DLN: 93493170006175

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

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

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014 C Name of organization THE FRIEDMAN FOUNDATION FOR EDUCATIONAL D Employer identification number B Check if applicable Address change CHOICE INC 35-1978359 CAREY E FOLCO Name change Doing business as Initial return E Telephone number umber and street (or P O box if mail is not delivered to street address) Room/suite Final return/terminated ONE AMERICAN SOUARE (317)681-0745 Amended return City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46282 G Gross receipts \$ 10,212,581 Application pending Name and address of principal officer H(a) Is this a group return for ROBERT C ENLOW Yes 🔽 No subordinates? ONE AMERICAN SOUARE STE 2420 INDIANAPOLIS, IN 46282 **H(b)** Are all subordinates Yes 🗌 No included? Tax-exempt status If "No," attach a list (see instructions) Website: ► WWW EDCHOICE ORG H(c) Group exemption number ▶ K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1996 M State of legal domicile IN Part I Summary Briefly describe the organization's mission or most significant activities PROMOTING SCHOOL CHOICE IN ORDER TO IMPROVE, THROUGH COMPETITION, K-12 EDUCATION FOR ALL Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 13 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 12 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . 5 19 6 11 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 10,042,798 Contributions and grants (Part VIII, line 1h) . 3.962.839 Program service revenue (Part VIII, line 2g) . 0 9 1,027,583 149,501 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -4,595 -24,443 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 4,985,827 10,167,856 12) . 13 1,058,500 961,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 1,568,360 1,590,880 Expenses 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . 30,000 16a Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 664,296 b 2,582,539 2,299,872 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 5,209,399 4,881,752 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -223,572 5,286,104 Assets or d Balances **Beginning of Current End of Year** Year 20 7,186,494 12,672,422 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 252,129 253,028 Net assets or fund balances Subtract line 21 from line 20 6,934,365 12,419,394 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2015-08-15 Signature of officer Sign Here obert C Enlow President Type or print name and title Print/Type preparer's name NICOLE B FISHBACK Preparer's signature Date PTIN Check [P01279475 self-employed **Paid** Firm's name BKD LLP Firm's EIN 🕨 Preparer Firm's address > 201 N Illinois Street Phone no (317) 681-0745 **Use Only**

Indianapolis, IN 46204

art 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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		 V	. ▽
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 43		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	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
h	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? \cdot .	5a		Ν
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Ν
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
c -		5c		B.1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N ·
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	-		
	required?	7g		
	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	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			
1	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)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	N
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

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

,,,,,,,	 ,	<i></i>		 ,	 		 		
See instructions.									
Check if Schedule O contains a response or note to any line in this Part VI									
check if Schedule o contains a response of note to any fine in this fact vi		•	•	 		•	•	•	•1 .

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	l
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	Í
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH, OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►CAREY E FOLCO ONE AMERICAN SQUARE STE 2420 INDIANAPOLIS, IN 46282 (317) 681-0745

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

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

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

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

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

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

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

	ı	I						<u> </u>		
(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	office	ess er !)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
(1) ROBERT C ENLOW	45 0	l x		х				230,808	0	18,629
PRESIDENT AND CEO	0 0							ŕ		ŕ
(2) PATRICK M BYRNE	2 0	l x		x				0	0	0
CHAIRMAN	0 0	_ ^		^				Ŭ	Ŭ	
(3) JANET FRIEDMAN MARTEL	2 0			Х				0	0	0
VICE CHAIRPERSON	0 0	X		^				١	U	0
(4) LAWRENCE A O'CONNOR JR	1 0	,,		,,						
TREASURER	0 0	×		Х				0	0	0
(5) DAVID D FRIEDMAN	1 0							_	_	
DIRECTOR	0 0	X						0	0	0
(6) CHARLES H BRUNIE	1 0									
DIRECTOR	0 0	X						0	0	0
(7) WILLIAM J HUME	1 0							_	_	_
DIRECTOR	0 0	X						0	0	0
(8) FRED REAMS	1 0									
DIRECTOR	0 0	X						0	0	0
(9) MICHAEL WALKER	1 0									
DIRECTOR	0 0	X						0	0	0
(10) FRED S KLIPSCH	1 0									
DIRECTOR	0 0	X						0	0	0
(11) VIRGINIA WALDEN-FORD	1 0									
DIRECTOR	0 0	Х						4,000	0	0
(12) GREG GIANFORTE	1 0									
DIRECTOR	0 0	×						0	0	0
(13) J SCOTT ENRIGHT	5 0	х		х				0	0	0
SECRETARY (14) CAREY E FOLCO	0 0 40 0									
V P OF OPERATIONS	0 0			х				81,800	0	9,718
or Elevizons		<u> </u>			_					Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) LESLIE HINER V.P. OF PROGRAMS AND STATE	45 0 0				х			158,300	0	6,661
(16) BRIAN MCGRATH SENIOR VICE PRESIDENT	40 0					х		140,804	0	16,229
(17) JEFFREY SPALDING DIRECTOR OF FISCAL POLICY	40 0					х		103,304	0	10,433

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•[
d	Total (add lines 1b and 1c)	•[719,016	0	61,670

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►4

			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>		1	
	on time 1a' 11 res, complete schedule 1101 Such marviadar	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 individual	4	> 00	
	/////////	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		1	
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section	R	Inda	nand	ont	$C \cap D$	trac	-tore

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part V	4 + + 4	Statement of Revenue	no in this Dort \/III			_
		Check if Schedule O contains a response or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क ह	1a	Federated campaigns 1a				
tributions, Giffs, Grants Other Similar Amounts	ь	Membership dues 1b				
وَ ق	С	Fundraising events 1c 5,197				
iffs,	d	Related organizations 1d				
n G∷	e	Government grants (contributions) 1e				
Sir	_	All other contributions, gifts, grants, and 1f 10,037,601				
iğ iği	1	similar amounts not included above				
를	g	Noncash contributions included in lines 1a-1f \$				
Contributions, Gifts, Grants and Other Similar Amounts	h		10,042,798			
		Business Code				
Program Serwde Revenue	2a	Busiliess Code				1
94.	ь					
ъ́. П	С					
¥.	d					
ૐ ⊆	e					
in in	f	All other program service revenue				
چ	g	Total. Add lines 2a−2f	0			
	3	Investment income (including dividends, interest,				
		and other similar amounts)	149,501			149,501
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	o o			
	6a	Gross rents (1) Keal (11) Fersonal				
	ь	Less rental				
	c	expenses Rental income 0 0				
	d	or (loss) Net rental income or (loss)	0			1
	_	(i) Securities (ii) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or				
		other basis and sales expenses				
	c	Gain or (loss)				
	d on	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$5,197				
şev.		of contributions reported on line 1c) See Part IV, line 18				
<u>.</u>		a 20,282				
ŧ	ь	Less direct expenses b 44,725				
ō	C	Net income or (loss) from fundraising events	-24,443			-24,443
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
		Less direct expenses b				
		Net income or (loss) from gaming activities	0			<u> </u>
	TOG	Gross sales of inventory, less returns and allowances .]			
		a				
		Less cost of goods sold b	_			
	C	Net income or (loss) from sales of inventory	0			
	11a	Priscenaneous Revenue Business Code				
	b					
	c					+
	d	All other revenue				
	e	Total. Add lines 11a−11d				
	12	Total revenue. See Instructions	0			
			10,167,856		İ	125,058

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, b, 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	961,000	961,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	509,864	334,113	95,996	79,755
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	883,519	632,048	50,771	200,700
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,387	15,899	558	5,930
9	Other employee benefits	84,130	60,986	4,889	18,255
10	Payroll taxes	90,980	64,751	9,213	17,016
11	Fees for services (non-employees)	22,230	2.,.32		2.,020
а	Management	0			
ь	Legal	2,103		2,103	
c	Accounting	21,240		21,240	
d	Lobbying	100,000	100,000	<u> </u>	
e	Professional fundraising services See Part IV, line 17	30,000			30,000
f	Investment management fees	0			<u>, , , , , , , , , , , , , , , , , , , </u>
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	421,917	410,241	11,129	547
12	Advertising and promotion	102,397	102,397		
13	Office expenses	100,567	72,004	14,459	14,104
14	Information technology	0			·
15	Royalties	0			
16	Occupancy	101,500	75,404	10,013	16,083
17	Travel	274,901	236,006	11,011	27,884
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	45,978	45,978	,	,
19	Conferences, conventions, and meetings	350,389	348,037	2,352	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,052	14,901	1,974	3,177
23	Insurance	22,510	16,721	2,211	3,578
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MAILING AND PRINTING FEES	528,326	278,854	2,205	247,267
b	STATE POLLING	61,062	61,062		
c	SPEAKER/MODERATOR FEES	83,194	83,194		
d	SPONSORED EVENTS	50,790	50,790		
е	All other expenses	12,946	12,946		
25	Total functional expenses. Add lines 1 through 24e	4,881,752	3,977,332	240,124	664,296
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X		_	
			(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing	767,039	1	2,732,055
	2	Savings and temporary cash investments	1,036,158	2	4,314,512
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
60	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	0	0	0
ळ्			0		0
Assets	7	Notes and loans receivable, net	0	7	0
_	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	12,926	9	7,190
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 249,65	2		
	b	Less accumulated depreciation	2 62,039	10c	44,620
	11	Investments—publicly traded securities	5,308,332	11	5,574,045
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,186,494	16	12,672,422
	17	Accounts payable and accrued expenses	252,129	17	253,028
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Эę		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			_
		D	0	25	0
	26	Total liabilities. Add lines 17 through 25	252,129	26	253,028
s e		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
or Fund Balance	27	Unrestricted net assets	6,782,885	27	12,319,266
	28	Temporarily restricted net assets	151,480	28	100,128
프	29	Permanently restricted net assets	0	29	0
r Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
ě	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	6,934,365	33	12,419,394
Z	34	Total liabilities and net assets/fund balances	7,186,494	34	12,672,422
			1,122,101		,,

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,	167,856
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,8	381,752
3	Revenue less expenses Subtract line 2 from line 1	3		5,2	286,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,9	934,365
5	Net unrealized gains (losses) on investments	5			198,925
6	Donated services and use of facilities	6			· ·
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		12,4	119,394
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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SCHEDULE A

(Form 990 or 990EZ)

Internal Revenue Service

Department of the

Treasury

Total

As Filed Data -

DLN: 93493170006175

OMB No 1545-0047

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2011

Open to Public Inspection

Name of the organization **Employer identification number** THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE INC 35-1978359 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 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 Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

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

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

S	ection A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20:	14	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,214,115	4,498,513	5,327,738	3,967,838	10,0	063,080	28,071,284
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit							0
4	to the organization without charge Total. Add lines 1 through 3	4,214,115	4,498,513	5,327,738	3,967,838	10,0	63,080	28,071,284
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included							8,251,899
	on line 1 that exceeds 2% of the amount shown on line 11, column							0,202,033
6	(f) Public support. Subtract line 5 from line 4							19,819,385
	ection B. Total Support						-	
Cale	endar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	.4	(f) Total
7	Amounts from line 4	4,214,115	4,498,513	5,327,738	3,967,838	10,0	63,080	28,071,284
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	96,407	59,604	86,589	103,602	1	49,501	495,703
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							0
11	Total support Add lines 7 through 10							28,566,987
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12		
	First five years. If the Form 990 is organization, check this box and st	op here	<u> </u>					
	ection C. Computation of Pub			4.4 1 (0)				
14	Public support percentage for 2014			11, column (f))		14		69 379 %
15	Public support percentage for 2013	· ·				15		55 860 %
	33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the box and stop here. The organization	alıfıes as a publıc organızatıon dıd	ly supported orga not check a box (nization on line 13 or 16a,				► ✓
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part VI how the organization mee	—2014. If the orga tion meets the "fa	anization did not o acts-and-circums	check a box on lir stances" test, che	eck this box and	stop here. I	Explain	,
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organization in Part VI how the organization	nization meets the	e "facts-and-cırc	umstances" test,	check this box a	nd stop he	re.	▶ ┌
18	Explain in Part VI how the organiza supported organization Private foundation. If the organizatinstructions				-			y ▶□

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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 $(2)^7$ 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? <i>If</i> "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		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	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.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

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

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493170006175

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	E FRIEDMAN FOUNDATION FOR EDUCAT	ΓΙΟΝΑL		Employer ide	entification number
	OICE INC			35-197835	
Pa	rt I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	27 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
		ganization is exempt under			
1	·	e tax incurred by the organization un			\$
2		e tax incurred by organization manag		1 4955 •	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
b					
Pa	rt I-C Complete if the or	ganization is exempt under	section 501(c), except section 5	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to o	ther organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	¢
4	Did the filing organization file F	Form 1120-POL for this year?			[♀]
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ne amount paid fro directly delivered	m the filing organization's to a separate political or	s funds Also enter the ganızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received
	Danish Dadustian Ash Nah	ee the instructions for Form 990 or 99	2.57		2 /Form 990 or 990-F7) 2014

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	20,000	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	87,576	
c	Total lobbying expenditures (add lines 1a and 1b	o)	107,576	
d	Other exempt purpose expenditures		4,774,175	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	4,881,751	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	394,088	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	98,522	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lir	ne 1h or line 1ı, did the organization file Form 472	0 reporting	

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

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total	
2a	Lobbying nontaxable amount	355,461	403,371	410,470	394,088	1,563,390	
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,345,085	
c	Total lobbying expenditures	81,219	111,684	134,298	107,576	434,777	
d	Grassroots nontaxable amount	88,865	100,843	102,618	98,522	390,848	
e 	Grassroots ceiling amount (150% of line 2d, column (e))					586,272	
f	Grassroots lobbying expenditures	23,721	41,040	34,125	20,000	118,886	

Pai		rganization is exempt under section 501(c)(3) and has Nelection under section 501(h)).	TOP				
For o	•	gh 11 below, provide in Part IV a detailed description of the lobbying	(6	a)		(b)	
activ	·	gn 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	1	Mour	ıt
1		anization attempt to influence foreign, national, state or local t to influence public opinion on a legislative matter or referendum,					
а	Volunteers?						
b	Paid staff or management (includ	le compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?						
d	Mailings to members, legislators	· · · · ·					
е	Publications, or published or broad	<u> </u>					
f	Grants to other organizations for	_					
g		heir staffs, government officials, or a legislative body?					
h i	Rallies, demonstrations, seminar Other activities?	rs, conventions, speeches, lectures, or any similar means?					
j	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the o	rganization is exempt under section 501(c)(4), section 5	501(c)(5),	or s	ectio	n
	501(c)(6).						
						Yes	No
1		nore) dues received nondeductible by members?		-	1		
2		n-house lobbying expenditures of \$2,000 or less?		-	2		
3		ry over lobbying and political expenditures from the prior year?	04/-	<u> </u>	3		
	501(c)(6) and if e						
1	Dues, assessments and similar a		1				
2	Section 162(e) nondeductible lo expenses for which the section 5	bbying and political expenditures (do not include amounts of political 527(f) tax was paid).					
a	Current year		2a				
Ь	Carryover from last year		2b				
c	Total		2c				
3 4		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues unt on line 2c exceeds the amount on line 3, what portion of the excess	3				
4		arryover to the reasonable estimate of nondeductible lobbying and	4				
5		political expenditures (see instructions)	5				
Pa	rt IV Supplemental Inf						
Pro	vide the descriptions required for	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grouse 1 Also, complete this part for any additional information	p list),	Part I	I-A,I	ınes 1	and
	Return Reference	Explanation					
			105.10	· NIE\/E	D TNI	<u> </u>	
	BYING EXPENDITURES TO UENCE PUBLIC OPINION	PART II-A THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHO IN POLITICAL CAMPAIGNS THE SUBSTANTIAL ACTIVITY UNDER FOUNDATION FOR EDUCATIONAL CHOICE IS EDUCATIONAL IN N HAS MADE AN ELECTION UNDER SECTION 501(H) OF THE INTERN CONSISTENT WITH A NONPROFIT ORGANIZATION WITH "H ELECTALSO UNDERTAKES LIMITED LOBBYING ACTIVITIES IN CERTAIN PASSAGE OF LEGISLATION THAT ENABLES PARENTS TO RECEIVE VOUCHER OR A TAX CREDIT FUNDED SCHOLARSHIP TO SEND THE APPROVED PRIVATE SCHOOLS IN 2014, THESE ACTIVITIES INCITIME FOR DIRECT LOBBYING TO STATE LEGISLATORS AND ENCOPUBLIC TO SUPPORT SPECIFIC LEGISLATION	TAKEN IATUR IAL RE TION," STATE I A PUE EIR CH LUDED	I BY THE VENUE THE FES TO BLICLY HILDRE	IE FR FOU COUN AID I FUN IN TO CATI	IEDMA NDAT DE DATI(N THE DED	AN ION ON E

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

DLN: 93493170006175

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Inspection** Name of the organization **Employer identification number** THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE INC 35-1978359 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶__ Number of states where property subject to conservation easement is located **\(\big_**_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Раг	Organizations Maintaining Co	lections of Art	, nis	TOF	cai i	reasui	res, or Oti	<u>тег</u>	Similar ASS	ets (co	<u>ontinuea)</u>
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other recor	ds, ch	neck —			-		ignificant use o	of its	
а	Public exhibition		d	Г	Loar	orexch	ange progra	ms			
b	Scholarly research		e	Γ	Othe	er					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	w the	y furth	ner the o	rganızatıon's	exe	mpt purpose ın		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t	o be maintained as	part o	of the	e orgai	nızatıon's	collection?			Yes	┌ No
Pai	Part IV, line 9, or reported an am	•			_		answered	"Ye:	s" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	ford	ontrib	utions o	r other asse	ts no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	table						
									Amo	ount	
С	Beginning balance						1	c			
d	Additions during the year						1	d			
е	Distributions during the year						1	e			
f	Ending balance						1	f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21,	for e	scrow	or custo	dıal account	lıab	ılıty? 📗	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anati	on has	s been pr	ovided in Pa	rt XI	III		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)) Prior	year	b (c) Tw	o years back	(d) Th	ree years back ((e) Four y	ears back
1a	Beginning of year balance										
Ь	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	ce (lın	e 1g	, colui	mn (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
За	Are there endowment funds not in the posses organization by	sion of the organiza	ation '	that	are he	ld and ac	dministered	for th	ne 	Yes	No
	(i) unrelated organizations			•	•			•	3a(i)		
Ь	(ii) related organizations								3a(ii 3b) 	<u> </u>
4	Describe in Part XIII the intended uses of th	e organızatıon's en	dowm	ent f	unds						
Pai	t VI Land, Buildings, and Equipme		the o	rgar	nızatıc	n answ	ered 'Yes'	to F	orm 990, Par	t IV, lı	ne
	11a. See Form 990, Part X, line 1 Description of property	.0.				or other	(b)Cost or ot		(c) Accumulated depreciation	(d) B	ook value
				1		,	, , , , , ,				
	Land		•	\perp							
	Buildings		•	\vdash				_			
	Leasehold improvements		•	\vdash			109,	-+	72,50		37,144
	Equipment		•	\vdash			140,	005	132,52	29	7,476
	Other			l Imp i	B). Im	e 10(c))					44,620
		, c. , , , , , , , , , , , , , , , , ,	., cora	(-,, 1111	(-/-/		•	Schedule D	Form 9	

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Co	mplete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	a answered 'Ves' to Form O	20 Part IV line 11d See Form 000 Part V line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the orga		to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of the property of the	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	

Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retui	r n Complete ıf
_	the organization answered 'Yes' to Form 990, Part IV, line 12a.		10.444.506
1	Total revenue, gains, and other support per audited financial statements	1	10,411,506
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	243,650
3	Subtract line 2e from line 1	3	10,167,856
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,167,856
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn. Complete
	if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,926,477
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	44,725
3	Subtract line 2e from line 1	3	4,881,752
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
_			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII)	1	
		4c	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
FIN 48 DISCLOSURE	PART X, LINE 2 MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON ITS REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
OTHER RECONCILING ITEMS	PART XI, LINE 2D \$ 44,725 FUNDRAISING EVENT EXPENDITURES
OTHER RECONCILING ITEMS	PART XII, LINE 2D \$ 44,725 FUNDRAISING EVENT EXPENDITURES

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493170006175

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

	e of the organization FRIEDMAN FOUNDATION FOR E	DUCATIONAL			Employer identi	fication number
	ICE INC				35-1978359	
Pa	rt I General Information "Yes" to Form 990, Par	n on Activitie rt IV, line 14b.	s Outside th	ne United States. Co	omplete if the organiza	ation answered
1	For grantmakers. Does the of and other assistance, the grants or a	intees' eligibili	ty for the gran	its or assistance, and	the selection criteria	┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United	ng the use of its grant	s and other			
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ce is needed)	
	(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 a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data			,		
(2						
(3						
(4)						
(5						
Ŀ	Sub-total Total from continuation sheets to Part I					28,000
	: Totals (add lines 3a and 3b)	1				28,000

Schedule F (Form 990) 2014

Pa						i ted States. Comp duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2						es by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganizations or enti	ties					

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

Part III can be	<u>duplicated if addit</u>	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(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)					7		1
(2)		+ +			<u> </u>		
(3)		+ +			'		
(4)		1 1			<u> </u>		†
(5)		+ +			+		+
(6)		+ +	·		+ '		+
(7)		+ +			+ '		+
(8)		+ +			+		+
(9)		+ +			 		+
(10)		+ +			 		+
(11)		+ +			 		+
(12)		+ +			 		+
(13)		+			 		
(14)		+ +					
(15)		+ +					+
(16)		+ +					
(17)		+ +					
(18)		+ +			-		

Part IV Foreign Forms

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

Schedule F (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 35-1978359

Name: THE FRIEDMAN FOUNDATION FOR EDUCATIONAL

CHOICE INC

Schedule F (Form 990) 2014

Page 5

Part V Supplemental Information

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

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

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

Form 990 Schedule F	Part I - Activit	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Program Services	EDUCATION EVENTS	2,000
Russia and the Newly Independent States			Program Services	EDUCATION EVENTS	1,000
South Asia			Program Services	EDUCATION EVENTS	7,000

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DLN: 93493170006175

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Open to Public Inspection

	FRIEDMAN FOUNDATION	EOD EDUCATIONA	1			Employe	er ident	ii ication number
	ICE INC	FOR EDUCATIONA	_			35-197	8359	
ar	Fundraising Activ			janizatio	n answered "Yes" to	Form 990, Pai	rt IV, l	ine 17. Form 990-E.
	Indicate whether the organ	ızatıon raısed funds t	through ar	ny of the 1	following activities Che	ck all that apply		
а	Mail solicitations		_		-government gra	nts		
b	Internet and email soli	cıtatıons		f	☐ Solicitation of gov	ernment grants		
c	Phone solicitations			g	Special fundraising	g events		
d		i						
la l	Did the organization have a or key employees listed in							┌ Yes ┌ M
b	If "Yes," list the ten highes to be compensated at least			fundraise	rs) pursuant to agreeme	ents under which	the fun	
_	i) Name and address of	(ii) Activity	(iii)	Did	(iv) Gross receipts	(v) A mount pa	ıd to	(vi) A mount paid to
•	ındıvıdual	(11)		serhave	from activity	(or retained b	y)	(or retained by)
	or entity (fundraiser)			ody or rol of		fundraiser liste col (i)	ed in	organization
				utions?		cor (i)		
			Yes	No		_		
1	FUENTES STRATEGIC CONSULTING INC	FUNDRAISING CALIF ONLY		No	0	3	0,000	(
	170 E 17TH STREET 110							
	COSTA MESA, CA 92627							
2	COSTA MESA, CA 32027							
3								
4								
4								
5								
6								
_								
7								
8			+					
9								
			1					
. 0								
ota				.	0	3	0,000	(
3	List all states in which the registration or licensing	organization is regist	tered or li	censed to	solicit contributions o	r has been notifie	d it is e	exempt from
	KK, AZ, AR, CA, CT, FL, GA, WV, WI	, HI, IL, IN, KS, KY, N	MD, MA, M	1I, MN, M	S, MO, NH, NJ, NM, NY	, NC, ОН, ОК, О	R,PA,	RI,SC,TN,UT,VA,

		G (Form 990 or 990-EZ) 2014				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 SECTOR SWITCHER (event type)	(b) Event #2 FIRESTARTER (event type)	(c) O ther events 0 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	1,790	23,689		25,479
Revenue	2	Less Contributions	626	4,571		5,197
<u>*</u>	3	Gross income (line 1 minus line 2)	1,164			20,282
	4	Cash prizes				
	5	Noncash prizes		167	7	167
use	6	Rent/facility costs	685	6,355	5	7,040
Expenses	7	Food and beverages .	2,374	4,571		6,945
Direct	8	Entertainment				
直	9	Other direct expenses .	4,665	25,908	3	30,573
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(44,725)
	11	Net income summary Subtract li	ne 10 from line 3, columr	ı (d)		-24,443
Par	t II			"Yes" to Form 990, Pa	art IV, line 19, or rep	
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>동</u>	1	Gross revenue				
မှ	2	Cash prizes				
Expenses	3	Non-cash prizes				
Direct E	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes <u>%</u> ┌ No	☐ Yes	┌ Yes% ┌ No	_
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Is	ter the state(s) in which the organiz the organization licensed to conduc 'No," explain	t gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during		

Sche	edule G (Form 990 or 990-EZ) 201	14	Page 3
l1	Does the organization conduct ga	aming activities with nonme	embers?
.2	Is the organization a grantor, ber	neficiary or trustee of a trus	st or a member of a partnership or other entity
	formed to administer charitable g	jaming?	· · · · · · · · · · · · · · · · · · ·
.3	Indicate the percentage of gamin		
а	The organization's facility		
b	An outside facility		
4	Enter the name and address of th	ne person who prepares the	organization's gaming/special events books and records
	Name 🟲		
	Address 🏲		
	revenue?		m whom the organization receives gaming
b	If "Yes," enter the amount of gan amount of gaming revenue retain	-	ne organization 🟲 \$ and the
c	If "Yes," enter name and address	of the third party	
	Name 🟲		
	Address ►		
6	Gaming manager information		
	Name 🟲		
	Gaming manager compensation	* \$	
	Description of services provided	>	
	Director/officer	F Employee	Independent contractor
7	Mandatory distributions		
а	Is the organization required unde	er state law to make charital	able distributions from the gaming proceeds to
	retain the state gaming license?		· · · · · · · · · · · · · · · · · · ·
b	Enter the amount of distributions	required under state law di	istributed to other exempt organizations or spent
	ın the organızatıon's own exempt	activities during the tax ye	ear 🕨 \$
Pai			planations required by Part I, line 2b, columns (iii) and (v), and 'b, as applicable. Also provide any additional information (see
	Return Reference		Explanation
1IG	HEST PAID FUNDRAISER		E FOUNDATION ENGAGED FUENTES STRATEGIC CONSULTING, INC , I 2014 THIS ORGANIZATION IS WORKING ON DEVELOPING SIGNIFIC

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

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

DLN: 93493170006175

OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

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

Internal Rever	ue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of the o	rganization Employer	identification number
THE FRIED	MAN FOUNDATION FOR EDUCATIONAL	225
CHOICEIN	C 35-1978	3359
Part I	General Information on Grants and Assistance	
	the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and lection criteria used to award the grants or assistance?	
2 Descr	ibe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans	wered "Yes" to
	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is neede	ed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	25
3	Enter total number of other organizations listed in the line 1 table	

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplementa	I Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	Explanation							
MONITORING THE USE OF GRANT FUNDS	PART I, LINE 2 THE FOUNDATION ACCEPTS APPLICATIONS FOR GRANTS THAT CONFORM TO THE FOUNDATION'S TAX-EXEMPT PURPOSE AND EDUCATIONAL MISSION APPLICATIONS MUST INCLUDE A BRIEF DESCRIPTION OF THE PROJECT, AMOUNT REQUESTED, PROJECT BUDGET, METHOD TO EVALUATE SUCCESS, BOARD OF DIRECTORS LIST, AND FINANCIAL STATEMENTS THE FOUNDATIONS PROGRAM STAFF REVIEWS THE REQUEST AND SUBMITS SUGGESTED GRANTS TO THE EXECUTIVE MANAGEMENT AFTER APPROVAL, THE VICE PRESIDENT OF OPERATIONS REVIEWS THE REQUEST FOR PROPER DOCUMENTATION AND WRITES THE GRANT AGREEMENT WHICH IS SIGNED BY GRANTEE AND THE PAYMENT IS MADE PROGRAM STAFF WORKS CLOSELY WITH GRANTEE TO ENSURE ADHERENCE TO AGREEMENT AND USE OF GRANT FUNDS GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT ON THE PROJECT, INCLUDING HOW FUNDS WERE USED, IN A TIMELY MANNER AS NOTED IN THE GRANT AGREEMENT							
PURPOSE OF GRANT OR ASSISTANCE	PART II, LINE 1, COLUMN H *100 BLACK MEN OF AMERICA INC - SUPPORT TO HELP PUND ATTENDANCE TO THE ANNUAL CONFERENCE OF THE BLACK ALLIANCE FOR PEDUCATIONAL OPTIONS TO HELP PROMOTE UNDESSTANDING OF QUALITY EDUCATIONAL OPTIONS *ACCESS OPPORTUNITY SOUTH CAROLINA - SUPPORT FOR IMPLEMENTATION PROJECT TO INFORM THE PUBLIC AND FACILITATE PARENT AWARENESS OF NEW SCHOOL CHOICE FOR GAM, AND ALSO FOR WESSTER AND PRIVATE SCHOOL CHOICE IN INDIANA ALSO, SUPPORT FOR COMMUNITY OUTERACH AND EDUCATION FOR SCHOOL CHOICE IN INDIANA ALSO, SUPPORT FOR COMMUNITY OUTERACH THE PUBLIC AND EDUCATION FOR SCHOOL CHOICE PROGRAM, INCLUDING HOW TO ACCESS THE PROGRAM "AGUDATHISSTALL OF AMERICA - GENERAL OPERATING SUPPORT *ALBAMA POLICY INSTITUTE INC - SUPPORT FOR COMMUNITY ON THE PUBLIC AND SUPPORT FOR MARKETING AND EDUCATIONAL OUTREACH TO EDUCATE THE PUBLIC AS BOUT SCHOOL CHOICE IN ALBAMA ALSO, SUPPORT FOR MARKETING AND EDUCATIONAL OUTREACH TO EDUCATE THE ALBAMA PUBLIC ABOUT THE EBENEFITS OF SCHOOL CHOICE "AMERICANS FOR PROSPERITY FOUNDATION." SUPPORT FOR THE AMERICAN SCHOOL CHOICE AND MARKETING AND COMMUNITY AND PARENT OUTREACH TO SEND AS CHOOL CHOICE ADMINISTRATION CORPORATION. SUPPORT FOR MARKETING AND COMMUNITY AND PARENT OUTREACH FOR ARIZONA SCHOOL CHOICE AND MARKETING AND EDUCATIONAL OUTREACH TO THE AUTREACH AND ALSO SUPPORT FOR THE SCHOOL CHOICE AND MARKETING AND EDUCATIONAL OUTREACH TO BY THE AUTREACH ALSO, SUPPORT FOR THE SCHOOL CHOICE AND MARKETING AND EDUCATIONAL OUTREACH TO BY THE PUBLIC BUILD AND ALSO SUPPORT FOR THE SCHOOL CHOICE AND MARKETING AND EDUCATIONAL OUTREACH TO BY THE AUTREACH AND ALSO SUPPORT FOR THE SCHOOL CHOICE AND MARKETING AND EDUCATIONAL OUTREACH TO BY THE AUTREACH AND AND ALSO SUPPORT FOR THE SCHOOL CHOICE AND MARKETING AND EDUCATIONAL FOR THE SCHOOL CHOICE AND MARKETING AND EDUCATIONAL FOR THE SCHOOL CHOICE AND MARKETING AND EDUCATIONAL OUTREACH TO BUILD AND ALSO SUPPORT FOR SCHOOL CHOICE AND MARKETING SUPPORT FOR SCHOOL CHOICE AND MARKETING SUPPORT FOR SCHOOL CHOICE AND MARKETING SUPPORT FOR SCHOOL CHOICE AND M							

Additional Data

Software ID:

Software Version:

EIN: 35-1978359

Name: THE FRIEDMAN FOUNDATION FOR EDUCATIONAL

CHOICE INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 Black Men of America Inc141 Auburn Avenue Atlanta, GA 30303	58-1974429	501(C)(3)	25,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Access Opportunity South Carolina701 Gervais Street Columbia, SC 29201	46-2941175	501(C)(3)	31,000				SEE PART IV				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Advance America Inc101 West Ohio Street Indianapolis,IN 46204	35-1510587	501(C)(3)	25,000				SEE PART IV				

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Agudath Israel of America42 Broadway 14th Floor New York, NY 10004	13-5604164	501(C)(3)	25,000				SEE PART IV				

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Alabama Policy Institute Inc 402 Office Park Drive Birmingham, AL 35223	63-0809568	501(C)(3)	25,000				SEE PART IV				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Americans for Prosperity Foundation2111 Wilson Blvd Arlington, VA 22201	52-1527294	501(C)(3)	21,000				SEE PART IV			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Arizona School Choice Administration Corp2874 West Ray Road Chandler, AZ 85224	86-0904675	501(C)(3)	10,000				SEE PART IV		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Beacon Center of Tennessee PO Box 198646 Nashville,TN 37220	20-1808567	501(C)(3)	76,000				SEE PART IV			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Capstone Legacy Foundation Inc900 West Valley Road Wayne,PA 19087	20-3752969	501(C)(3)	12,500				SEE PART IV		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Colorado Nonprofit Development Center789 Sherman Street Denver,CO 80203	84-1493585	501(C)(3)	20,000				SEE PART IV		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Hispanic American Center for Economic Reform910 17th Street NW Washington, DC 20006	54-1901356	501(C)(3)	15,000				SEE PART IV		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Idaho Charter School Network Inc501 East Baybrook Court Boise,ID 83706	27-0654125	501(C)(3)	6,000				SEE PART IV		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Idaho Federation of Independent Schools6200 North Meeker Place Boise,ID 83713	46-3826945	501(C)(3)	50,000				SEE PART IV		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Indianapolis Urban League Inc777 Indiana Avenue Indianapolis,IN 46202	35-6060655	501(C)(3)	25,000				SEE PART IV			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Institute for Quality Education101 West Ohio Street Indianapolis,IN 46204	35-1836687	501(C)(3)	250,000				SEE PART IV		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Kansas Policy Institute250 North Water Street Wichita, KS 67202	23-7047821	501(C)(3)	60,000				SEE PART IV			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Mississippi Center for Public Policy520 George Street Jackson, MS 48933	64-0797905	501(C)(3)	26,000				SEE PART IV			

Form 990, Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Network for Educational Opportunity8 North Main Street Concord,NH 03301	77-0539599	501(C)(3)	25,000				SEE PART IV

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oklahoma Council of Public Affairs1401 N Lincoln Blvd Oklahoma City,OK 73104	73-1436375	501(C)(3)	26,000				SEE PART IV

Form 990,Schedule 1, Pa	rt II, Grants an	d Otner Assistance	e to Domestic Orga	anizations and Doi	<u>mestic Governmer</u>	its.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Parents for Educational Freedom in NC434 Fayetteville Street Raleigh, NC 27601	20-2754466	501(C)(3)	40,000				SEE PART IV

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rhode Island Center for Freedom & ProsperityPO Box 10069 Cranston,RI 02910	45-2805369	501(C)(3)	26,000				SEE PART IV

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RISE Education Resource CenterPO Box 570174 Las Vegas, NV 89130	27-1314243	501(C)(3)	10,000				SEE PART IV

Form 990,Schedule I, Pai	<u>rt II, Grants an</u>	<u>id Other Assistance</u>	to Domestic Org	anizations and Do	<u>mestic Governmer</u>	its.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Scholarships for Kids IncPO Box 10204 Birmingham, AL 35203	46-2286764	501(C)(3)	24,000				SEE PART IV

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Schools That Can1040 First Avenue 346 New York, NY 10022	36-4268793	501(C)(3)	15,000				SEE PART IV

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Step Up for Students Inc337 South Plant Avenue Tampa,FL 33606	59-3649371	501(C)(3)	50,000				SEE PART IV	

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DLN: 93493170006175

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization THE FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE INC

Employer identification number

35-1978359

Pai	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to re directors, trustees, officers, including the CEO/Execu			2		
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all the used by a related organization to establish compensa	at appl	y Do not check any boxes for methods			
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		No
b	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-base	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in	Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown oʻ	fW-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
	(i) Base (ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990			
1 ROBERT C ENLOW, PRESIDENT AND CEO	(i) (ii)	230,808	0	0	6,600	12,029	249,437	0	
2 LESLIE HINER, V P OF PROGRAMS AND STATE	(i) (ii)	158,300	0	0	4,500	2,161	164,961	0	
3 BRIAN MCGRATH, SENIOR VICE PRESIDENT	(i) (ii)	140,804	0 0	0	4,200	12,029	157,033	0	

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

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DLN: 93493170006175

SCHEDULE O (Form 990 or 990-EZ)

PROCESS TO REVIEW THE FORM 990

OF INTEREST POLICY

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT

REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

PAYMENTS FOR TRAVEL FOR PUBLIC OFFICIALS

COMPENSATION

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number 35-1978359
Explanation
FORM 990, PART VI, SECTION A, LINE 2 JANET FRIEDMAN MARTEL AND DAVID D FRIEDMAN ARE SIBLINGS

AN OUTSIDE ACCOUNTING

PRESIDENT OF OPERATIONS,

REVIEW BEFORE FILING

OPERATIONS AND CONTROLLER TH

OUTSIDE ATTORNEY UPON COMPLE

DIRECTORS HAS ADOPTED A C

KEY EMPLOYEES TO SUBMIT A

REQUIRES DIRECTORS, OFFICE

THAT TRANSACTS BUSINESS WIT

EMPLOYEES ARE REQUIRED TO IMMED

INDEPENDENT DIRECTORS DETERMINE W

INTEREST THAT THE INDIVI

YEAR IN RELATION TO A PR

ANY INDIVIDUAL WITH A CO

FOUNDATION, AND THE TRANSA

WITHOUT THE PARTICIPATION OF

ADDITION, THE EXECUTIVE S

STATEMENTS ARE SUBMITTED TO, AN

POSSIBLE CONFLICT TRANSACTIONS T

REPRESENT ARMS' LENGTH, FAIR M

DIRECTORS HAS ADOPTED AN

PURPOSE OF THE POLICY IS TO

PAID TO A RELATED PARTY IS R

PROCESS, (B) REQUIRING DISINTE

ADVANCE BY DISINTERESTED

2014. INDEPENDENT MEMBERS OF

TO SET HIS COMPENSATION F

GOVERNING DOCUMENTS, CONF

INCURRED DURING FACT-FINDING E

FOUNDATION EXPENSES COVERED INCLU DED TRANSPORTATION, HOTEL AND MEALS

PUBLIC UPON REQUEST

OR 2015

EVALUATED THE COMPENSATION OF THE

MINUTES) REFLECTING THE

DATA WHEN SETTING THE PROPOSED

RELATED PARTIES ARE EVALUATED

ENCOURAGES THE APPLICATION OF THE REB

RELATED TREASURY REGULATIONS BY

FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS COMPLETED BY

E FORM 990 IS REVIEWED BY THE FOUNDATION'S PRESIDENT & CEO, VICE

CONTROLLER, SECRETARY, AN INDEPENDENT ACCOUNTING FIRM AND AN

FORM 990, PART VI, SECTION B, LINE 12C THE FOUNDATION'S BOARD OF

ONFLICT OF INTEREST POLICY THAT REQUIRES DIRECTORS, OFFICERS AND

N ANNUAL CONFLICT OF INTEREST DISCLOSURE THE ANNUAL DISCLOSURE

RS AND KEY EMPLOYEES TO DISCLOSE, IN WRITING, ANY KNOWN FINANCIAL

DUAL (TOGETHER WITH FAMILY MEMBERS) HAS IN ANY BUSINESS ENTITY

IATELY DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST THAT ARISES MID-

OPOSED TRANSACTION THE CONFLICT OF INTEREST POLICY REQUIRES THAT

HETHER THE PROPOSED TRANSACTION IS IN THE BEST INTERESTS OF THE

CTION MUST BE APPROVED BY A VOTE OF THE INDEPENDENT DIRECTORS

D REVIEWED BY, THE FOUNDATION'S VICE PRESIDENT OF OPERATIONS IN

HAT ARISE AND MANAGING THEM TO ENSURE THAT ALL TRANSACTIONS

FORM 990, PART VI, SECTION B, LINE 15A THE FOUNDATION'S BOARD OF

EXECUTIVE COMPENSATION AND INTERMEDIATE SANCTIONS POLICY THE

ENSURE THAT THE FOUNDATION'S COMPENSATION ARRANGEMENTS WITH

AND ENTERED AT ARMS' LENGTH AND THAT ANY COMPENSATION THAT IS

H THE FOUNDATION IN ADDITION, DIRECTORS, OFFICERS AND KEY

NFLICT BE RECUSED FROM THE DECISION-MAKING PROCESS, THAT

ANY INTERESTED INDIVIDUAL THE ANNUAL CONFLICT DISCLOSURE

TAFF OF THE FOUNDATION ARE RESPONSIBLE FOR MONITORING ANY

ARKET VALUE TERMS FOR THE BENEFIT OF THE FOUNDATION

EASONABLE AND REFLECTS FAIR MARKET VALUE. THE POLICY

UTTABLE PRESUMPTION STANDARD OF CODE SECTION 4958 AND THE

(A) EXCLUDING ANY INTERESTED PARTY FROM THE DECISION-MAKING

RESTED BOARD MEMBERS TO OBTAIN AND RELY UPON COMPARABILITY

DECISION AND THE PROCESS BY WHICH IT WAS MADE. ON DECEMBER 3,

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS

FORM 990, PART IX, LINE 18 PAYMENTS ARE FOR TRAVEL EXPENSES

DUCATIONAL TRIPS AND EDUCATIONAL SEMINARS HOSTED BY THE

THE BOARD OF DIRECTORS, MEETING AS A SEPARATE COMMITTEE

COMPENSATION TERMS, (C) REQUIRING APPROVAL OF THE TRANSACTION IN

DIRECTORS, AND (D) REQUIRING CONTEMPORANEOUS DOCUMENTATION (I.E.,

PRESIDENT/CEO, EVALUATED COMPARABILITY DATA, AND USED SUCH DATA

LICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE

TION, THE FINAL FORM 990 IS SENT TO THE FULL BOARD OF DIRECTORS FOR

FIRM, IN CONJUNCTION WITH THE FOUNDATION'S VICE PRESIDENT OF