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Department of the

DLN: 93493132030037

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>

Inspection

Treasu		venue Sei		ion about	Form 990 and its instructions is at \underline{w}	ww IRS q	<u>10v/foi m990</u>		Inspection
A F	or th	e 2015	calendar year, or tax year	beginnin	g 07-01-2015 , and ending 06-30-20)16			
B Ch	eck ıf	applicable	e C Name of organization ADVANCE EDUCATION IN	<u> </u>	-		D Emp	loyer ic	lentification number
☐ Ad	ddress	s change	ADVANCE EDUCATION IN	_			20-8	36137	65
<u> </u>		change	Doing business as						
	iitiai n nal	eturn					E Telep	hone ni	ımher
		inated	Number and street (or P 9115 WESTSIDE PARKWA		ail is not delivered to street address) Room/s	uite	·		
		d return			stry, and ZIP or foreign postal code		(6/8	3) 392	-2285
Ap	plicati	ion pendii	ALPHARETTA, GA 30009	wince, cour	idy, and ZIP of foreign postar code		G Gross	receipt	s \$ 32,623,205
			F Name and address	of princip	al officer	H(a)	Is this a grou		
			DR MARK A ELGART	• •		'(")	subordinates		∏ Yes 🗸
			9115 WESTSIDE PAR ALPHARETTA, GA 3				No		
I Ta	x-exe	empt stati			insert no) 4947(a)(1) or 527	Н(р)	Are all subor included?	ainate	Yes No
1 14/	o hei	to: > \/	/WW ADVANC-ED ORG	(-/ (/ - (+	If "No," attac	h a lis	t (see instructions)
	CDSI	(C. P V	WW ADVANC-ED ORG			H(c)	Group exemp	otion n	umber ▶
K For	n of o	organizati	on 🗸 Corporation 🗌 Trust	Associa	tion Other ►	L Yea	ar of formation	2006	M State of legal domicile G
Da	rt I	S	mmary						
- (-	T		•	s mission	or most significant activities				
		EDUĆA	TION IMPROVEMENT T	HROUGH	CONTINUOUS IMPROVEMENT SE	RVICES,	ACCREDITA	TION,	RESEARCH,
e)		INNOV.	ATION, POLICY AND TE	CHNOLO	OGY				
anc									
Governance									
, OK	2	Check	this box ▶ ☐ if the organ	ızatıon dı	scontinued its operations or disposed	of more	than 25% of i	ts net	assets
<u>∞</u> ≈ق	3	Numbe	r of voting members of the	e doverni	ng body (Part VI, line 1a)			з	6
Activities &			_	_	of the governing body (Part VI, line 1b			4	6
IM I			·		alendar year 2015 (Part V, line 2a)	•		5	204
Act	6	Total n	umber of volunteers (esti	mate if ne	ecessary)			6	18,000
	7a	Total u	nrelated business revenu	ie from Pa	art VIII, column (C), line 12			7a	0
	b	Net unre	elated business taxable ir	ncome fro	m Form 990-T, line 34			7b	
							Prior Year		Current Year
O.	8	Con	tributions and grants (Par	rt VIII, lı	ne 1h)			,000	35,000
enua	9	-	Program service revenue (Part VIII, line 2g)				29,703		32,133,270
R ₂ V	10				(A), lines 3, 4, and 7d)	•	429	,877	454,935
_	11				lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lii	no		0	
	Total revenue—add lines 8 through 11 12)				(must equal Part VIII, column (A), m		30,168	3,106	32,623,205
	13	Grai	nts and similar amounts p	aıd (Part	IX, column (A), lines 1-3)		9	,800	10,500
	14	Ben	efits paid to or for membe	rs (Part I	X, column (A), line 4)			0	(
ç	15			, employe	ee benefits (Part IX, column (A), lines		17,381	.,441	19,485,229
ารค	168	5-1	•	(Part IX	column (A), line 11e)			0	
Expenses	ь		fundraising expenses (Part IX,	•	, ,,	•			
ū	17				Ines 11a-11d, 11f-24e)	_	11,798	3.264	13,460,404
	18				st equal Part IX, column (A), line 25)	·	29,189	· +	32,956,133
	19		•	•	18 from line 12		978	,601	-332,928
≥ 8 €							ning of Curren	t Year	End of Year
Net Assets or Fund Balances									
Ass 1 Ba	20						41,457		39,897,193
ž Š	21 22				Ine 21 from line 20	-	24,337 17,120		23,587,048
	22 101		inature Block	Subtract	illie 21 IIoiii illie 20		17,120	7,145	16,310,143
				have exa	amined this return, including accompa	nying sch	nedules and s	tateme	ents, and to the best of
my k	nowl	edge an	d belief, it is true, correct		plete Declaration of preparer (other				
prepa _	neri —	nas any	knowledge						
			***				2017-05-12		
Sign		Sig	gnature of officer				Date		
Her	е		R MARK A ELGART PRESIDENT/	CEO					
		IV IV	pe or print name and title Print/Type preparer's name		Preparer's signature	Date	T	PTIN	
Paid	4		STANLEY M SMITH II			2017-05-12	Check if self-employed	P003	319916
Pre		or.	Firm's name ► CARR RIGG	S & INGRA	N LLC		Firm's EIN ▶		5621
Use	-		Firm's address ▶ 4360 CHAME	BLEE DUNW	OODY RD STE 420		Phone no (7)	70) 457	-6606
USC	. JI	ııy	1						

orm	990 (2015)			Page 3
Par	t 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)? 💆	2	Yes	
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		N o
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		No
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 \square	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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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
	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	11 c		No
	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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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 2	12 a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		

· · · ·	1330 (2013)		rage
Pa	rt 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	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	22	No

Pa	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

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Nο

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Nο

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

Yes

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Form	990 (2015)			Page !
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		. 🗸
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 348		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1 c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
-	but the organization receive any lunus, directly of multectly, to pay premiums on a personal benefit contract.	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	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 related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13 a		
b	Enter the amount of reserves the organization is required to maintain by the states			
r	in which the organization is included to issue qualified neutri plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		"
	,			

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 6 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Yes 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Yes

b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

Yes **10a** Did the organization have local chapters, branches, or affiliates? . . 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Yes

organization's exempt status with respect to such arrangements? Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Own website Another's website 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 ▶ROSARIO RODRIGUEZ 9115 WESTSIDE PARKWAY ALPHARETTA, GA 30009 (678) 392-2285

16a

16b

Yes

Yes

Part VII

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unle	ore t ss pe	han erso cer tor/t	not one n is and			(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 trustee or director	Officer Institutional Trustee Individual trustee or director		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) DR DENISE G BORDERS	1 00									
CHAIR	0 00	X						0	0	(
(2) DR EUGENE G WHITE	1 00									
VICE CHAIR	0 00	×						0	0	C
(3) DR JEFF KELLER	1 00									
BOARD MEMBER	0 00	X						0	0	(
(4) MS MARY JO KIRCHNER	1 00									
BOARD MEMBER	0 00	X						0	0	C
(5) MR JERRY PEACOCK	1 00									
BOARD MEMBER	0 00	X						0	0	C
(6) MR PHILIP S JACOBS	1 00									
PAST CHAIR	0 00	×						0	0	(
(7) DR MARK A ELGART	40 00									
PRESIDENT/CEO	0 00			×				604,998	0	116,086
(8) KENNETH I BERGMAN	40 00									
CHIEF LEGAL OFFICER	0 00			×				256,038	0	32,767
(9) DR ANNETTE BOHLING	40 00									
CHIEF OPERATIONS OFFICER	0 00			×				207,569	0	26,165
(10) ALBERTO MAYO	40 00									
CHIEF INFORMATION OFFICER	0 00			×				210,887	0	26,906
(11) ROSARIO RODRIGUEZ	40 00									
				×				176,731	0	22,578
CHIEF FINANCIAL OFFICER	0 00									
(12) DR LUDWIG VAN BROEKHUIZEN	40 00			×				229,560	0	29,212
CHIEF INNOVATION OFFICER	0 00									
(13) ANGELA HILLIARD	40 00							450 470		20.200
DEPUTY CHIEF OF STRATEGY & DEVELOPMENT	0 00			X				158,173	0	20,209
(14) DAVID HURST	40 00									
<u> </u>		1	l	X		Ì		167,393	0	21,644

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 for related	m unle:	ore t ss pe	han erso cer tor/t	not one n is and rus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊭e Individual trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) JEAN BROWN	40 00			x				157,632		0 19,900
DEPUTY GENERAL COUNSEL (16) VICKI DENMARK	0 00 40 00					х		146,548		0 18,172
VP, EDUCATION INNOVATION (17) MAX E KRENSON	0 00 40 00					X		152,252		0 19,322
VP, NON PUBLIC SCHOOL SERVICES	0 00			ļ		<u> </u>		132,232		13,322
(18) ROBERT WHITE SENIOR DIRECTOR, CLIENT SERVICES	40 00 0 00					x		155,433		0 19,775
(19) MATT DAWSON SENIOR RESEARCHER	40 00					х		169,923		0 22,054
(20) ALEKSEI TOLOMPOIKO DIRECTOR OF SOFTWARE DEVELOPMENT	40 00 0 00					х		150,097		0 19,513
1b Sub-Total		 		•			2.0	42.224	0	444.202
	ot limited to tho	se list		>	e) w	ho red		43,234 ed more than	0	414,30

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

Section B. Independent Contractors

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

Name and business address	Description of services	Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 0

Νo

orm 99		15)						Page S
Part V	1111	Statement o						_
		Check if Schedi	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ν <u>κ</u>	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
Ę, G	С	Fundraising eve	ents 1c					
iffs, ar A	d	Related organiz	zations 1d					
s, G mil	е	Government grant	s (contributions) 1e	35,000				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above					
를	g	Noncash contribution 1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f		35,000			
				Business Code				
venue	2a	ACCREDITATION		900099	25,280,563	25,280,563		
å	b	SCHOOL IMPROVE	MNET SERVICES	900099	5,062,331	5,062,331		
€C	c	CONFERENCES & V		900099	1,686,137	1,686,137		
₹	d	PROGRAM SERVIC	E REVENUE	900099	104,239	104,239		
Program Service Revenue	e f	All other progra	am service revenue					
ΔŤ	g	Total. Add lines	s 2a-2f		32,133,270			
	3	Investment inc	ome (including dividend ar amounts)	ds, interest,	454,935			454,935
	4		stment of tax-exempt bond p					
	5	Royalties		🕨				
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inco	ll me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d		<u> </u>					
venue	8a	Gross income fevents (not inc						
Other Revenue		See Part IV, lir	ne 18 a					
p o	b c		penses b [(loss) from fundraising e	events •				
		Gross income f	rom gaming activities ne 19	events p				
	L .		a 					
			penses b [(loss) from gaming activ	/ities				
				•				
	10a	Gross sales of returns and allo						
	b c	_	oods sold b (loss) from sales of inve	entory ▶				
		Miscellaneou	s Revenue	Business Code				
	11a							
	Ь							
	d	All other reven	ue .					
	e	Total. Add lines	L	•				
	12		See Instructions					
		iotai ievelluë.	occinationis	· · · · •	32,623,205	32,133,270	C	454,935

Part IX Statement of Functional Expenses

Section	501(c)(3):	and 501(c)/4	organizations must	complete all columns	All other organizations	must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX															
Check is Schedule of Contains a response of note to any fine in this Fatt 1x	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

	Γ				
	ot include amounts reported on lines 6b, o, 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	5,500	5,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	5,000	5,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,808,611	2,246,889	561,722	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	12,220,845	9,776,676	2,444,169	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,458,226	1,166,581	291,645	
9	Other employee benefits	2,004,431	1,603,545	400,886	
10	Payroll taxes				
		993,116	794,493	198,623	
11	Fees for services (non-employees)				
а	Management				
b	Legal	151,044		151,044	
С	Accounting	72,345		72,345	
d	Lobbying				_
е	Professional fundraising services See Part IV, line 17				_
f	Investment management fees	60,000		60,000	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,657,132	1,809,943	847,189	
12	Advertising and promotion	755,655	604,524	151,131	
13	Office expenses	615,305	492,244	123,061	
14	Information technology	1,029,498	823,598	205,900	
15	Royalties				
16	Occupancy	880,187	704,150	176,037	
17	Travel	3,431,387	2,745,110	686,277	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	237,905	190,324	47,581	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,906,809	1,525,447	381,362	
23 24	Insurance	98,586	78,869	19,717	
а	GENERAL ASSOCIATION EXP	1,067,351	853,881	213,470	
b	BANK CHARGES	155,642	124,514	31,128	
c	DUES & SUBSCRIPTIONS	95,762	76,610	19,152	
d	PROFESSIONAL DEVELOPMEN	93,385	74,708	18,677	
e	All other expenses	152,411	136,334	16,077	
25	Total functional expenses. Add lines 1 through 24e	32,956,133	25,838,940	7,117,193	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		, , , , ,		

654,478

16,968,578

13,081,649

2,190,193

39,897,193

3,454,362

7,298,891

10.630.057

2,203,738

23,587,048

16,310,145

16.310.145

39,897,193

Form 990 (2015)

757,185

80,000

17,537

641,876

17,611,474

13,206,182

2,414,328

41,457,870

3,131,038

6,835,962

12.407.288

1,963,437

24,337,725

17, 120, 145

17, 120, 145

41,457,870

707,119

21,708,595

4,740,017

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Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 5,366,262 3,810,624 1 Cash-non-interest-bearing 1 2 312,627 2 450,312 Savings and temporary cash investments 3 3 Pledges and grants receivable, net . 4 1,180,465 4 1,904,174 Accounts receivable, net . . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net . . . 7 7

> 10a 10b

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10a

b

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Net Assets or Fund Balances

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that do not follow SFAS 117 (ASC 958), check here >

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

- Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments Donated services and use of facilities . Investment expenses .

- Prior period adjustments .
- column (B))

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

- Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

- - 4 5 6 7

8

9

10

1

2

3

2a

2b

2c

3a

Yes

Yes

16,310,145 Yes No

Page 12

32,623,205

32,956,133

17,120,145

-477,072

▽

Νo

-332,928

Nο

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	I Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

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

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

ADVANCE EDUCATION INC.

990EZ)

Part I

1

2 3

Total

Treasury

Department of the

DLN: 93493132030037 OMB No 1545-0047

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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.

20-8613765

Employer identification number

Inspection

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

Open to Public

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2015						Page Z	
Pa	Support Schedule fo							
	(Complete only if you of Part III. If the organization							
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i di c iii.	,	
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T	
(or	fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	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							
3	The value of services or facilities							
	furnished by a governmental unit							
	to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							
S	from line 4 ection B. Total Support							
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1	
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
9	and income from similar sources Net income from unrelated							
9	business activities, whether or							
	not the business is regularly carried on							
10	Other income Do not include							
	gain or loss from the sale of							
	capital assets (Explain in Part							
	VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•	
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,	
	check this box and stop here					▶ ┌		
S	ection C. Computation of Pub							
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14		
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15		
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box	
b	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						▶┌	
17a	10%-facts-and-circumstances test - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and st	op here. Explain	oorted	
	organization			_	•		▶	
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ				•	•	-1	
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•	
18	supported organization Private foundation. If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶	
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	20% and 300	▶┌	
							• 1	

Section A. Public Support Calendar year

(or fiscal year beginning in) ▶

(f)Total

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a)2011

(c)2013

(d)2014

(e)2015

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Pa	r
II If the organization fails to qualify under the tests listed below, please complete Part II.)	

(b)2012

1	membership fees received (Do not include any "unusual grants")	35,000	35,000	35,000	35,000		35,000	175,000
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,494,282	25,689,946	27,068,603	29,703,229	32,	.133,270	136,089,330
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	21,529,282	25,724,946	27,103,603	29,738,229	32,	168,270	136,264,330
	A mounts included on lines 1, 2, and 3 received from disqualified persons							0
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
С	Add lines 7a and 7b							0
8	Public support. (Subtract line 7c from line 6)							136,264,330
Se	ction B. Total Support	<u> </u>						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	1.5	(f) Total
or f 9	iscal year beginning in) ► A mounts from line 6	21,529,282	25,724,946	27,103,603	29,738,229		168,270	136,264,330
э 0а	Gross income from interest,	21,323,232	23,724,540	27,103,003	23,730,223	32,	100,270	130,204,330
-	dividends, payments received on securities loans, rents, royalties and income from similar sources	498,878	457,414	433,491	429,877		454,935	2,274,595
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	498,878	457,414	433,491	429,877		454,935	2,274,595
L1	Net income from unrelated business activities not included in line 10b, whether or not the							
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part							
L3	VI) Total support. (Add lines 9, 10c, 11, and 12)	22,028,160	26,182,360	27,537,094	30,168,106	32,	623,205	138,538,925
L4	First five years.If the Form 990 is	for the organizati	ion's first, second	, thırd, fourth, or	fifth tax year as a	section 5	501(c)(3) organization,
	check this box and stop here	blic Cupport F)augantaga					•
	ction C. Computation of Pu Public support percentage for 201			12 column (f))		T		
L5	,, ,	•	• •	13, Column (1))		15		98 360 %
L6 	Public support percentage from 20			~~		16		98 090 %
	ction D. Computation of Inv				nn (f))	ı		
L7	Investment income percentage fo	,		•	IIII (1 <i>))</i>	17		1 640 %
L8 	Investment income percentage fro					18	120/	1 910 %
19a	33 1/3% support tests—2015. If the	-		•				
b	more than 33 1/3%, check this bo. 33 1/3% support tests—2014. If th	•		•		-		▶ ✓ 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

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
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	Yes	No
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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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)	10 b		
.1	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		
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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--------------------------------------------	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

а	2a				
	organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
3	Parent of Supported Organizations Answer (a) and (b) below.				

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
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		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
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		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
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		
Distributable A mount. 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-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)						
Section D - Distributions			Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes								
2 Amounts paid to perform activity that directly furthe excess of income from activity									
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations								
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval rec	quired)								
6 Other distributions (describe in Part VI) See instru	ıctions								
	200.0110								
7 Total annual distributions. Add lines 1 through 6									
8 Distributions to attentive supported organizations t 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		110 2022	711110411111111111111111111111111111111						
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
3 Excess distributions carryover, if any, to 2015									
a .									
b c									
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									
i 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 pplied 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									
a									
b									
c Excess from 2013									
d From 2014									
e From 2015									
		Calcadada A	(F 000 000 F7) (201 F						

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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.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

<u> 2015</u>

DLN: 93493132030037

Open to Public Inspection

Na	nal Revenue Service	· · · · · · · · · · · · · · · · · · ·		Empl	oyer identification number
ADΙ	VANCE EDUCATION INC			20-8	613765
Pa	Organizations Maintaining Dono Complete if the organization answer				
		(a) Donor advised funds		(b)	Funds and other accounts
1	Total number at end of year			. ,	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to	_		or advis	ed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor a	idvisor, or for an	y other	☐ Yes ☐ No
Pa	rt II Conservation Easements. Comple	ete if the organization ansv	wered "Yes" o	า Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	he organization (check all that	apply)		
	Preservation of land for public use (e g , recreducation)		esservation of an	histor	ically important land area
	Protection of natural habitat	<u>-</u>			d historic structure
	Preservation of open space	1 ''	eservacion or a		a motoric otractare
2	Complete lines 2a through 2d if the organization	held a qualified conservation of	contribution in th	ne form	of a conservation
_	easement on the last day of the tax year	Tiera a quamica conscituation o	, and the second		or a conscirución
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme		, ,	2b	
C	Number of conservation easements on a certified		` ′	2 c	
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06, and	I not on a	2d	
3	Number of conservation easements modified, tra	insferred, released, extinguish	ed, or terminated	d by the	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	servation easement is located	>	_	
5	Does the organization have a written policy regard violations, and enforcement of the conservation of		nspection, hand	ling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violation	ons, and enforcir	ng cons	ervation easements during the
	-				
7	A mount of expenses incurred in monitoring, insp \$	ecting, handling of violations, a	and enforcing co	nserva	tion easements during the year
В	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ine 2(d) above satisfy the requ	irements of sect	ion 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the organiza			· ·
a r	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical		or Oth	er Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to re r assets held for public exhibit	port in its reven ion, education, c	r resea	arch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	r assets held for public exhibit			
((i) Revenue included on Form 990, Part VIII, line	1		▶ \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶\$_

	TIII Organizations Maintaining (continued)	Collections of	Art, His	storic	al T	reasures,	or Ot	her Similar <i>i</i>	Asse	ets	Page 2
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	cords,ch	nec k a r	y of	the following	that ar	e a significant u	se of	ıts	
а	Public exhibition		d	Γ	Loai	n or exchange	e progra	ams			
b	Scholarly research		е	Γ	Oth	er					
c	Preservation for future generations										
4	Provide a description of the organization Part XIII	's collections and ex	plain ho	w they	furth	er the organı	zation's	s exempt purpos	e in		
5	During the year, did the organization soli assets to be sold to raise funds rather th								96	□ No	
Pai	TEXT Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, F	art	IV, line 9, d	or repo	•			
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other inte	rmediary	for co	ntrıb	utions or oth	erasse	ts not	es	┌ No	•
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fol	llowing	table	e		A i	noun	t	
c	Beginning balance						1 c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1 f				
2 a	Did the organization include an amount o	n Form 990, Part X,	line 21,	for esc	row	or custodial a	account	t liability? Y	es	∏ No	•
b Pa	If "Yes," explain the arrangement in Part rt V Endowment Funds. Comple										
	·	(a)Current year	(b) Pr	or year		b (c) ⊤wo years	back (d) Three years back	(e)	Four ye	ars back
1 a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships				_						
е	Other expenditures for facilities and programs										
f	Administrative expenses				1						
g	End of year balance										
2	Provide the estimated percentage of the	current year end bal	ance (lir	ne 1g, c	olun	nn (a)) held a	s				
а	Board designated or quasi-endowment ▶										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%									
3а	Are there endowment funds not in the po- organization by	ssession of the orga	nızatıon	that ar	e hel	d and admını	stered			Yes	No
	(i) unrelated organizations								a(i) a(ii)		
b	(ii) related organizations	ations listed as requ				· · ·			3b		
4 Par	Describe in Part XIII the intended uses of the Land, Buildings, and Equip		CHUUWIII	icht lull	us						
	Complete if the organization a		Form 9					orm 990, Part			k value
	Description of property		Co	(a) st or oth (investn	er ba	sis Cost or oth	ner basıs			(4)500	k value
1 a	Land		· · 🗀			2	,862,190)			2,862,190
b	Buildings					4.5	120 244	2 426 7	83	4	7 711 461
r	Leasehold improvements		<u> </u>			15	,138,244	2,426,7	ری	1	2,711,461
	Equipment		: 			7	,922,620	2,029,1	38		893,482
	Other						· · ·				· ·
Tota	II. Add lines 1a through 1e (Column (d) mus	st equal Form 000 Po	rt X colu	mn (D)	line	10(c))	785,541	284,0	96	4	501,445 6,968,578
		, cequai i oi iii 330, Pa	ich, coiu	(<i>D)</i> ,	me	±0(c// • ·	•		D (F		90) 2015

(including name of security)	′	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			observed and or year market vara
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered	d 'Yes' on Form 990	, Part IV, line 11c.s,	ee Form 990 Part Y line 13
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	form 990, Part IV, line	
(a) Desc	ription		(b) Book value
(a) Desc	ription		(b) Book value
(a) Desc	ription		(b) Book value
(a) Desc	ription		(b) Book value
(a) Desc	ription		(b) Book value
(a) Desc	ription		(b) Book value
(a) Desc	ription		(b) Book value
(a) Desc	ription		(b) Book value
(a) Desc	ription		(b) Book value
(a) Desc	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line .	15)		
Total. (Column (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.	15)	'Yes' on Form 990,	
Total. (Column (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.	15)	'Yes' on Form 990,	
Total. (Column (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. (a) Description of liability	15)	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes	15)	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT	15) lanization answered (b) Book value	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT BENEFIT OBLIGATION	15) anization answered (b) Book value 757, 1,262,	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT BENEFIT OBLIGATION DUE TO SACS	15) anization answered (b) Book value 757, 1,262,	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT BENEFIT OBLIGATION DUE TO SACS	15) anization answered (b) Book value 757, 1,262,	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT BENEFIT OBLIGATION	15) anization answered (b) Book value 757, 1,262,	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT BENEFIT OBLIGATION DUE TO SACS	15) anization answered (b) Book value 757, 1,262,	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT BENEFIT OBLIGATION DUE TO SACS	15) anization answered (b) Book value 757, 1,262,	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT BENEFIT OBLIGATION DUE TO SACS	15) anization answered (b) Book value 757, 1,262,	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT BENEFIT OBLIGATION DUE TO SACS	15) anization answered (b) Book value 757, 1,262,	'Yes' on Form 990,	
Total. (Column (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. 1. (a) Description of liability Federal income taxes DEFERRED COMPENSATION DUE TO RELATED PARTY - POST RETIREMENT BENEFIT OBLIGATION DUE TO SACS	15) anization answered (b) Book value 757, 1,262, 4, 178,	'Yes' on Form 990,	Part IV, line 11e or 11f.

Schedule D (Form 990) 2015

	Complete if the organ	<u>ızatıon answered 'Yes' on Form 990, F</u>	art I	V, line 12a.	•	
1	Total revenue, gains, and other	r support per audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	cilities	2b			
c	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line 1 .				3	
4	Amounts included on Form 990), Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
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	
Part		rpenses per Audited Financial Sta Ization answered 'Yes' on Form 990, F			s per	Return.
1	Total expenses and losses per	audited financial statements			1	
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25				
а	Donated services and use of fa	cilities	2a			
b	Prior year adjustments		2b			
c	Other losses		2 c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		•		3	
4	A mounts included on Form 990), Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, lir	ne 18)	5	
	Supplemental Info	Drmation Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV lines 1h and 2	h	
Part		lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				

Schedule D (Form 990) 2015		Page 5							
Part XIII Supplemental Information (continued)									
Return Reference	Explanation								
		_							

efile GRAPHIC print - DO N	OT PROCESS	As Filed Date	a -	DLN:	93493132030037
SCHEDULE F St (Form 990)	atement of	Activities O	outside the Unit	ed States	OMB No 1545-0047
Denastment of the Trassury	·	Part IV, line 1 ► Attach to			2015 Open to Public Inspection
Name of the organization ADVANCE EDUCATION INC					tification number
Part I General Informat Complete if the orga			e United States. rm 990, Part IV, line	20-8613765 14b.	
1 For grantmakers. Does the and other assistance, the	e organization n grantees' eligibil	naintain records	to substantiate the a	mount of its grants	
 used to award the grants of For grantmakers. Describe assistance outside the Unit Activites per Region (The following) 	e in Part V the or ted States				Yes No
(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)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data		region	region,		
(2)					
(3)					
(4)					
(5)					
Sa Sub-total D Total from continuation sheet to Part I	s 1	4 0			1,406,704
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, s	1	for Form 990	Cat	No 50082W Sche	1,406,704 dule F (Form 990) 2015

Schedule F (Form 990) 2015

	applicable)		disbarsement	assistance	assistance	appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015							Page 3
	ther Assistance duplicated if addit			:ed States. Complete i	ıf the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(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)						1	
(2)				1			
(3)							
(4)		+				<u></u>	
(5)							
(6)				1			
(7)				,			
(8)							
(9)							
(10)							
(11)						1	1

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				

Yes 8621)

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 Yes

(see Instructions for Form 8865)

√ No 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) Yes

Νo

Additional Data

Software ID: Software Version:

EIN: 20-8613765

Name: ADVANCE EDUCATION INC

Schedule F (Form 990) 2015

Page **5**

Provide the information requir

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				
MIDDLE EAST	0	2	PROGRAM SERVICES	ACCREDITATION AND SCHOOL IMPROVEMENT TOOLS AND SERVICES	723,750				
EAST ASIA	0	1	PROGRAM SERVICES	ACCREDITATION AND SCHOOL IMPROVEMENT TOOLS AND SERVICES	47,660				
EUROPE	1	1	PROGRAM SERVICES	ACCREDITATION AND SCHOOL IMPROVEMENT TOOLS AND SERVICES	69,190				

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of region agents in service(s) in region region program services, grants to recipients located in the region) CENTRAL AMERICA PROGRAM SERVICES ACCREDITATION AND 345,932 Ischool IMPROVEMENT TOOLS AND CEDUTCES 12.529

ISCHOOL

IMPROVEMENT TOOLS AND SERVICES

196,489

				AND SERVICES	
AFRICA	0	0	PROGRAM SERVICES	ACCREDITATION AND	
				SCHOOL	
				IMPROVEMENT TOOLS	
				AND SERVICES	

SOUTH AMERICA PROGRAM SERVICES ACCREDITATION AND

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

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) SOUTH ASIA PROGRAM SERVICES ACCREDITATION AND 11,154 ISCHOOL IMPROVEMENT TOOLS

AND SERVICES

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Compensation Information

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

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

OMB No 1545-0047

DLN: 93493132030037

2015

nternal Revenue Service	
Name of the organiz	ation
ADVANCE EDUCATION II	VIC.

Schedule J (Form 990)

Treas	tment of the ury al Revenue Service	▶ Information about Schedule J (Form	990) and its instructions is at <u>www.irs.</u>			o Pul ectio	
Naı	me of the organiz				Employer identification	on nur	nber	
ADV	'ANCE EDUCATION I	NC			20-8613765			
Pa	rt I Questi	ons Regarding Compensation		l	20-0013703			
							Yes	No
1 a		ropiate box(es) if the organization provide Section A, line 1a Complete Part III to						
	√ First-clas	s or charter travel	Γ	Housing allowance or residence fo	r personal use			
	✓ Travel for	companions	Γ	Payments for business use of pers	onal residence			
	√ Tax idemr	nification and gross-up payments	~	Health or social club dues or initia	tion fees			
	Discretion	nary spending account	Γ	Personal services (e g , maid, chai	uffeur, chef)			
b 2	reimbursement Did the organiz	exes in line 1a are checked, did the organ or provision of all of the expenses descr cation require substantiation prior to reim	ibed burs	above? If "No," complete Part III to ing or allowing expenses incurred by	o explain v all	1 b	Yes	
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					2	Yes	
3	organization's	, if any, of the following the filing organiza CEO/Executive Director Check all that a ed organization to establish compensation	apply	Do not check any boxes for metho	ds			
	✓ Compensa	ation committee	~	Written employment contract				
	Independe	ent compensation consultant	~	Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compens	ation committee			
4	During the year or a related org	r, did any person listed on Form 990, Par ganization	t VII	, Section A , line 1a with respect to	the filing organization			
а	Receive a seve	erance payment or change-of-control pay	ment	t?		4a		No
b	Participate in,	or receive payment from, a supplemental	nond	qualified retirement plan?		4b	Yes	
c	Participate in,	or receive payment from, an equity-based	d cor	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and provide	le the	e applicable amounts for each item i	n Part III			
5	For persons lis	, 501(c)(4), and 501(c)(29) organization ted on Form 990, Part VII, Section A, lin contingent on the revenues of			any			
а	The organization	on?				5a		Νo
b	Any related org	ganization? e 5a or 5b, describe in Part III				5b		Νo
6	For persons lis	ted on Form 990, Part VII, Section A, lin	e 1a	, did the organization pay or accrue	any			
а	The organization	-				6 a		No
ь	Any related org					6b		No
		e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A, lin described in lines 5 and 6? If "Yes," desc			on-fixed	7		No
8		ints reported on Form 990, Part VII, paid Initial contract exception described in Re						

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

Νo

ruge z											
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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual											
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in						

other deferred benefits (B)(ı)-(D) column(B) reported (ii) (iii) Base as deferred on prior Bonus & incentive Other reportable compensation (I) compensation compensation compensation Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Page 2

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Infor	mation
Provide the information, explanation, o	r 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	Fundamention
Return Reference	Explanation

Schedule J (Form 990) 2015

DR MARK ELGART - \$78,952 457(F) PLAN CONTRIBUTION

PART I, LINE 4B

Software ID: Software Version:

EIN: 20-8613765

Name: ADVANCE EDUCATION INC

Form 990, Schedule J, F	art I	I - Officers, Direc	tors, Trustees, Ke	ey Employees, an	d Highest Compen	sated Employees	i	
(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MI: (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1DR MARK A ELGART PRESIDENT/CEO	(1)	604,998	0	0	116,086	0	721,084	0
	(11)	0	0	0	0	-		0
1KENNETH I BERGMAN CHIEF LEGAL OFFICER	(1)	256,038	0	0	32,767	0	288,805	0
	(11)	0	0	0	0	-		0
2DR ANNETTE BOHLING	(1)	207,569	0	0	26,165	0	233,734	0
CHIEF OPERATIONS OFFICER	(11)	0						
3ALBERTO MAYO		2.2.2.2			Ĭ .	0	0	
CHIEF INFORMATION OFFICER	(1)	210,887	0	0	26,906	0	237,793	0
OFFICER	(11)	0	0	0	0	- 0	- 0	0
4ROSARIO RODRIGUEZ CHIEF FINANCIAL OFFICER	(1)	176,731	0	0	22,578	0	199,309	0
	(11)	0	0	0	0		-	0
DR LUDWIG VAN	(1)	229,560	0	0	20.212	0	0	0
5 BROEKHUIZEN CHIEF INNOVATION OFFICER	(11)				29,212		258,772	
	(11)	0	0	0	0	0	0	0
6 ANGELA HILLIARD DEPUTY CHIEF OF STRATEGY	(1)	158,173	0	0	20,209	0	178,382	0
& DEVELOPME	(11)	0	0	0	0		-	0
7DAVID HURST DEPUTY CHIEF OPERATIONS	(1)	167,393	0	0	21,644	0	189,037	0
OFFICER	(11)	0		0	0			0
8JEAN BROWN	(1)	157 (22				0	0	
DEPUTY GENERAL COUNSEL	(1)	157,632	0	0	19,900	0	177,532	0
	(11)	0	0	0	0	- 0		0
9VICKI DENMARK VP, EDUCATION INNOVATION	(1)	146,548	0	0	18,172	0	164,720	0
,	(11)	0	0	0	0		-	0
10MAX E KRENSON	(1)	152,252	0		19,322	0	171,574	0
VP, NON PUBLIC SCHOOL SERVICES	(11)							
	(,	Ů	U	0	U	0	0	
11ROBERT WHITE SENIOR DIRECTOR, CLIENT	(1)	155,433	0	0	19,775	0	175,208	0
SERVICES	(11)	0	o	0	0	-	_	0
12MATT DAWSON SENIOR RESEARCHER	(1)	169,923	0	0	22,054	0	191,977	0
SEMON NESEANCHEN	(11)	0	0	0	0			0
13ALEKSEI TOLOMPOIKO	//\	150,097				0	0	
DIRECTOR OF SOFTWARE DEVELOPMENT	(1)		0	0	19,513	0	169,610	0
	(11)	0	0	0	0	- 0	- 0	0
				•				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. DLN: 93493132030037 OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Employer identification number ADVANCE EDUCATION INC 20-8613765 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No DEVELOPMENT AUTHORITY 58-1506878 NONEAVAIL 01-25-2010 9,500,000 ACQUISITION, Х Х OF FULTON COUNTY CONSTRUCTION, & EQUIPPING OF OFFICE & RELATED FACILITIES **Proceeds** Part II В C D Α 1,720,000 2 Total proceeds of issue 3 9.500.000 5 6 7 154,552 8 9 10 9,345,448 11 12 13 2011 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 14 Were the bonds issued as part of an advance refunding issue? Х 15 Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? Part IIII Private Business Use Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Х

Are there any lease arrangements that may result in private business use of bond-

						В		C		<u> </u>
			Yes	No	Yes	No	Yes	No	Yes	No
3a 	Are there any management or service contracts that may result in private b of bond-financed property?			×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finan									
prope	·									
С	Are there any research agreements that may result in private business use financed property?	of bond-		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed property									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government.			0 %		•		•		•
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	rsection		0 %						
6	Total of lines 4 and 5			0 %						
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	isposed of						•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	ections								
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			×						
Par	IV Arbitrage			•		•	•		•	•
		A			В		С		D	
	-	Yes	No	Yes	No	Ye		No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X	1	110					
2	If "No" to line 1, did the following apply?									
<u>а</u>	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
с	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•					
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
		_				_				

_	·								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		Х						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the examplestion established written procedures to enquire	1							

Procedures To Undertake Corrective Action

A B C D

Yes No Yes No

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O 2015 (Form 990 or Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasurv www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number ADVANCE EDUCATION INC. 20-8613765 990 Schedule O, Supplemental Information Return **Explanation** Reference FORM 990, PART ADVANCED ACCEPTS DONATIONS WHICH ARE USED TO SUPPORT COLLEGE SCHOLARSHIPS THAT ARE AWARDED TO V. LINE 7B SELECTED STUDENTS FROM SOME OF OUR ACCREDITED SCHOOLS IN LATIN AMERICA. DR. MARK A. ELGART ACKNOWLEDGES EACH GIFT WITH A LETTER TO THE DONOR THE TOTAL AGGREGATE AMOUNT OF DONATIONS RECEIVED EACH YEAR IS NORMALLY LESS THAN \$5,000

ADVANCE EDUCATION COOPERATIEF UA WAS INCORPORATED IN THE NETHERLANDS IN OCTOBER 2015 AND IS A

DLN: 93493132030037

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SUBSIDIARY OF ADVANCE EDUCATION, INC.

FORM 990, PART

VI, SECTION A.

LINE 4

990 Schedule O, Supplemental Information

Return Reference

	· ·
· · · · · · · · · · · · · · · · · · ·	THE PRESIDENT/CEO, CHIEF LEGAL OFFICER, AND CHIEF FINANCIAL OFFICER REVIEW DRAFTS OF THE FORM 990 AND DISCUSS ANY ISSUES WITH ITS CPA FIRM THE ABOVE-LISTED OFFICERS THEN SHARE AND DISCUSS THE DRAFT OF THE 990 (WITH REVISIONS, IF ANY) WITH MEMBERS OF THE FINANCE COMMITTEE BEFORE SIGNING AND FILING THE RETURN
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES ANNUALLY DISCUSSES THE CONFLICT OF INTEREST POLICY AND CODE OF ETHIC S, GOING OVER THE KEY PARTS OF THE POLICIES AND STRESSING THE IMPORTANCE OF COMPLIANCE WIT H THE POLICIES EACH BOARD MEMBER IS INSTRUCTED TO REVEAL ANY POTENTIAL CONFLICTS AND IS A SKED TO SIGN AN ACKNOWLEDGEMENT FORM

Explanation

990 Schedule O. Supplemental Information Return

Explanation

SECTION B.

Reference FORM 990.

PART VI.

A RRA NGEMENTS BASED ON CURRENT MARKET INFORMATION AND EMPLOY EE PERFORMANCE INDEPENDENT INFORMATION WAS OBTAINED THROUGH GUIDESTAR NON-PROFIT COMPENSATION REPORT WITH ALL COMPENSATION ARRANGEMENTS APPROVED BY THE PRESIDENT/CEO

A PRINTED FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION.

FORM 990. PART VI.

SECTION C. LINE 18

LINE 15 GUIDELINES WITHIN THE SALARY SCHEDULE. THE PRESIDENT/CEO SETS OR APPROVES ALL COMPENSATION.

NUMBER OF EMPLOYEES FOR OTHER OFFICERS AND KEY EMPLOYEES, ADVANCE EDUCATION, INC. HAS A SALARY

THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES SETS THE PRESIDENT/CFO'S COMPENSATION. THEIR

DECISION IS BASED ON COMPARABLES AMONG OTHER NON-PROFIT ENTITIES WITH SIMILAR REVENUES AND SIMILAR

SCHEDULE BASED ON EMPLOYEE PAY GRADE. OTHER OFFICERS AND KEY EMPLOYEES ARE COMPENSATED BASED ON

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990, PART

XII, LINE 2C

NO CHANGE FROM PRIOR YEAR

FORM 990, PART	ADVANCE EDUCATION, INC POSTS ITS MISSION, VISION, AND CORE VALUES STATEMENT ON ITS WEBSITE
VI, SECTION C,	INFORMATION REGARDING THE STATEMENT OF ACTIVITIES IS ALSO AVAILABLE ON THE WEBSITE VIA THE "ANNUAL
LINE 19	REPORT" THE BY LAWS AND GOVERNANCE POLICIES, CODE OF ETHICS, CONFLICT OF INTEREST POLICY, AND
	WHISTLEBLOWER POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

DLN: 93493132030037

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

DVANCE EDUCATION INC				20-86137	65			
Part I Identification of Disregarded Entities Compl	ete if the organization a	nswered "Yes" on				(f)		
(a) Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets		Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t		e organization ans	swered "Yes" or	1 Form 990, Pa	irt IV,	line 34 because it ha	ad one	<u> </u>
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity (if section 501		(f) Direct controlling entity	Section (13) co ent	ntrolle tity?
(1)SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS INC 1866 SOUTHERN LANE	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A	A)(2)		Yes	No No
DECATUR, GA 30033 58-0566240						N/A		
(2)SACS COUNCIL ON ACCREDITATION AND SCHOOL IMPROVEMENT INC 9115 WESTSIDE PARKWAY	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A	4)(3)	ADVANCE EDUCATION INC	Yes	
ALPHARETTA, GA 30009 41-2204696								
(3)THE COMMISSION ON ACCREDITATION AND SCHOOL IMPROVEMENT 9115 WESTSIDE PARKWAY	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A	A)(2)	ADVANCE EDUCATION INC	Yes	
ALPHARETTA, GA 30009 86-1012205								
(4) SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS COMMISSION ON COLLEGES INC 1866 SOUTHERN LANE	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A	A)(2)	N/A		No
DECATUR, GA 30033 32-0261810								
(5)CAREER AND TECHNICAL EDUCATION CONSORTIUM OF STATES INC 1866 SOUTHERN LANE	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A	A)(2)	N/A		No
DECATUR, GA 30033 38-3796290						1.4,7.		
(6)NORTHWEST ACCREDITATION COMMISSION 1510 ROBERT STREET STE 103	SCHOOL ACCREDITATION AND IMPROVEMENT	ID	501(C)(3)	SECTION 509(A	A)(2)	ADVANCE EDUCATION INC	Yes	
BOISE, ID 837055194 93-0464403								$oxed{igspace}$

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or aging	(k) Percentage ownership
				514)			Yes	No	1	Yes	No.	
							res	NO		res	NO	
Part TV Identification of Polated Organizations Taxable a	s a Cornor	ation	or Truct C	omplote if th	0.000000	tion anci	uorod	"Voc!	on Form O	00 5) a r t	TV line

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(i contro entit	13) olled ty?
								Yes	No
ADVANCE EDUCATION (1)COOPERATIEF UA WEENA-ZUID 130 4E VERDIEPING 424 ROTTERDAM 3012NC NL	SCHOOL ACCREDITATION AND IMPROVEMENT	NL	N/A	С	7,403	666,306	94 000 %	Yes	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	ı	No
b Gift, grant, or capital contribution to related organization(s)				1b \	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e \	Yes	_
f Dividends from related organization(s)				1f	,	No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	1	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No No
Performance of services or membership or fundraising solicitations for related organization(s)					Yes	_
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10 Y	Yes	
p Reimbursement paid to related organization(s) for expenses				1p \	Yes	
q Reimbursement paid by related organization(s) for expenses				1 q	1	No
r Other transfer of cash or property to related organization(s)				1r	-	No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comp	olete this line, including c	overed relationships	s and transaction thresho	lds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	j amount inv	olved	
(1)SOUTHERN ASSOCIATION OF COLLEGES AND & SCHOOLS INC	E	1,262,960	BOOK VALUE			
(2)ADVANCE EDUCATION COOPERATIEF UA	В	40,000	FAIR VALUE			
				<u> </u>		

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

revenue) that was not a related organization. See instructions r													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
													_ _
				l		L				l .	l		



Additional Data

Software ID: Software Version:

EIN: 20-8613765

Name: ADVANCE EDUCATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of R		I	ı	1	1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(b)(contr	on 512 (13) crolled tity?	
						Yes	No	
SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS INC 1866 SOUTHERN LANE DECATUR, GA 30033 58-0566240	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A) (2)	N/A		No	
SACS COUNCIL ON ACCREDITATION AND SCHOOL IMPROVEMENT INC 9115 WESTSIDE PARKWAY ALPHARETTA, GA 30009 41-2204696	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A)	ADVANCE EDUCATION INC	Yes		
THE COMMISSION ON ACCREDITATION AND SCHOOL IMPROVEMENT 9115 WESTSIDE PARKWAY ALPHARETTA, GA 30009 86-1012205	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A) (2)	ADVANCE EDUCATION INC	Yes		
SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS COMMISSION ON COLLEGES INC 1866 SOUTHERN LANE DECATUR, GA 30033 32-0261810	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A) (2)	N/A		No	
CAREER AND TECHNICAL EDUCATION CONSORTIUM OF STATES INC 1866 SOUTHERN LANE DECATUR, GA 30033 38-3796290	SCHOOL ACCREDITATION AND IMPROVEMENT	GA	501(C)(3)	SECTION 509(A) (2)	N/A		No	
NORTHWEST ACCREDITATION COMMISSION 1510 ROBERT STREET STE 103 BOISE, ID 837055194 93-0464403	SCHOOL ACCREDITATION AND IMPROVEMENT	ID	501(C)(3)	SECTION 509(A) (2)	ADVANCE EDUCATION INC	Yes		