

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Header section A-M containing organization details like name, address, EIN, and website.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Main table with columns for Revenue, Expenses, and Net Assets, containing line items 1 through 21.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i> | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|---|-----------|----------------------|----------------------------|-----------------|
| 22 a | Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 0 | 0 | | |
| 22 b | Other grants and allocations (attach schedule) (cash \$ <u>51,492</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 51,492 | 51,492 | | |
| 23 | Specific assistance to individuals (attach schedule) | 0 | 0 | | |
| 24 | Benefits paid to or for members (attach schedule) | 0 | 0 | | |
| 25 a | Compensation of current officers, directors, key employees, etc. listed in Part V-A | 0 | 0 | 0 | 0 |
| b | Compensation of former officers, directors, key employees, etc. listed in Part V-B | 0 | 0 | 0 | 0 |
| c | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | 0 | | | |
| 27 | Pension plan contributions not included on lines 25a, b, and c | 0 | | | |
| 28 | Employee benefits not included on lines 25a – 27 | 0 | | | |
| 29 | Payroll taxes | 0 | | | |
| 30 | Professional fundraising fees | 0 | | | |
| 31 | Accounting fees | 0 | | | |
| 32 | Legal fees | 0 | | | |
| 33 | Supplies | 1,115 | | 1,115 | |
| 34 | Telephone | 0 | | | |
| 35 | Postage and shipping | 0 | | | |
| 36 | Occupancy | 0 | | | |
| 37 | Equipment rental and maintenance | 0 | | | |
| 38 | Printing and publications | 99 | | 99 | |
| 39 | Travel | 0 | | | |
| 40 | Conferences, conventions, and meetings | 500 | | 500 | |
| 41 | Interest | 0 | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 0 | 0 | 0 | 0 |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | Development costs | 357 | 0 | 0 | 357 |
| b | Advertising/Marketing | 216 | 0 | 0 | 216 |
| c | Bank Charges | 180 | 0 | 180 | 0 |
| d | Insurance | -74 | 0 | -74 | 0 |
| e | Permits/Fees | 10 | 0 | 10 | 0 |
| f | Website | 185 | 0 | 185 | 0 |
| g | | 0 | 0 | 0 | |
| 44 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15) | 54,080 | 51,492 | 2,015 | 573 |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| What is the organization's primary exempt purpose? ► <u>Fostering Excellence in AZ Public Education</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|--|--|
| a The Foundation for Public Education (TFPE) funded the establishment of college & career centers. (See attached for details) _____ _____ _____ (Grants and allocations \$ <u>25,000</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 25,000 |
| b TFPE funded the Advancement Via Individual Determination (AVID) at North Canyon High School (See attached for details) _____ _____ _____ (Grants and allocations \$ <u>10,000</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 10,000 |
| c TFPE funded the International Baccalaureate Primary Years Programme (IB PYP) at Quail Run Elementary School. (see attached for details) _____ _____ _____ (Grants and allocations \$ <u>10,000</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 10,000 |
| d TFPE funded the International Baccalaureate Middle Years Programme (IB MYP) at Vista Verde Middle School (see attached for details) _____ _____ _____ (Grants and allocations \$ <u>4,492</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 4,492 |
| e Other program services (attach schedule) (Grants and allocations \$ <u>2,000</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 2,000 |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► | 51,492 |

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) | | (B) |
|--|---|-------------------|--------------|--------------|
| | | Beginning of year | | End of year |
| Assets | 45 Cash—non-interest-bearing | 13,700 | 45 | 43,255 |
| | 46 Savings and temporary cash investments | 128,044 | 46 | 202,722 |
| | 47 a Accounts receivable | 47a 0 | | |
| | b Less: allowance for doubtful accounts | 47b 0 | 0 | 47c 0 |
| | 48 a Pledges receivable | 48a 0 | | |
| | b Less: allowance for doubtful accounts | 48b 0 | 0 | 48c 0 |
| | 49 Grants receivable | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | 0 | 50a | 0 |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51 a Other notes and loans receivable (attach schedule) | 51a 0 | | |
| | b Less: allowance for doubtful accounts | 51b 0 | 0 | 51c 0 |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 0 | 54a | 0 |
| | b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 0 | 54b | 0 |
| | 55 a Investments—land, buildings, and equipment: basis | 55a 0 | | |
| | b Less: accumulated depreciation (attach schedule) | 55b 0 | 0 | 55c 0 |
| | 56 Investments—other (attach schedule) | 0 | 56 | 0 |
| | 57 a Land, buildings, and equipment: basis | 57a 0 | | |
| b Less: accumulated depreciation (attach schedule) | 57b 0 | 0 | 57c 0 | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/>) | 0 | 58 | 0 | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 141,744 | 59 | 245,977 | |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | 0 | 63 | 0 |
| | 64 a Tax-exempt bond liabilities (attach schedule) | 0 | 64a | 0 |
| | b Mortgages and other notes payable (attach schedule) | 0 | 64b | 0 |
| | 65 Other liabilities (describe <input type="checkbox"/>) | 0 | 65 | 0 |
| 66 Total liabilities. Add lines 60 through 65 | 0 | 66 | 0 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 141,744 | 67 | 245,977 |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 141,744 | 73 | 245,977 | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73. | 141,744 | 74 | 245,977 | |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) N/A

| | | | | |
|----------|--|-----------|----------|---|
| a | Total revenue, gains, and other support per audited financial statements | | a | |
| b | Amounts included on line a but not on Part I, line 12: | | | |
| 1 | Net unrealized gains on investments | b1 | | |
| 2 | Donated services and use of facilities | b2 | | |
| 3 | Recoveries of prior year grants | b3 | | |
| 4 | Other (specify): | b4 | | 0 |
| | Add lines b1 through b4 | | b | 0 |
| c | Subtract line b from line a | | c | 0 |
| d | Amounts included on Part I, line 12, but not on line a : | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | |
| 2 | Other (specify): | d2 | | 0 |
| | Add lines d1 and d2 | | d | 0 |
| e | Total revenue (Part I, line 12). Add lines c and d | | e | 0 |

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

| | | | | |
|----------|--|-----------|----------|---|
| a | Total expenses and losses per audited financial statements | | a | |
| b | Amounts included on line a but not on Part I, line 17: | | | |
| 1 | Donated services and use of facilities | b1 | | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | | |
| 3 | Losses reported on Part I, line 20 | b3 | | |
| 4 | Other (specify): | b4 | | 0 |
| | Add lines b1 through b4 | | b | 0 |
| c | Subtract line b from line a | | c | 0 |
| d | Amounts included on Part I, line 17, but not on line a : | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | |
| 2 | Other (specify): | d2 | | 0 |
| | Add lines d1 and d2 | | d | 0 |
| e | Total expenses (Part I, line 17). Add lines c and d | | e | 0 |

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|--|--|---|--|
| Name Janice M. Grandy Str 15002 N 32nd Street City Phoenix ST AZ ZIP 85032 | Title CEO/CHMN Hr/WK 33 | 0 | 0 | 0 |
| Name John Chichester Str 15002 N 32nd Street City Phoenix ST AZ ZIP 85032 | Title TREAS Hr/WK 7 | 0 | 0 | 0 |
| Name Toni Sage Str 15002 N 32nd Street City Phoenix ST AZ ZIP 85032 | Title V CHAIR/SECY Hr/WK 7 | 0 | 0 | 0 |
| Name Scott Theobald Str 15002 N 32nd Street City Phoenix ST AZ ZIP 85032 | Title DIR Hr/WK 1 | 0 | 0 | 0 |
| Name Jeanne Leckie Str 15002 N 32nd Street City Phoenix ST AZ ZIP 85032 | Title DIR Hr/WK 1 | 0 | 0 | 0 |
| Name Beth Yates Str 15002 N 32nd Street City Phoenix ST AZ ZIP 85032 | Title DIR Hr/WK 5 | 0 | 0 | 0 |
| Name Michael Orlikoff Str 15002 N 32nd Street City Phoenix ST AZ ZIP 85032 | Title DIR Hr/WK 3 | 0 | 0 | 0 |
| Name Casey Perkins Str 15002 N 32nd Street City Phoenix ST AZ ZIP 85032 | Title DIR Hr/WK 1 | 0 | 0 | 0 |
| Name Dean Schwindt Str 15002 N 32nd Street City Phoenix ST AZ ZIP 85032 | Title DIR Hr/WK 2 | 0 | 0 | 0 |
| Name N/A Str City ST ZIP | Title Hr/WK | | | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

| | Yes | No |
|---|------------|----|
| 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings | | |
| b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) | 75b | X |
| c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. | 75c | X |
| d Does the organization have a written conflict of interest policy? | 75d | X |

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|------------------------------------|------------------------|---|---|--|
| Name <u>N/A</u> Str City ST ZIP | | | | |
| Name <u>N/A</u> Str City ST ZIP | | | | |
| Name <u>N/A</u> Str City ST ZIP | | | | |
| Name <u>N/A</u> Str City ST ZIP | | | | |
| Name <u>N/A</u> Str City ST ZIP | | | | |
| Name <u>N/A</u> Str City ST ZIP | | | | |
| Name <u>N/A</u> Str City ST ZIP | | | | |
| Name <u>N/A</u> Str City ST ZIP | | | | |
| Name <u>N/A</u> Str City ST ZIP | | | | |
| Name <u>N/A</u> Str City ST ZIP | | | | |

Part VI Other Information (See the instructions.)

| | Yes | No |
|---|------------|-----|
| 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 76 | X |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | X |
| 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | N/A |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b If "Yes," enter the name of the organization ► and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81 a Enter direct and indirect political expenditures. (See line 81 instructions.) | 81a | 0 |
| b Did the organization file Form 1120-POL for this year? | 81b | X |

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows 82a through 91b with various financial and organizational details.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, etc.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

| | | | |
|------------|---|------------|-----------|
| 106 | Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | Yes | No |
| | | | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | 0 |

| | | | |
|------------|--|------------|-----------|
| 107 | Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | Yes | No |
| | | | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | 0 |

| | | | |
|------------|--|------------|-----------|
| 108 | Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? | Yes | No |
| | | | |

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.

Please Sign Here

Signature of officer: JOHN CHICHESTER Date: _____

Type or print name and title: TREASURER

| | | | | |
|---------------------------------|---|----------|---|---|
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | | EIN |
| | | 5/8/2009 | | P00008030 |
| | SECHLER CPA PC | | | 86-0859647 |
| | 921 E ORANGE DRIVE, PHOENIX, AZ 85014 | | | (602) 230-2700 |

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

The Foundation for Public Education

Employer identification number

86-0778743

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 . . . ▶ | | 0 | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services . . . ▶ | | 0 |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services . . . ▶ | | 0 |

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Acts with contributors; 3a-3d. Grants and other activities; 4a-4c. Donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ City ST Country
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| Total | | | | | 0 |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|----------|----------|----------|----------|-------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 103,611 | | | | 103,611 |
| 16 Membership fees received | | | | | 0 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | -1,089 | | | | -1,089 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 1,872 | | | | 1,872 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0 |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0 |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0 |
| 23 Total of lines 15 through 22 | 104,394 | 0 | 0 | 0 | 104,394 |
| 24 Line 23 minus line 17 | 105,483 | 0 | 0 | 0 | 105,483 |
| 25 Enter 1% of line 23 | 1,044 | 0 | 0 | 0 | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ | | | | | 26a 2,110 |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . ▶ | | | | | 26b 21,950 |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ | | | | | 26c 105,483 |
| d Add: Amounts from column (e) for lines: 18 1,872 19 _____ 22 _____ 26b 21,950 ▶ | | | | | 26d 23,822 |
| e Public support (line 26c minus line 26d total) ▶ | | | | | 26e 81,661 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ | | | | | 26f 77.42% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____ | | | | | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ | | | | | 27c 0 |
| d Add: Line 27a total _____ and line 27b total _____ ▶ | | | | | 27d 0 |
| e Public support (line 27c total minus line 27d total) ▶ | | | | | 27e 0 |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ | | | | | 27f |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ | | | | | 27g 0.00% |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ | | | | | 27h 0.00% |

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|-------------|--|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred.) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | 0 |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | 0 |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table— | | |
| | If the amount on line 40 is— | | |
| | The lobbying nontaxable amount is— | | |
| | Not over \$500,000 | | 20% of the amount on line 40 |
| | 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 |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | 0 |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | 0 |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | 0 |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | 0 |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0 |
| 47 Total lobbying expenditures | | | | | 0 |
| 48 Grassroots nontaxable amount | | | | | 0 |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0 |
| 50 Grassroots lobbying expenditures | | | | | 0 |

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (Add lines c through h.) | | | 0 |
| If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. | | | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

The Foundation for Public Education

86-0778743

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization The Foundation for Public Education | Employer identification number 86-0778743 |
|--|---|

Part II Noncash Property (See Specific Instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 6 | Shirts for Golf Tournament <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | \$ 4,900 | 11/1/2008 |
| — | <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | \$ _____ | _____ |
| — | <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | \$ _____ | _____ |
| — | <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | \$ _____ | _____ |
| — | <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | \$ _____ | _____ |
| — | <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | \$ _____ | _____ |
| — | <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | \$ _____ | _____ |

| | |
|--|---|
| Name of organization The Foundation for Public Education | Employer identification number 86-0778743 |
|--|---|

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete columns (a) through (e) and the following line entry.)
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once—see instructions.) ▶ \$ _____ 0

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| 1 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |
| For. Prov. _____ Country _____ | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| 2 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |
| For. Prov. _____ Country _____ | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| 3 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |
| For. Prov. _____ Country _____ | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| 4 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |
| For. Prov. _____ Country _____ | |

| | |
|--|---|
| Name of organization The Foundation for Public Education | Employer identification number 86-0778743 |
|--|---|

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete columns (a) through (e) and the following line entry.)
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once—see instructions.) ▶ \$ _____ 0

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| 5 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |
| For. Prov. _____ Country _____ | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| 6 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |
| For. Prov. _____ Country _____ | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |
| For. Prov. _____ Country _____ | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

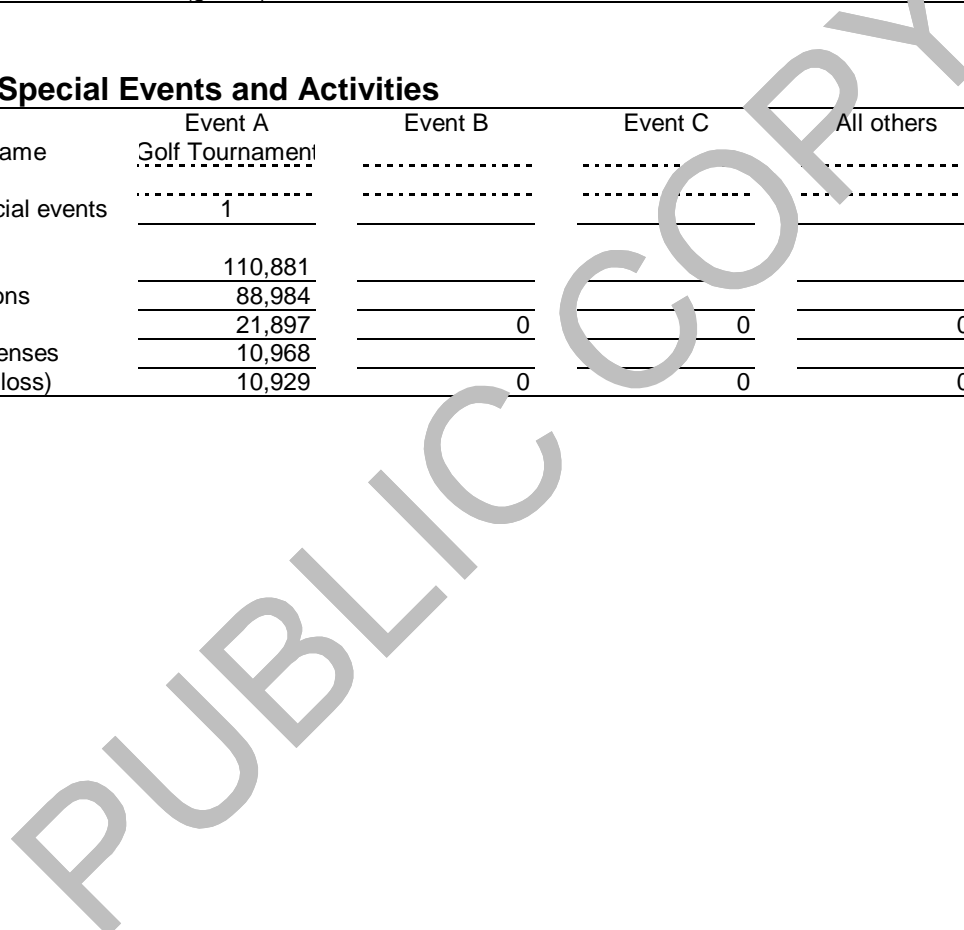
| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |
| For. Prov. _____ Country _____ | |

Line 1 (990) - Public Support and Contributions

| | Cash | Non Cash |
|---|---------|----------|
| Line 1a - Contributions to Donor Advised Funds | | |
| Line 1b - Direct public support | | |
| 1 Contributions | 51,577 | 1 |
| 2 Membership dues and assessments (contributions from the public) | | 2 |
| 3 Commercial co-venture | | 3 |
| 4 Special events contributions (Line 9 - Special Events) | 88,984 | 4 |
| 5 _____ | | 5 |
| 6 _____ | | 6 |
| 7 _____ | | 7 |
| 8 _____ | | 8 |
| 9 _____ | | 9 |
| 10 Total | 140,561 | 10 0 |
| Line 1c - Indirect public support | 3,156 | |
| Line 1d - Government contributions (grants) | | |

Line 9 (990) - Special Events and Activities

| | Event A | Event B | Event C | All others | Totals |
|-----------------------------|-----------------|---------|---------|------------|-----------|
| 1 Special event name | Golf Tournament | | | | |
| 1a Number of special events | 1 | | | | |
| 2 Gross receipts | 110,881 | | | | 2 110,881 |
| 3 Less contributions | 88,984 | | | | 3 88,984 |
| 4 Gross revenue | 21,897 | 0 | 0 | 0 | 4 21,897 |
| 5 Less direct expenses | 10,968 | | | | 5 10,968 |
| 6 Net income or (loss) | 10,929 | 0 | 0 | 0 | 6 10,929 |



Part II, Line 22 (990) - Grants and similar amounts paid

| | Check box if grantee is a business | Other grants and allocations | Class of activity | Grantee's name | Address | City | State | Zip code | Foreign Country |
|----|------------------------------------|------------------------------|-------------------|-----------------------------|--------------------------------|-----------|-------|----------|-----------------|
| 1 | | X | Education | Paradise Valley Unified Sch | 15002 N 32nd Street | Phoenix | AZ | 85032 | |
| 2 | | X | Education | Northern Arizona University | P O Box 4108 | Flagstaff | AZ | 86011 | |
| 3 | | X | Education | Arizona State University-Ba | University Drive & Mill Avenue | Tempe | AZ | 85287 | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
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| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |

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Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes

| | Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----|-----------------|---|
| 1 | 101 | Hosted Golf Tournament to enhance donor relations and raise awareness of programs and activities. The Foundatio |
| 2 | 101 | net income from this event was achieved through the services of an all volunteer support team and product contributi |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| 16 | | |
| 17 | | |
| 18 | | |
| 19 | | |
| 20 | | |

PUBLIC COPY

Part VI, Line 90a (990) - States with Which a Copy of this Return is Filed

| | | |
|---|---|--|
| <input type="checkbox"/> Armed Forces the Americas | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Palau |
| <input type="checkbox"/> Armed Forces Europe | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Maryland | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Maine | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Armed Forces Pacific | <input type="checkbox"/> Marshall Islands | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Michigan | <input type="checkbox"/> Texas |
| <input type="checkbox"/> American Samoa | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Utah |
| <input checked="" type="checkbox"/> Arizona | <input type="checkbox"/> Missouri | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> California | <input type="checkbox"/> Commonwealth of the Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Montana | <input type="checkbox"/> Washington |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> North Dakota | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Federated States of Micronesia | <input type="checkbox"/> New Hampshire | |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> New Jersey | |
| <input type="checkbox"/> Guam | <input type="checkbox"/> New Mexico | |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Nevada | |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> New York | |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Ohio | |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Oklahoma | |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> Oregon | |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Pennsylvania | |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> Puerto Rico | |

Part III, Line 3a (Sch A (990/990-EZ)) - Fellowships, Scholarships, and Student Loans

Do you make grants for scholarships, fellowships, student loans, etc.? Yes No

If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.

All students of Greenway C.A.N. are eligible to participate. Students
 apply for the scholarships through an essay contest. A committee composed
 of the members of Greenway C.A.N. will make their selections based on the
 students' responses to the essay questions. A scholarship winner from each
 of the elementary school attendance areas feeding into Greenway will be
 selected.