			2,299,	-	3,424,808
	18			7 (must equal Part IX, column (A),			4,881,		6,416,110
. 07	19	Reve	nue less expenses Subtrac	t line 18 from line 12		•	5,286,	104	669,773
20 eg						Beginning	of Current	Year	End of Year
Not Assets or Fund Balances	20	Tota	l assets (Part X, line 16) .				12,672,	422	12,839,760
PA PE	21	Tota	l liabilities (Part X, line 26)				253,	-	275,424
	22			tract line 21 from line 20			12,419,	394	12,564,336
	rt II		nature Block						
my k	nowle	edge and		e examined this return, including a discomplete Declaration of prepare					
		I III	**** nature of officer				2016-08-15		
Sign		['					Date		
Her	e		BERT C ENLOW PRESIDENT & CEO be or print name and title	1					
			Print/Type preparer's name	Preparer's signature	Da	te lo	heck / If	PTIN	
Paid	d		NICOLE B FISHBACK	NICOLE B FISHBACK		٦٠	neck j if elf-employed	P01279	475
Pre		.er	Firm's name FBKD LLP			F	ım's EIN 🟲		
Use	•		Fırm's address ► 201 N Illinois Str	eet		Р	hone no (317	') 383-40	00
_	, UI	ייי	Indianapolis, IN	46204					

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

. ✓ Yes ☐ No

. 0111	1330 (2013)					raye
Par		of Program Servi	-			_
				o any line in this Part I	<u> </u>	
1	,	organization's mission				
AND		NTAL SCHOOL CHOI	CE OUR EDU		L996 TO EDUCATE THE PU CLUDES RESEARCH, COMM	
2	Did the organization i the prior Form 990 or		ant program se	ervices during the year	which were not listed on	ГYes ГNo
	If "Yes," describe the	ese new services on S	chedule O			
3	Did the organization of services?		nake sıgnıfıcar	nt changes in how it cor	nducts, any program	⊤Yes ▼ No
	If "Yes," describe the	ese changes on Sched	ule O			
4	expenses Section 50) organization:	s are required to report	ee largest program services the amount of grants and all	
4a	(Code) (Expenses \$	1,334,105	ıncludıng grants of \$	1,289,105) (Revenue \$)
	GRANT MAKING THE FO	OUNDATION AWARDED 79 (RANTS TO CHAR	TABLE ORGANIZATIONS FOR	EDUCATIONAL PURPOSES	
4b	(Code) (Expenses \$	2,993,181	ıncludıng grants of \$) (Revenue \$)
	EACH INSTANCE PROVID SPONSORING FACT-FINI EXPERT SPEAKERS, TES	DING EDUCATIONAL SERVIC DING TRIPS TO CITIES/STA TIFYING IN FRONT OF VAR PROVIDING TECHNICAL ADV	ES TO STATE-BAS TES WITH SCHOO IOUS LEGISLATIVE	ED ORGANIZATIONS, INDIVI L CHOICE PROGRAMS, HOS E BODIES AT THEIR REQUEST	PUBLIC ON THE PRACTICE AND BIDUALS AND POLICY MAKERS THES TING INFORMATIONAL SYMPOSIUM T, PARENT EDUCATION EFFORTS A D SPONSORING MEETINGS WITH FO	SE SERVICES INCLUDE S, SPONSORING VISITS BY ND TRAINING, MEDIA SUPPORT
4c	(Code) (Expenses \$	1,179,921	including grants of \$) (Revenue \$)
	NEWSLETTER (THE SCHOTHE ABC'S OF SCHOOL (OOL CHOICE ADVOCATE), S	STATE AND NATIO PRODUCED EDUC	NAL RESEARCH REPORTS, P CATIONAL MARKETING FLIER	CH REPORTS INCLUDING, BUT NOT UBLIC POLICY SURVEYS, AND OUR S AND PROMOTIONAL BROCHURES	ANNUAL BROCHURE ENTITLED
4d	Other program serv	ıces (Describe in Sche	edule O N			
	(Expenses \$	•	uding grants o	f \$) (Revenue \$)
4e	Total program servi	ce expenses 🕨	5,507,207			
		-	, ,			

Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💯	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)					Page
Par	Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this		V			.৮
	Check if Schedule O contains a response of note to any line in this	Part	<u>v</u>	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	59		103	110
ь	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	to ven	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered					
	by this return	2a	22			
Ь	If at least one is reported on line 2a, did the organization file all required federal em Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin			3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanat	_		3b		
	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?	ignatu	ire or other authority	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Ban (FBAR)	nk and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	na the	tax vear?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited			5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			30		
·	The rest, to fine 3a of 3b, and the organization line Form 8886-17			5c		
	Does the organization have annual gross receipts that are normally greater than $\$1$ organization solicit any contributions that were not tax deductible as charitable contributions.	tributi	ons?	6a		No
	If "Yes," did the organization include with every solicitation an express statement t were not tax deductible?	hat su	ch contributions or gifts	6b		
	Organizations that may receive deductible contributions under section 170(c).			_	V	
	Did the organization receive a payment in excess of \$75 made partly as a contribut services provided to the payor?			7a 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal prope				res	
	file Form 8282?		· · · · ·	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a	persor	nal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the required?			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicle Form 1098-C?		the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess buduring the year?	usines • •	s holdings at any time	8		
Qa	Did the sponsoring organization make any taxable distributions under section 4966	; ?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rel			9b		
10	Section 501(c)(7) organizations. Enter	.u.ou p				
	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	10b				
	facilities					
11	Section 501(c)(12) organizations. Enter		ı			
	Gross income from members or shareholders	11a 11b				
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	ما ما	of Form 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b	1 10417	124		
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>			
а	Is the organization licensed to issue qualified health plans in more than one state? It additional information the organization must report on Schedule O $$	Note. 9	See the instructions for	13a		
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				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the ta	x year	?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explan	atıon ıı	n Schedule O	14b		

Double V/T	C	Managana	and Disalasins	
	Governance.	, management,	and Disclosure	

	V	Nia								
Section A. Governing Body and Management										
Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>								
describe the circumstances, processes, or changes in Schedule O. See instructions.										
For each "Yes" response to lines 2 through /b below, and for a "No" response to lines 8a, 8b, or 10	b beloi	ν,								

		_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	al by) r	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ions ur	ndertaken during the			
а	The governing body?			8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	even	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization.			10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act	ion's e	xempt purposes?	10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it	ion's e ts gov	xempt purposes? erning body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form?	ion's e ts gov • • • Form 9	xempt purposes? erning body before filing	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	ion's e ts gov • • Form 9 • •	xempt purposes? erning body before filing	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13 to Were officers, directors, or trustees, and key employees required to disclose annual	ion's e ts gov Form 9 Ily inte	xempt purposes? erning body before filing	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FO Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	ion's e ts gov Form 9 Ily inte	xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FOID the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	ion's e ts gov Form 9 Ily inte	xempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	ts gov Form 9 Illy inte n the p	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FOID the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a rev	ts gov Form 9 Ily inte the p Tiew an	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 111a b 112a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD or the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	ts gov Torm 9 Hy inte the p riew an	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 111a b 112a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FO Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	ts gov Torm 9 Hy inte the p riew an	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FOID the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons of the organization of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons of the organization of the following persons include a revindependent persons of the organization of the following persons include a revindependent persons of the following persons include a revinde	ts gov Form 9 Illy inte the p riew an ne deli	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FDI the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows.	or sim	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
b 11a b 112a c 113 14 115 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?	ron's e ts gov Form 9 Illy inte the p riew an he deli or sim nization e step	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FDI of the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take	ron's e ts gov Form 9 Illy inte the p riew an he deli or sim nization e step	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No

AL, AK, AR, CA, CT, FL, GA, IL, IN, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, OR, PA, RI, TN, UT <u>, VA , WV</u> , WI

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply Own website Another's website V 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 ►CAREY E FOLCO 111 MONUMENT CIRCLE SUITE 2650 INDIANAPOLIS, IN 46204 (317) 681-0745

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is a dii	one bot rect	not box h ar or/tr	check, unle n offic- ustee	ess er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) ROBERT C ENLOW PRESIDENT AND CEO	45 0 0 0	х		х				252,704	0	19,764	
(2) PATRICK M BYRNE CHAIRMAN	2 0	×		х				0	0	0	
(3) JANET FRIEDMAN MARTEL VICE CHAIRPERSON	2 0	х		х				0	0	0	
(4) LAWRENCE A O'CONNOR JR	1 0	x		x				0	0	0	
TREASURER (5) DAVID D FRIEDMAN	0 0										
DIRECTOR	0 0	x						0	0	0	
(6) CHARLES H BRUNIE DIRECTOR	1 0	х						0	0	0	
(7) WILLIAM J HUME DIRECTOR	10	х						0	0	0	
(8) FRED REAMS DIRECTOR	1 0	х						0	0	0	
(9) MICHAEL WALKER DIRECTOR	1 0	x						0	0	0	
(10) FRED S KLIPSCH DIRECTOR	1 0	х						0	0	0	
(11) VIRGINIA WALDEN-FORD DIRECTOR	1 0	х						10,000	0	0	
(12) GREG GIANFORTE DIRECTOR (1/1/15 - 10/7/15)	1 0	х						0	0	0	
(13) J SCOTT ENRIGHT SECRETARY	5 0	х		х				0	0	0	
(14) CAREY E FOLCO	40 0			×				85,474	0	10,236	
									0		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box th ar	checl k, unle n office rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
	LESLIE HINER	45 0				x			158,300	C)	6,996
	DF PROGRAMS AND STATE BRIAN MCGRATH	40 0										
SENIC	DR VICE PRESIDENT	0 0					X		140,804	C		16,892
						\vdash						
						\vdash						
						\vdash						
						\vdash						
1b c d	Sub-Total	VII, Section A		•		*	<u> </u>		647,282	0	1	53,888
2	Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	those		ed al	bove	e) who	rec	eived more than			
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule 3</i>				y em	nploy •	/ee, o	r hıç	hest compensate	d employee	Yes	No
4	For any individual listed on line 1a, is to organization and related organizations of individual									om the	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									dividual for 5		No
Se	ection B. Independent Contracto											
1	Complete this table for your five highes compensation from the organization Re										s tax year	
		(A) ousiness address					-		Description	(B) on of services	(C) Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Part V		Statement o		sco or note to any lin	o in this Dart VIII			_
		Check if Schedu	ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated camp	paigns 1a					512-514
nts	b	Membership du						
Grants mounts				17,428				
ts, (С .		ents 1c					
Giffts, nilar A	d		rations 1d					
ons, · Sim	e f	Government grants All other contribution	ons, gifts, grants, and 1f	6,703,022				
Contributions, Giffs, Grants and Other Similar Amounts	g		ot included above	16,020				
Conti and (h	1a-1f \$ Total. Add lines	s 1a-1f		6,720,450			
				Business Code				
emuk	2a							
Rev	ь							
92	С							
Ser.	d							
E .	e							
Program Serwde Revenue	f	All other progra	ım service revenue					
	g		s 2a – 2f		0			
	3		ome (including dividend ar amounts)		300,697			300,697
	4		tment of tax-exempt bond p	F	0			
	5	Royalties			0			
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss)	me or (loss)		ol			
		iver remedi intest	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	439,462	. ,				
	b	Less cost or other basis and	329,647					
	c	sales expenses Gain or (loss)	109,815					
	d	Net gain or (los	s)		109,815			109,815
Other Revenue	8a	¥	luding ,428 : reported on line 1c)					
her		·	а	7,022				
ರ	b		penses b	52,101	45.070			45.070
	c 9a			events .	-45,079			-45,079
	b	Less direct evi	a penses b					
			loss) from gaming activ	/ities . ►	0			
	10a	Gross sales of i						
			a					
	b	_	oods sold b (loss) from sales of inve	entory	0			
	_	Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code	<u> </u>			
	11a			343				
	b							
	С							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions	· · · · •	7,085,883			365,433

Part IX Statement of Functional Expenses

Part IX Statement of Functional Expenses						
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	ations must com	plete column (A)		
	Check if Schedule O contains a response or note to any line in th	nis Part IX			<u> </u>	
	ot include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,289,105	1,289,105			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15					
_	and 16	38,000	38,000			
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	543,571	355,805	101,800	85,966	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0				
7	Other salaries and wages	845,173	615,764	60,899	168,510	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,703	11,862	566	5,275	
9	Other employee benefits	107,769	78,265	11,081	18,423	
10	Payroll taxes	89,981	63,861	10,137	15,983	
11	Fees for services (non-employees)					
а	Management	0				
b	Legal	16,608	5,993	10,615		
c	Accounting	22,199		22,199		
d	Lobbying	159,381	159,381			
e	Professional fundraising services See Part IV, line 17	60,000			60,000	
f	Investment management fees	0				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	748,363	724,582	23,781		
12	Advertising and promotion	122,131	121,246	885		
13	Office expenses	106,189	80,853	18,405	6,931	
14	Information technology	0				
15	Royalties	0				
16	Occupancy	102,925	78,222	9,264	15,439	
17	Travel	336,559	286,954	24,738	24,867	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	139,095	139,095			
19	Conferences, conventions, and meetings	574,607	555,512	15,563	3,532	
20	Interest	0				
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	20,050	15,238	1,805	3,007	
23 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	23,246	17,667	2,092	3,487	
	Schedule O)					
a	MAILING AND PRINTING FEES	388,926	248,716	3,001	137,209	
b	STATE POLLING	315,179	315,179			
c	SPEAKER/MODERATOR FEES	155,871	155,871			
d	SPONSORED EVENTS	149,137	142,102		7,035	
е	All other expenses	44,342	7,934	111	36,297	
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	6,416,110	5,507,207	316,942	591,961	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)					

Part X Balance Sheet

Par	t X	Check if Schedule O contains a response or note to any lin	io in this Dart V			_
		Check if Schedule O Contains a response of note to any in	le III tilis Falt A	(A)		(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing		2,732,055	1	1,968,247
	2	Savings and temporary cash investments	4,314,512	2	2,139,216	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Consciently and the compensated employees.				
ts	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see inst II of Schedule L	0	5	0	
Assets				0	6	0
AS.	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		7,190	9	36,017
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 286,581			
	ь	Less accumulated depreciation	10b 225,082	44,620	10 c	61,499
	11	Investments—publicly traded securities		5,574,045	11	8,634,781
	12	Investments—other securities See Part IV, line 11 .		0	12	0
	13	Investments—program-related See Part IV, line 11 .	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11	0	15	0	
	16	Total assets.Add lines 1 through 15 (must equal line 34)		12,672,422	16	12,839,760
	17	Accounts payable and accrued expenses		253,028	17	275,424
	18	Grants payable	0	18	0	
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability Complete Part IV o	0	21	0	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and dis				
ত		persons Complete Part II of Schedule L		0	22	0
Ē	23	Secured mortgages and notes payable to unrelated third	parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third pa	rties	0	24	0
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o related third parties,			
				0	25	0
	26	Total liabilities.Add lines 17 through 25		253,028	26	275,424
ě		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► 🔽 and complete			
Balance	27	Unrestricted net assets		12,319,266	27	12,412,941
<u> </u>	28	Temporarily restricted net assets		100,128	28	151,395
핗	29	Permanently restricted net assets		0	29	0
Fund		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	neck here 🕨 🦵 and			
, 0	30	Capital stock or trust principal, or current funds			30	
sets	31	Paid-in or capital surplus, or land, building or equipment			31	
Ass	32	Retained earnings, endowment, accumulated income, or o			32	
	33	Total net assets or fund balances		12,419,394	33	12,564,336
Net	34	Total liabilities and net assets/fund balances		12,672,422	34	12,839,760
	"	i otal napinties and het assets/fund palances		12,012,422	54	12,039,700

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	•		୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,0	085,883
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4	416,110
3	Revenue less expenses Subtract line 2 from line 1	3			569,773
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			419,394
5	Net unrealized gains (losses) on investments	5			524,831
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		12,	564,336
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

		ne organization AN FOUNDATION FOR EDUC <i>A</i>	TIONAL				Employer identifica	ation number
CHOI	CE INC						35-1978359	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p	part.) See instruction	ns.
The	organi	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Г	A church, convention						
2	Ē	A school described in	•			=		
3	Ė	A hospital or a cooper						
4 A medical research organization operated in conjunction with a hospi) Enter the
•	'	hospital's name, city,	-	stated in conjunction v	vicii a nospicai a	ieseribea iii se		J. Eliter the
5	Γ		ated for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	described in section
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(:	1)(A)(v).	
7	<u>~</u>	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ental unit or from the g	jeneral public
	_	described in section 1						
8	<u> </u>	A community trust de						
9	, 	receipts from activition from gross investmen	es related to it it income and ie 30, 1975 S	ves (1) more than 33 as exempt functions—s unrelated business tailes tested by the section 509(a)(2).	subject to certa xable income (lo (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 tax) from businesse	331/3% of its suppor
11	<u></u>	-	•	·	•	•		ut the nurnoses of
a b	г г _	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.						
C		Type III functionally						grated with, its
	_	supported organization						
d	,	Type III non-function not functionally integr						
		(see instructions) Yo					cineme and an accentiv	chess requirement
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
		integrated, or Type II				n		
f	Ente	r the number of support					· · · · · · · · —	
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orgai listed in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)	
					Yes	No		_

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 **(c)**2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 4,498,513 5,327,738 3,967,838 10,063,080 6,727,472 30,584,641 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit 0 to the organization without charge 4,498,513 5,327,738 3,967,838 10,063,080 6,727,472 30,584,641 **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 7,214,959 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 23,369,682 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 4,498,513 5,327,738 3,967,838 10,063,080 6,727,472 30,584,641 Gross income from interest, dividends, payments received 59,604 86,589 103,602 149,501 300,697 699,993 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 0 capital assets (Explain in Part VI) 11 Total support. Add lines 7 31,284,634 through 10 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 74 700 % 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 15 69 379 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **▶**▽ 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	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		ı
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	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	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> </u>
b	A family member of a person described in (a) above?	11b		
c	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		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Se	ection C. Type II Supporting Organizations			
			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		
Se	ection D. All 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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		
Ŀ	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		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493223019896

Political Campaign and Lobbying Activities

(Form 990 or 990-EZ) Department of the Treasury

SCHEDULE C

Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE INC 35-1978359 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ✓ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

reporting section 4911 tax for this year?

encadic c (i	01111 3 3 6 1 3 3 6 1 2 7 2 6 1 5	rage
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form	1 5768 (election
	under section 501(h)).	

Check	▶ □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public lobbying)	3,456		
b	Total lobbying expenditures to influence a legis	162,771		
c	Total lobbying expenditures (add lines 1a and 1	166,227		
d	Other exempt purpose expenditures		6,249,883	
e	Total exempt purpose expenditures (add lines 1	6,416,110		
f	Lobbying nontaxable amount Enter the amount	3	470,806	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	117,702	
h	Subtract line 1g from line 1a If zero or less, en	ter - 0 -		
i	Subtract line 1f from line 1c If zero or less, ent	er -0-		
	If there is an amount other than zero on either l	ne 1h or line 1i, did the organization file Form 472	0	

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

┌ Yes ┌No

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 403,371 410,470 394,088 470,806 1,678,735 Lobbying ceiling amount 2,518,103 (150% of line 2a, column(e)) 111,684 134,298 107,576 166,227 Total lobbying expenditures 519,785 100,843 98,522 117,702 Grassroots nontaxable amount 102,618 419,685 Grassroots ceiling amount 629,528 (150% of line 2d, column (e)) Grassroots lobbying expenditures 41,040 34,125 3,456

scriedule C (F	on 990 or 990-E2) 2015	
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT
	filed Form 5768 (election under section 501(h)).	

		election under section 501(h)).	(<u>a</u>	1)	(b)		
	ach "res" response on lines la throu lity.	igh 1: below, provide in Part IV a detailed description of the lobbying	Yes	No	A	moun	ıt
1	legislation, including any attempt through the use of	anization attempt to influence foreign, national, state or local t to influence public opinion on a legislative matter or referendum,	163				
a	Volunteers?				-		
Ь	= -	le compensation in expenses reported on lines 1c through 1i)?			1		
C	Media advertisements?	-					
d	Mailings to members, legislators	-					
e	Publications, or published or broad	<u>-</u>					
f	Grants to other organizations for	, , ,					
g		heir staffs, government officials, or a legislative body?					
h		rs, conventions, speeches, lectures, or any similar means?					
i	O ther activities?						
j	Total Add lines 1c through 1i						
2a		the organization to be not described in section 501(c)(3)?			1		
	If "Yes," enter the amount of any						
		tax incurred by organization managers under section 4912					
		a section 4912 tax, did it file Form 4720 for this year?					
ar'	t III-A Complete if the or 501(c)(6).	rganization is exempt under section 501(c)(4), section 5	501(c))(5), (or se	ctio	n
						Yes	No
1		nore) dues received nondeductible by members?		L	1		
2	Did the organization make only in	n-house lobbying expenditures of \$2,000 or less?			2		
3		ry over lobbying and political expenditures from the prior year?			3		
ar		rganization is exempt under section 501(c)(4), section 5 either (a) BOTH Part III-A, lines 1 and 2, are answered " d "Yes."					
1	Dues, assessments and similar a	amounts from members	1				
2	Section 162(e) nondeductible lol expenses for which the section 5	bbying and political expenditures (do not include amounts of political 527(f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the organization agree to ca	unt on line 2c exceeds the amount on line 3, what portion of the excess arryover to the reasonable estimate of nondeductible lobbying and					
_	political expenditure next year?		4				
5		political expenditures (see instructions)	5				
176	art IV Supplemental Info	ormation					
		Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground III-A) (affil	ıp lıst),	Part II	-A, lıı	nes 1	and
	Return Reference	Explanation					
che	edule C, Parts I-A, I-B	CORRECTION MADE The Foundation reimburses expenses individuals Foundations educational legislative summits. Instead of reimbursing two they incurred in attending a legislative summit, the reimbursements were individuals political campaigns. When the Foundation discovered the reimpolitical campaigns rather than the state legislators in their individuals.	o individ e inadv mburse	duals fo ertentl ments	or the y issu were i	exper ed to ssued	the

Return Reference	Explanation
Schedule C, Parts I-A, I-B	CORRECTION MADE The Foundation reimburses expenses individuals incur to attend the Foundations educational legislative summits. Instead of reimbursing two individuals for the expenses they incurred in attending a legislative summit, the reimbursements were inadvertently issued to the individuals political campaigns. When the Foundation discovered the reimbursements were issued to political campaigns rather than the state legislators in their individual capacity, the Foundation promptly requested that the funds be returned and issued replacement checks to the individual legislators once all the funds had been recovered by the Foundation. The Foundation has filed Form 4720 and has requested full abatement of all taxes, penalties and interest under Section 4962 of the Internal Revenue Code. Accordingly, the Foundation has reported no taxes incurred on Schedule C, Part I-B, Line 1
Schedule C, Part II-A	LOBBYING EXPENDITURES TO INFLUENCE PUBLIC OPINION THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE IS NEVER INVOLVED IN POLITICAL CAMPAIGNS THE SUBSTANTIAL ACTIVITY UNDERTAKEN BY THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE IS EDUCATIONAL IN NATURE THE FOUNDATION HAS MADE AN ELECTION UNDER SECTION 501(H) OF THE INTERNAL REVENUE CODE CONSISTENT WITH AN ORGANIZATION EXEMPT UNDER CODE SECTION 501(C)(3) WITH "H ELECTION," THE FOUNDATION ALSO UNDERTAKES LIMITED LOBBYING ACTIVITIES IN CERTAIN STATES TO AID IN THE PASSAGE OF LEGISLATION THAT ENABLES PARENTS TO RECEIVE A PUBLICLY FUNDED VOUCHER OR A TAX CREDIT FUNDED SCHOLARSHIP TO SEND THEIR CHILDREN TO APPROVED PRIVATE SCHOOLS IN 2015, THESE ACTIVITIES INCLUDED ALLOCATING STAFF TIME FOR DIRECT LOBBYING TO STATE LEGISLATORS AND ENCOURAGING THE GENERAL PUBLIC TO SUPPORT SPECIFIC LEGISLATION

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DLN: 93493223019896

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

ernal F	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	s.gov/form990.	Inspection
THE		DIZATION DATION FOR EDUCATIONAL		Employer identi	fication number
	ICE INC		Advised Funds - Other Comme	35-1978359	
Par			Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds or Accou	nts.
			(a) Donor advised funds	(b)Funds and	other accounts
	Total numb	er at end of year			
	Aggregate v year)	value of contributions to (during			
	Aggregate v	value of grants from (during year)			
	Aggregate v	value at end of year			
	-		dvisors in writing that the assets held in dor the organization's exclusive legal control?	nor advised	┌ Yes ┌ No
	used only for o		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		┌ Yes ┌ No
ar	t II Conse	ervation Easements. Comple	ete if the organization answered "Yes" o	on Form 990, Par	t IV, line 7.
·	Preservati Protection Preservati Complete line	on of land for public use (e g , recre of natural habitat on of open space	e organization (check all that apply) ation or education)	certified historic st	ructure
				Held at	the End of the Year
а	Total number	of conservation easements		2a	
b	Total acreage	restricted by conservation easeme	nts	2b	
C	Number of con	nservation easements on a certified	historic structure included in (a)	2c	
		nservation easements included in (c cure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
	Number of con	nservation easements modified, trai	nsferred, released, extinguished, or terminat	ed by the organizat	on during the
	tax year ►				
	Number of sta	tes where property subject to cons	ervation easement is located 🛌		
	_	nızatıon have a wrıtten policy regar d enforcement of the conservation e	ding the periodic monitoring, inspection, han asements it holds?	dling of	Yes No
	Staff and volur year	nteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing conservation ea	asements during the
	<u> </u>				
		penses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onservation easem	ents during the year
			ne 2(d) above satisfy the requirements of sec		_
		tion 170(h)(4)(B)(II)?		•	Yes No
	balance sheet		ts conservation easements in its revenue an of the footnote to the organization's financia sements		
art			tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Other Simila	ar Assets.
	works of art, h	ıstorıcal treasures, or other sımılar	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, note to its financial statements that describe	or research in furth	
_	works of art, h		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items		
(i) Revenue incl	uded on Form 990, Part VIII, line 1	L	► \$	
		led in Form 990, Part X		- \$	
	If the organiza	ation received or held works of art, h	nistorical treasures, or other similar assets f FAS 116 (ASC 958) relating to these items	or financial gain, pr	

Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part		Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal T	reasure	s, or O	ther S	imilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, cl	heck a					nıfıcant us	e of its	
а	┌ P	ublic exhibition		d	Γ	Loan	or exchan	ge progr	ams			
b	┌ s	cholarly research		е	Γ	Othe	ır					
c	ΓP	reservation for future generations										
4	Provid Part X	de a description of the organization's III	s collections and exp	laın ho	w they	/ furth	er the orga	ınızatıon	's exem _l	ot purpose	ın	
5		g the year, did the organization solid									_	
Doc		s to be sold to raise funds rather the		s part	of the	organ	iization's c	ollection	1,5	☐ Yes	☐ No	
	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, line 9	, or rep	orted a	n amour	nt on For	m 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interr	mediary	/ for c	ontrıb	utions or o	ther ass	ets not	┌ Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	ort XIII and complete	the fo	llowin	g table	e			Am	ount	
c	Beg	ıınnıng balance						1c				
d	Add	ditions during the year						1d				
e	Dıs	tributions during the year						1e				
f	End	ling balance						1f				
2a	Dıd th	e organization include an amount o	n Form 990, Part X, I	ıne 21,	for es	crow	or custodia	alaccou	nt lıabılı	:y ^っ Yes	┌ No	
b		s," explain the arrangement in Part										Г
Pai	rt V	Endowment Funds. Comple	te if the organizati		nor yea		es" to For b (c)Two yea			·	(e) Four y	oare back
	Begin	ning of year balance	(a)Current year	(0)	пог уеа	11	D (C)TWO yes	als back	(u)Tillee	years back	(e)i oui y	ears back
b	_	ributions										
c	Net ir losse	nvestment earnings, gains, and s										
d	Grant	s or scholarships										
e		expenditures for facilities rograms										
f	A dmii	nistrative expenses										
g		fyear balance										
2	Provid	le the estimated percentage of the (current year end bala	nce (lır	ne 1g,	colun	nn (a)) held	d as				
а	Board	designated or quasi-endowment 🕨										
ь		nent endowment ►										
c		orarily restricted endowment Feercentages on lines 2a, 2b, and 2c	should equal 100%									
За	organı	ere endowment funds not in the pos zation by	_				d and adm	ınıstered	d for the		Yes	No
		related organizations					• •				(i) (ii)	
ь		lated organizations s" on 3a(ii), are the related organiza								-	8b	<u> </u>
4		tibe in Part XIII the intended uses of										
Par	t VI	Land, Buildings, and Equip										
		Complete if the organization a	nswered 'Yes' to F		Cost or	Part I' (a) other bestment	asıs Cost o	a.See for other ba		90, Part X Accumulated depreciation	(d)Bo	ook value
	Land			\pm	11110	Janent	,	(30.01)				
'		gs										
b	Buildin	93		1								
		old improvements		. $ abla$				109,6	47	87,7	714	21,933
c I	Leaseh	-		: F				109,6 176,9	_	87,7 137,3		21,933 39,566
c d	Leaseh Equipm	old improvements		·				<u> </u>	_	<u> </u>		

Part VII	Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the or	ganızatıon answered	d 'Yes' on Form	990, Part IV, line 11b.
	(a) Description of security or categor (including name of security)	у	(b)Book value)Method of valuation rend-of-year market value
(1)Financia	al derivatives			3323	end of year market value
	-held equity interests				
(3)0 ther					
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)		•		
	Investments—Program Related				
	Complete if the organization answere	d 'Yes' on Form '	990, Part IV, line 11	^{.C.} See Form 99	0, Part X, line 13.
	(a) Description of investment		(b) Book value		Method of valuation end-of-year market value
					,
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>		
	Other Assets. Complete if the organization			line 11d See For	m 990, Part X, line 15
	(a) Desc	cription			(b) Book value
	mn (b) must equal Form 990, Part X, col.(B) line				
Part X	Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ganization answe	red 'Yes' on Form 9	90, Part IV, lın	e 11e or 11f.
1.	(a) Description of liability	(b) Book va	lue		
Federal inc	ome taxes				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<u>* </u>			

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,613,153
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -524,831		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-472,730
3	Subtract line 2e from line 1	3	7,085,883
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,085,883
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	6,468,211
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	52,101
3	Subtract line 2e from line 1	3	6,416,110
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,416,110

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

Return Reference	Explanation
·	FIN 48 DISCLOSURE MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON ITS REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
PART XI, LINE 2D	OTHER RECONCILING ITEMS \$ 52,101 FUNDRAISING EVENT EXPENDITURES
PART XII, LINE 2D	OTHER RECONCILING ITEMS \$ 52,101 FUNDRAISING EVENT EXPENDITURES

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493223019896

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

	e of the organization	Employer identification number					
	FRIEDMAN FOUNDATION FOR I ICE INC	EDUCATIONAL			;	35-1978359	
Pa	rt I General Information Complete if the organi				14b.		
1	For grantmakers. Does the o	organization m	aıntaın record	s to substantiate the a	amount o	_	
	and other assistance, the graused to award the grants or a	_		•			┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the us	e of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	ace is nee	ded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program s spec	y listed in (d) is a ervice, describe fic type of (s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data		j	,			
(2)							
(3)							
(4)							
(5)							
	Sub-total Total from continuation sheets to Part I						38,000
С	Totals (add lines 3a and 3b)						38,000

Schedule F (Form 990) 2015

<u> </u>		(b) IRS code		(d) Purpose of	t IV, line 15, for an	(f) Manner of	(g) A mount	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	(c) region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, othe
(1)								
(2)								
(3)								
(4)								
2					recognized as charit ovided a section 501				
3	Enter total nu	mber of other or	ganızatıons or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	<u>duplicated if addit</u>	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					,		
(2)		+ + +			1		<u>'</u>
(3)		1	·		'		1
(4)		+ +	·		†		
(5)		+ +	 I		†		
(6)		+ +	 I		†		
(7)		+ + +			†		<u> </u>
(8)		+ + +			†		<u>'</u>
(9)		+ +					<u> </u>
(10)		+	·		<u> </u>		<u> </u>
(11)		+			1		<u> </u>
(12)		+ + +					<u> </u>
(13)		+	·		<u>'</u>		<u> </u>
(14)		+ + +			1		
(15)		+ + +			1		
(16)		1			1		
(17)					1		
(18)					1		
							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	ᅜ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> ~</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	দ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	٦	No

Schedule F (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 35-1978359

Name: THE FRIEDMAN FOUNDATION FOR EDUCATIONAL

CHOICE INC

Schedule F (Form 990) 2015

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	EDUCATION EVENTS	2,000
South America			Program Services	EDUCATION EVENTS	16,000
Europe (Including Iceland and Greenland)			Program Services	EDUCATION EVENTS	8,000

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Program Services	EDUCATION EVENTS	2,000
Russia and the Newly Independent States			Program Services	EDUCATION EVENTS	1,000
South Asia			Program Services	EDUCATION EVENTS	8,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	EDUCATION EVENTS	1,000

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DLN: 93493223019896

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE G

(Form 990 or 990-EZ)

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

Inspection

HE FRIEDMAN FOUNDATION	ON FOR EDUCATION	ΙΔΙ			Employeria	entification number
HOICE INC	ONTOREBOCATION	1AL			35-197835	59
	•		_	ion answered "Yes" o	on Form 990, Part I	V, line 17.
Form 990-EZ fil	lers are not require	d to com	plete th	ıs part.		
Indicate whether the org	ganızatıon raısed fund:	s through	any of the	following activities Ch	eck all that apply	
a 🔽 Mail solicitations			е	Solicitation of noi	n-government grants	
b 🔽 Internet and email s	solicitations		f	Solicitation of gov	ernment grants	
c Phone solicitations			g	Special fundraisir	ng events	
d 🔽 In-person solicitation	ons					
Did the organization hav or key employees listed services?						es No
b If "Yes," list the ten hig to be compensated at le				sers) pursuant to agreer	nents under which the	fundraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
•	FUNDRATCING	Yes	No			
1 FUENTES STRATEGIC CONSULTING INC	FUNDRAISING CALIF ONLY		No	24,450	60,00	0
2						
3						
4						
5						
6						
7						
8						
9						
0						
tal	•		▶	24,450	60,00	0
List all states in which the registration or licensing	e organization is regis	tered or li	censed to	solicit contributions or	has been notified it is	exempt from
., AK, AR, CA, CO, CT, FL, V, WI	GA, IL, IN, KS, KY, M	E, MD, MA	, MI, MN	, MS, MO, NH, NJ, NY, N	IC, ND, OH, OK, OR,	PA, RI, TN, UT, VA, WA,

Part II	Fun	draisin	g Events
		ai aisiii	d FACILES

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross

	receipts greater than \$5,000).			
		(a)Event #1 U.E.O. DINNER (event type)	(b)Event #2 (event type)	(c)O ther events 0 (total number)	(d) Total events (add col (a) through col (c))
Reveilue	1 Gross receipts	24,450			24,450
~	2 Less Contributions	17,428			17,428
	3 Gross income (line 1 minus line 2)	7,022			7,022
	4 Cash prizes				
Ses	6 Rent/facility costs	10.507			10.507
ben.	8 Entertainment	18,597 25,000			18,597
Δ K	9 Other direct expenses	8,504			25,000 8,504
Direct Expenses	10 Direct expense summary Add lines				52,101
	11 Net income summary Subtract line 1				-45,079
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
<u>চ</u>	4 Rent/facility costs				
<u> </u>	5 Other direct expenses				
	6 Volunteerlabor	│ Yes % %	┌ Yes%	Yes	
	7 Direct expense summary Add lines	2 through 5 ın column (d)	•	
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	.	
9 a	Enter the state(s) in which the organization licensed to conduct				┌Yes ┌No
b	If "No," explain				
	Were any of the organization's gaming l	ıcenses revoked, suspei	nded or terminated during		─────────────────────────────────────
b	If "Yes," explain				

Does the organization conduct gaming activities with nonmembers?

┌Yes ┌No

formed to administer charitable ga	ming?		
Indicate the percentage of gaming			┌Yes ┌No
Thurcate the percentage of gaining	activity conducted in		
The organization's facility		1	3a %
An outside facility		1	3b %
Enter the name and address of the	person who prepares the	organization's gaming/special events books and	records
Name 🟲			
Address 🟲			
revenue?			┌Yes ┌No
If "Yes," enter the amount of gamı	ng revenue received by th	e organization 🕨 \$ and th	ne
amount of gaming revenue retained	d by the third party 🏲 \$ _		
If "Yes," enter name and address o	of the third party		
Name 🟲			
Address 🟲			
Gaming manager information			
canning manager micrimation			
Name 🟲			
Description of services provided			
Director/officer	☐ Employee	☐ Independent contractor	
,	, ,		
Mandatory distributions			
Is the organization required under	state law to make charita	ble distributions from the gaming proceeds to	
retain the state gaming license?			┌Yes ┌No
Enter the amount of distributions r	equired under state law di	stributed to other exempt organizations or spent	:
ın the organızatıon's own exempt a	ctivities during the tax ye	ear 🕨 💲	
Part III, lines 9, 9b, 10b	, 15b, 15c, 16, and 17		
Return Reference		Explanation	
T I, LINE 2B	CONSULTING, INC DEVELOPING SIGN	, FOR THE FIRST TIME IN 2014 THIS ORGAN IFICANT NEW DONORS FOR THE FOUNDATION NTES GENERATING NEW DONORS FOR THE FO	IZATION IS WORKING ON ON THE FOUNDATION OUNDATION IN 2016
	An outside facility Enter the name and address of the Name Address Does the organization have a cont revenue? If "Yes," enter the amount of gaminamount of gaming revenue retained if "Yes," enter name and address Name Address Gaming manager information Name Gaming manager compensation Description of services provided Director/officer Mandatory distributions Is the organization required under retain the state gaming license? Enter the amount of distributions in the organization's own exempt a T V Supplemental Inform Part III, lines 9, 9b, 10b additional information (see the second content of t	An outside facility Enter the name and address of the person who prepares the Name Address Does the organization have a contract with a third party from revenue? If "Yes," enter the amount of gaming revenue received by the amount of gaming revenue retained by the third party \$	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and Name ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

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

(Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

DLN: 93493223019896

OMB No 1545-0047

Employer identification number

Open to Public

Schedule I (Form 990) 2015

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

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

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

Cat No 50055P

THE FRIEDMAN FOUNDATION FOR CHOICE INC						35-1978359	
Part I General Information	n on Grants an	d Assistance					
 Does the organization maintain r the selection criteria used to aw Describe in Part IV the organiza 	ard the grants or a	ssistance?				stance, and	✓ Yes
Part II Grants and Other Assista that received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grad or assistance
See Additional Data Table							
2 Enter total number of section 50						_	29
3 Enter total number of other organ	nızatıons lısted ın t	he line 1 table . .				•	

Return Reference
PART I, LINE 2

Explanation

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Informa	ation. Provide the info	rmation required in	Part I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.

MONITORING THE USE OF GRANT FUNDS THE FOUNDATION ACCEPTS APPLICATIONS FOR GRANTS THAT CONFORM TO THE

PART 1, LINE 2	FOUNDATION'S TAX-EXEMPT PURPOSE AND EDUCATIONAL MISSION APPLICATIONS MUST INCLUDE A DESCRIPTION OF THE PROJECT, AMOUNT REQUESTED, PROJECT BUDGET, METHOD TO EVALUATE SUCCESS, BOARD OF DIRECTORS LIST, AND FINANCIAL STATEMENTS THE FOUNDATIONS PROGRAM STAFF REVIEWS THE REQUEST AND SUBMITS SUGGESTED GRANTS TO THE EXECUTIVE MANAGEMENT AFTER APPROVAL, THE VICE PRESIDENT OF OPERATIONS REVIEWS THE REQUEST FOR PROPER DOCUMENTATION AND DRAFTS A GRANT AGREEMENT THAT REQUIRES ALL FUNDS BE USED IN FURTHERANCE OF A PERMISSABLE ACTIVITY UNDER CODE SECTION 501(C)(3), WHICH IS THEN SIGNED BY THE GRANTEE, AND THE PAYMENT IS MADE PROGRAM STAFF WORKS CLOSELY WITH THE GRANTEE TO ENSURE COMPLIANCE WITH THE GRANT AGREEMENT AND ENSURE PROPER USE OF GRANT FUNDS GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT ON THE PROJECT, INCLUDING HOW FUNDS WERE USED, IN A TIMELY MANNER AS NOTED IN THE GRANT AGREEMENT
PART II, LINE 1, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE *100 BLACK MEN OF AMERICA INC - Support to educate, stimulate interest, and support members, parents and other community members regarding the need for high-round and education and education for school choice in Indiana, including mailing, meetings and six educational emails on school choice *Alabama Policy Institute Inc - Support for educational marketing and outreach to defend and promote the Alabama Accountability Act and to inform parents about educational funding opportunities available to them for their children's education *A memcans for Prosperty Foundation - Support to help build a coalition of support for school choice in West Virginia through educational outreach, events, and marketing activities *Beacon Center of Tennessee - Support to update *Following the Money A Tennessee Education Spending Primer; to produce marketing materials, web info-graphics and other promotional materials to educate taxpayers and parents about education spending Primer; to produce marketing materials, web info-graphics and other promote MySchoolSpending com through paid advertising and media - *Black Allainace for Educational Options - Support for the 2015 Symposium in honor of Dr Howard Fuller *Caesar Rodney Institute - Support for educating the Delaware public, supporters and policymakers on Education Savings Accounts *Chalkbeat, Inc - Support for in-depth investigative reporting on key education reform issues in Indiana, and Nevada *Educational Choice Illinois - General operating support for bipartisian partnership-building for school choice in Illinois school choice and Educational Choice in Illinois and Savings

Additional Data

Software ID:

Software Version:

EIN: 35-1978359

Name: THE FRIEDMAN FOUNDATION FOR EDUCATIONAL

CHOICE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 Black Men of America Inc 141 Auburn Avenue Atlanta, GA 30303	58-1974429	501(C)(3)	150,000				SEE PART IV
Advance America Inc 101 West Ohio Street Indianapolis,IN 46204	35-1510587	501(C)(3)	20,000				SEE PART IV
Alabama Policy Institute Inc 402 Office Park Drive Birmingham, AL 35223	63-0809568	501(C)(3)	20,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
Americans for Prosperity Foundation 2111 Wilson Blvd Arlington, VA 22201	52-1527294	501(C)(3)	48,000				SEE PART IV		
Beacon Center of Tennessee PO Box 198646 Nashville,TN 37219	20-1808567	501(C)(3)	55,000				SEE PART IV		
Black Alliance for Educational Options 888 16th Street NW Washington, DC 20006	41-2045142	501(C)(3)	10,000				SEE PART IV		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Caesar Rodney Institute 420 Corporate Blvd Newark, DE 19702	26-2176691	501(C)(3)	36,000				SEE PART IV			
Chalkbeat Inc 1250 Broadway New York, NY 10001	90-0915846	501(C)(3)	25,000				SEE PART IV			
Education Action Group Foundation 950 West Norton Muskegon, MI 49441	26-0877115	501(C)(3)	70,000				SEE PART IV			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Educational Choice Illinois 160 North Wacker Drive Chicago, IL 60606	27-2479414	501(C)(3)	40,000				SEE PART IV			
Empower Mississippi PO Box 4028 Madison, MS 39130	46-4253610	501(C)(3)	10,000				SEE PART IV			
Empower Mississippi Foundation PO Box 4028 Madison, MS 39130	46-4565274	501(C)(3)	40,000				SEE PART IV			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GreatSchools 1999 Harrison Suite 1100 Oakland, CA 94105	94-3311628	501(C)(3)	35,605				SEE PART IV			
Hispanic American Ctr for Economic Research 910 17th Street NW Washington, DC 20006	54-1901356	501(C)(3)	10,000				SEE PART IV			
Hispanic Coun for Reform and Ed Options 8461 Lake Worth Road Lake Worth,FL 33467	74-3023330	501(C)(3)	25,000				SEE PART IV			

Form 990,Schedule I, Par	t II, Grants and	J Other Assistance	e to Domestic Org	anizations and D	omestic Governm€	∍nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Illinois Policy Institute 190 S LaSalle Street Chicago,IL 60603	41-2057028	501(C)(3)	40,000				SEE PART IV
Institute for Quality Education 101 West Ohio Street Indianapolis,IN 55425	35-1836687	501(C)(3)	200,000				SEE PART IV
Intellectual Takeout 8011 34th Ave South Bloomington, MN 55425	26-4057885	501(C)(3)	50,000				SEE PART IV

Form 990,Schedule I, Par	t II, Grants and	1 Other Assistance	e to Domestic Org	anizations and D	<u>∕omestic Governm</u> €	∍nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Iowa Advocates for Choice in Education PO Box 12219 Des Moines, IA 50312	20-8971204	501(C)(3)	30,000				SEE PART IV
Kansas Policy Institute 250 North Water Street Wichita, KS 67202	23-7047821	501(C)(3)	41,000				SEE PART IV
Network for Educational Opportunity 8 North Main Street Concord,NH 03301	77-0539599	501(C)(3)	25,000				SEE PART IV

Form 990,Schedule I, Par	rt II, Grants and	d Other Assistanc	e to Domestic Org	anizations and D	<u>∕omestic Governm</u> €	≟nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nevada Policy Research Institute 7130 Placid Street Las Vegas, NV 89119	88-0276314	501(C)(3)	31,000				SEE PART IV
New Hampshire Center for Economic Policy 27 Locke Road Concord,NH 03301	26-4378967	501(C)(3)	50,000				SEE PART IV
Oklahoma Council of Public Affairs Inc 1401 N Lincoln Blvd Oklahoma City, OK 73104	73-1436375	501(C)(3)	96,000				SEE PART IV

Form 990,Schedule I, Par	rt II, Grants and	d Other Assistanc	e to Domestic Org	anizations and D	omestic Governm€	∍nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Palmetto Promise Institute PO Box 12676 Columbia, SC 29211	26-3077338	501(C)(3)	40,000				SEE PART IV
Parents for Educational Freedom in NC 434 Fayetteville Street Raleigh, MA 27601	20-2754466	501(C)(3)	40,000				SEE PART IV
Platte Institute for Economic Research 900 South 74th Plaza Omaha,NE 68114	20-8809060	501(C)(3)	15,000				SEE PART IV

Form 990,Schedule I, Par	rt II, Grants and	d Other Assistanc	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 7	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
RI Center for Freedom and Prosperity PO Box 10069 Cranston, RI 02910	45-2805369	501(C)(3)	11,000				SEE PART IV
Thomas Jefferson Inst for Public Policy 9035 Golden Sunset Ln Springfield, VA 22153	51-0280185	501(C)(3)	31,500				SEE PART IV

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DLN: 93493223019896

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service

Schedule J (Form 990)

Department of the Treasury

Employer identification number Name of the organization THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE INC 35-1978359

Pa	rt I Questions Regarding Compensa	ation		
	_		Yes	No
1a		n provided any of the following to or for a person listed on Form rt 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 idemnification and gross-up payments	Health or social club dues or initiation fees		
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)		
b		he organization follow a written policy regarding payment or es described above? If "No," complete Part III to explain	lb	
2	•	r to reimbursing or allowing expenses incurred by all /Executive Director, regarding the items checked in line 1a?	2	
				\top
3	organization's CEO/Executive Director Check a	organization used to establish the compensation of the all that apply Do not check any boxes for methods spensation 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		
4	During the year, did any person listed on Form 9 or a related organization	990, Part VII, Section A, line 1a with respect to the filing organization		
а	Receive a severance payment or change-of-con	ntrol payment?	la	No
b	Participate in, or receive payment from, a supple	emental nonqualified retirement plan?	łb	No
c	Participate in, or receive payment from, an equit	ty-based compensation arrangement?	łc	No
	If "Yes" to any of lines 4a-c, list the persons an	nd provide the applicable amounts for each item in Part III		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orga	nizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	ion A, line 1a, did the organization pay or accrue any		
а	The organization?	!	5a	No
b	Any related organization?	<u> </u>	5b	No
	If "Yes," on line 5a or 5b, describe in Part III			\top
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	ion A, line 1a, did the organization pay or accrue any		
а	The organization?	•	Sa	No
b	Any related organization?		5b	No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Ye	ion A, line 1a, did the organization provide any non-fixed	7	No
8	subject to the initial contract exception describe	VII, paid or accured pursuant to a contract that was ped in Regulations section 53 4958-4(a)(3)? If "Yes," describe		
	ın Part III		8	No
9	If "Yes" on line 8, did the organization also follo	ow the rebuttable presumption procedure described in Regulations		

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 on 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)(1)-(111) 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

(A) Name and Title		(B) Breakdown of	fW-2 and/or1099-MIS	SC compensation	(C) Retirement and	1 ` 1	(E) Total of columns	
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 ROBERT C ENLOW PRESIDENT AND CEO	(i)	252,704	0	0	7,104	12,660	272,468	0
	(ii)	0	0	0	0	0	0	0
2 LESLIE HINER V P OF PROGRAMS AND	(i)	158,300	0	0	4,728	2,268	165,296	0
STATE	(ii)	0		0	0	0	0	0
3 BRIAN MCGRATH SENIOR VICE PRESIDENT	(i)	140,804	0	0	4,200	12,692	157,696	0
	(ii)	0	,,	0	0	0	0	0

Schedule J (Form 990) 2015

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2015

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

DLN: 93493223019896

2015

Open to Public Inspection

Name of the organization
THE FRIEDMAN FOUNDATION FOR EDUCATIONAL
CHOICE INC

Employer identification number
35-1978359

D-4 D 6							
Return Reference	Explanation Explanation						
FORM 990, PART V, LINE 1C	COMPLIANCE WITH BACKUP WITHHOLDING RULES THE FOUNDATION WAS NOT REQUIRED TO COMPLY WITH THE BACKUP WITHHOLDING RULES BECAUSE IT DID NOT MAKE REPORTABLE PAYMENTS TO VENDORS OR PAY REPORTABLE GAMING (GAMBLING) WINNINGS TO PRIZE WINNERS						
FORM 990, PART VI, SECTION A, LINE 2	LINE 2 AND DAVID D FRIEDMAN ARE SIBLINGS						
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW THE FORM 990 THE FORM 990 IS COMPLETED BY AN OUTSIDE ACCOUNTING FIRM, I N CONJUNCTION WITH THE FOUNDATION'S VICE PRESIDENT OF OPERATIONS AND CONTROLLER THE FORM 990 IS REVIEWED BY THE FOUNDATION'S PRESIDENT & CEO, VICE PRESIDENT OF OPERATIONS, CONTROL LER, SECRETARY, AN INDEPENDENT ACCOUNTING FIRM AND AN OUTSIDE ATTORNEY UPON COMPLETION, T HE FINAL FORM 990 IS SENT TO THE FULL BOARD OF DIRECTORS FOR REVIEW BEFORE FILING						
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE FOUNDATION'S BOARD OF DIRECTORS HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES DIRECTORS, OFFICERS AND KEY EMPLOYEES TO SUBMIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE. THE ANNUAL DISCLOSU RE REQUIRES DIRECTORS, OFFICERS AND KEY EMPLOYEES TO DISCLOSE, IN WRITING, ANY KNOWN FINAN CIAL INTEREST THAT THE INDIVIDUAL (TOGETHER WITH FAMILY MEMBERS) HAS IN ANY BUSINESS ENTIT Y THAT TRANSACTS BUSINESS WITH THE FOUNDATION IN ADDITION, DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO IMMEDIATELY DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST THAT ARISES MID-YEAR IN RELATION TO A PROPOSED TRANSACTION THE CONFLICT OF INTEREST POLICY REQUIRES THAT ANY INDIVIDUAL WITH A CONFLICT BE RECUSED FROM THE DECISION-MAKING PROCESS, THAT INDE PENDENT DIRECTORS DETERMINE WHETHER THE PROPOSED TRANSACTION IS IN THE BEST INTERESTS OF THE FOUNDATION, AND THE TRANSACTION MUST BE APPROVED BY A VOTE OF THE INDEPENDENT DIRECTORS WITHOUT THE PARTICIPATION OF ANY INTERESTED INDIVIDUAL. THE ANNUAL CONFLICT DISCLOSURE STATEMENTS ARE SUBMITTED TO, AND REVIEWED BY, THE FOUNDATION'S VICE PRESIDENT OF OPERATIONS IN ADDITION, THE EXECUTIVE STAFF OF THE FOUNDATION ARE RESPONSIBLE FOR MONITORING ANY POSSIBLE CONFLICT TRANSACTIONS THAT ARISE AND MANAGING THEM TO ENSURE THAT ALL TRANSACTIONS REPRESENT ARMS' LENGTH, FAIR MARKET VALUE TERMS FOR THE BENEFIT OF THE FOUNDATION						
FORM 990, PART VI, SECTION B, LINE 15A	REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION THE FOUNDATION'S BOARD OF DIRECTORS HAS ADOPTED AN EXECUTIVE COMPENSATION AND INTERMEDIATE SANCTIONS POLICY THE PURPOSE OF THE POLICY IS TO ENSURE THAT THE FOUNDATION'S COMPENSATION ARRANGEMENTS WITH RELATED PARTIES ARE EVALUATED AND ENTERED AT ARMS' LENGTH AND THAT ANY COMPENSATION THAT IS PAID TO A RELATED PARTY IS REASONABLE AND REFLECTS FAIR MARKET VALUE. THE POLICY ENCOURAGES THE APPLIC ATION OF THE REBUTTABLE PRESUMPTION STANDARD OF CODE SECTION 4958 AND THE RELATED TREASURY REGULATIONS BY (A) EXCLUDING ANY INTERESTED PARTY FROM THE DECISION-MAKING PROCESS, (B) REQUIRING DISINTERESTED BOARD MEMBERS TO OBTAIN AND RELY UPON COMPARABILITY DATA WHEN SETTING THE PROPOSED COMPENSATION TERMS, (C) REQUIRING APPROVAL OF THE TRANSACTION IN ADVANCE BY DISINTERESTED DIRECTORS, AND (D) REQUIRING CONTEMPORANEOUS DOCUMENTATION (I.E., MINUTES) REFLECTING THE DECISION AND THE PROCESS BY WHICH IT WAS MADE. ON DECEMBER 14, 2015, INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, MEETING AS A SEPARATE COMMITTEE EVALUATED THE COMPENSATION OF THE PRESIDENT/CEO, EVALUATED COMPARABILITY DATA, AND USED SUCH DATA TO SET HIS COMPENSATION FOR 2016						
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION MAKES ITS GOVERNING DOCUMENT S, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST						
FORM 990, PART IX, LINE 18	PAYMENTS FOR TRAVEL FOR PUBLIC OFFICIALS PAYMENTS ARE FOR TRAVEL EXPENSES INCURRED DURING FACT-FINDING EDUCATIONAL TRIPS AND EDUCATIONAL SEMINARS HOSTED BY THE FOUNDATION EXPENSE S COVERED INCLUDED TRANSPORTATION, HOTEL AND MEALS						
FORM 990 PART IX LINE 11G	DESCRIPTION INDEPENDENT CONTRACTORS TOTAL FEES 391470						
FORM 990 PART IX LINE 11G	DESCRIPTION SUBSCRIPTION SERVICES TOTAL FEES 30689						
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTANTS TOTAL FEES 300854						
FORM 990 PART IX LINE 11G	DESCRIPTION EDITING & WRITING FEES TOTAL FEES 13160						
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PROFESSIONAL FEES TOTAL FEES 12190						