			EXTENDED TO MAY 15, 2019			
	Ω	00	Return of Organization Exempt Fro			OMB No. 1545-0047
Form 990		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	de (exce	ept private foundation	s) 2017
Department of the Treasury			Do not enter social security numbers on this form as it	t may be	e made public.	Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection
				ing J	UN 30, 2018	
В с а	heck if oplicab	le: C Name of	organization		D Employer identified	cation number
	_Addre	ge FOUN	DATION FOR EDUCATIONAL EXCELLENCE			
	Name Chang	ge Doing b	usiness as		36-3	524007
	nitial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room BOX 337	m/suite	E Telephone number (815	
	⊥returr termii ated	2	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	58,413.
	Amer returr	ided TAT T NTNT	EBAGO, IL 61088		H(a) Is this a group re	
			nd address of principal officer: SALLY HUGGINS		for subordinates	
	pendi		BOX 337, WINNEBAGO, IL 61088		H(b) Are all subordinates in	
IT	ax-ex		X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		ite: N/A			H(c) Group exemption	
		f organization:	X Corporation	L Year c		State of legal domicile: IL
	rt I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: $EDUCATI$	IONAI	L ENHANCEMEN	IT FOR
Governance			S OF THE WINNEBAGO COMMUNITY UNIT SCH			
rna	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of	of more t	than 25% of its net ass	ets.
ove	3	Number of vot	18			
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	18
ss 8	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)5				0
vitie	6	Total number	of volunteers (estimate if necessary)		6	0
Activities &	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12			0.
1	b	Net unrelated	business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		19,036.	13,710.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.
3ev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		28,119.	10,670.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,315.	8,422.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		54,470.	32,802.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		36,584.	38,199.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
ă.			ng expenses (Part IX, column (D), line 25)	•	F F 2 C	F 262
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)		5,536.	5,263.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		42,120.	43,462.
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		12,350.	-10,660.
t Assets or d Balances	00	Total accests /			inning of Current Year 847,530.	<u>End of Year</u> 907,622.
sse Bala	20	Total assets (F			047,550.	<u> </u>
Net A			(Part X, line 26)		847,530.	907,622.
	22 rt II	Net assets or	fund balances. Subtract line 21 from line 20		041,000.	901,044.
			I declare that I have examined this return, including accompanying schedules and s	etatomo	nte and to the best of my	knowledge and balief it is
			Declaration of preparer (other than officer) is based on all information of which pr			KIIOWIEUYE AIIU DEIIEI, IL IS
u ue,	UIIC		שלטומימנוטון טו אודערוומנוטון טו אודערוומנוטון טו אודערוומנוטון טו אודערוומנוטון טו אודערוומנוטון טו אודערוו	neparer I		
Cia-		Signature	e of officer		Date	
Sigr		· ·			240	

Here	JASON SMITH, TREASURER						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	JERRY R FUNK	JERRY R FUNK	01/11/19 self-employed P00082072				
Preparer	Firm's name 🍺 WIPFLI LLP		Firm's EIN 39-0758449				
Use Only	Firm's address 🖌 4949 HARRISON AV	ENUE, SUITE 300					
	ROCKFORD, IL 611	25-0407	Phone no.815.399.7700				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
732001 11-28	32001 11-28-17LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)						

	990 (2017) FOUNDATION FOR EDUCATIONAL EXCELLENCE 36-3524007 Page 2 t III Statement of Program Service Accomplishments	2
Ta		٦
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
	TO PROVIDE A LONG TERM, SELF SUSTAINING ENDOWMENT FUND TO ENHANCE	_
	EXISTING PROGRAMS AND TO SUPPORT SPECIAL PROGRAMS, PROJECTS, TRAINING,	_
	ACTIVITIES AND SERVICES WHICH HAVE NOT OR CANNOT BE FUNDED THROUGH	_
	EXISTING PUBLIC SCHOOL REVENUE SOURCES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes X No)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ 42,620 . including grants of \$ 38,199 .) (Revenue \$)
	SUPPORT OF EDUCATIONAL PROGRAMS THROUGH THE PURCHASE OF SUPPLIES,	_
	PROVIDE FINANCIAL ASSISTANCE, AND FOSTER INVOLVEMENT IN THE SCHOOL	
	DISTRICT	
		_
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 42,620.	
	Farm 990 (001	

Form 990 (2017)		-	EDUCATIONAL	EXCELLENCE
Part IV Checklist of F	equired Schedule	es		

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	110
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
ŭ	Part VI	11a		x
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	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
u		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	- ¹⁰		
	complete Schedule G. Part III	19		x

Form **990** (2017)

Form 990 (2017	,		EDUCATIONAL	EXCELLENCE
Part IV Ch	ecklist of Required Schedul	es _{(con}	tinued)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		x
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		x
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	Х	

Form **990** (2017)

Form	990 (2017) FOUNDATION FOR EDUCATIONAL EXCELLENCE 36-3524	007	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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		x
h	If "Yes," enter the name of the foreign country:	14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		
9	Sponsoring organizations maintaining donor advised funds.			
a	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		
10	Section 501(c)(7) organizations. Enter:			
a	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 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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			
с	Enter the amount of reserves on hand]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 99	90 (2017)
---------	------------------

Form	990	(2017)
------	-----	-------	---

FOUNDATION FOR EDUCATIONAL EXCELLENCE

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

X

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		х
	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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
a	The governing body?	8a	х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
	(This Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
D.		10b		
112	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?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this was done	12c	х	
13		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a		Х
a b		15a		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	ذ 	
.0	for public inspection. Indicate how you made these available. Check all that apply.	andon	-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
19	statements available to the public during the tax year.	manc	a	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	JASON SMITH - (815) 399-7700			
	P.O. BOX 337, WINNEBAGO, IL 61088			
	TO DOL 557, HIMIDAGO, IL OTOGO			

Form 990 (2017)	FOUNDATION FOR	EDUCATIONAL	EXCELLENCE	36-3524007	Page 7	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employees, and Independent Contractors						
Check if Sche	edule O contains a response or note	e to any line in this Part V	11			
Section A. Officers, Di	rectors, Trustees, Key Employees	s, and Highest Compens	ated Employees			

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus I	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	dual ti	itiona		nploy	st cor	-			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			ergamzatierte
(1) SALLY HUGGINS	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) LYNN EDWARDS	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) PEGGY JOHNSON	1.00									
TREASURER		Х						0.	0.	0.
(4) DENNIS DARGEL	1.00									
DIRECTOR		Х						0.	0.	0.
(5) STEFANIE KLUCK	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JACK JANSSEN	1.00									
DIRECTOR	1	Х						0.	0.	0.
(7) TINA KOONCE	1.00									
DIRECTOR	1	Х						0.	0.	0.
(8) JANELL HARTJE	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(9) BRIAN LYONS	1.00								0	0
DIRECTOR	1 0 0	X				<u> </u>		0.	0.	0.
(10) SHELIA ERICKSON	1.00								0	0
DIRECTOR	1 0 0	X				<u> </u>		0.	0.	0.
(11) NICK RAMSEY	1.00								0	0
DIRECTOR	2 00	Х						0.	0.	0.
(12) JASON SMITH	2.00			37					0	0
DIRECTOR	1 0 0	Х		X		<u> </u>		0.	0.	0.
(13) ROD STEVENS	1.00								0	0
DIRECTOR (14) DAVID TOWNSEND	1.00	Х						0.	0.	0.
(14) DAVID TOWNSEND DIRECTOR	1.00	x						0.	0.	0.
(15) REBECAA HAZZARD	1.00	A						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(16) MARGARET BAUSMAN	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(17) BRAD BULL	1.00	- 23					-	0.	0.	<u>U •</u>
DIRECTOR	1.00	x						0.	0.	0.
	I	~ ~ ~	1	1		1	I	0.	U •	

		ON FOR E	DU	ICA'	ΤI	ON	IAL	E	EXCELLENCE	36-35	<u>524</u>	007	P	'age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees, a	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average			Posi	ition			Reportable	Reportable		Fs	timate	ed
	Harris and this	hours per		not ch , unles:					compensation	compensatior	n		nount	
		week		cer and					from	from related			other	
		(list any	tor						the	organizations			pensa	
		hours for	direc				p		organization	(W-2/1099-MIS			om th	
		related	e or	stee			Isate		(W-2/1099-MISC)	()	°,		anizat	
		organizations	truste	al tru		/ee	mpei		(•	d relat	
		below	ndividual trustee or director	nstitutional trustee	-	nplo	st co oyee	er				orga	inizati	ions
		line)	ndivi	In stit	Officer	Key employee	Highest compensated employee	Former				0		
(18)	DR. JOHN SCHWUCHOW	1.00				-								
DIREC			х						0.		0.			0.
							-							
							-							
											$ \longrightarrow $			
							-				-+			
											$ \longrightarrow $			
1b \$	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Fotal (add lines 1b and 1c)								0.		0.			0.
	Fotal number of individuals (including but n							o re		000 of reportable				
			030	IISLEC	ab	000	<i>y</i> with	010						0
	compensation from the organization												Yes	No
											ſ		res	NO
3 [Did the organization list any former officer,	director, or tru	istee	e, key	/ en	nplo	yee,	or I	highest compensated er	nployee on				
1	ine 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 F	For any individual listed on line 1a, is the su	im of reportabl	e co	mper	nsat	tion	and	oth	ner compensation from t	ne organization				
a	and related organizations greater than \$150	0,000? If "Yes.	" со	mple	te S	Sche	dule	Jf	or such individual			4		X
	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com											5		X
	on B. Independent Contractors		<u>, </u>	<u> 51 500</u>		5013	011 .					-		<u> </u>
	Complete this table for your five highest co	mponsated ind	lono	ndon	+ ~~	ontra	actor	in th	ant received more than ¢	100.000 of comp	oncot	ion fro	m	
		-									CIISAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
t	he organization. Report compensation for	the calendar ye	ear e	enainę	gw	ith C	or wi	I		ear.				
	(A) Name and business	addraaa	37/						(B) Description of s	onviooo	C	(C		n
	Name and business	audress	NC	ONE				\rightarrow	Description of s	ervices		omper	Isalio	
								\dashv						
								\dashv						
	Total number of independent contractors (in		ot lin	nited	to t			ted	above) who received mo	bre than				
ç	\$100,000 of compensation from the organized	zation				(J							

	990 (R EDUCATI	IONAL EXCEI	LENCE	36-3524	007 Page 9
Pa	rt VII	Statement of Rever	nue					
_		Check if Schedule O cont	ains a response o	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1 a	Federated campaigns	1a			Tevende	Tevende	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
, Gi		Fundraising events		8,355.				
àifts ar A		Related organizations						
s, G	е	Government grants (contribut	ions) 1e					
tion sr S	f	All other contributions, gifts, gran	1 1					
ibu		similar amounts not included abo		5,355.				
onti od C		Noncash contributions included in lines			12 710			
<u>a</u> <u>C</u>	h	Total. Add lines 1a-1f			13,710.			
	2 a			Business Code				
vice	z a b							
Ser	c							
am .	d							
Program Service Revenue	е							
Pre	f	All other program service reve	enue					
	g							
	3	Investment income (including			10 600			
		other similar amounts)			10,670.			10,670.
	4	Income from investment of ta						
	5	Royalties						
	6 0	Gross rents	(i) Real	(ii) Personal				
		Gross rents Less: rental expenses						
	c							
			······					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		>				
an	8 a	Gross income from fundraisin including \$ 8 , 3						
ven		contributions reported on line						
Re		Part IV, line 18		34,033.				
Other Revenue	b	Less: direct expenses	b	25,611.				
õ		Net income or (loss) from fund			8,422.			8,422.
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less						
	Ŀ	and allowances						
		Less: cost of goods sold Net income or (loss) from sale						
	<u> </u>	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d							
		Total. Add lines 11a-11d			20.000			10.000
	12	Total revenue. See instructions.		🕨	32,802.	0.	0.	19,092.

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	39 100	39 100		
-	and domestic governments. See Part IV, line 21	38,199.	38,199.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	705.		705.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	128.		128.	
g					
9	column (A) amount, list line 11g expenses on Sch O.)	9.		9.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16					
17 10	Travel Payments of travel or entertainment expenses				
18	,				
10	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) PRINTING AND PUBLICATIO	1,703.	1,703.		
a	LICENSES AND PERMITS	1,703.	1,703.		
b					
C.	MISCELLANEOUS	770.	770.		
d	POSTAGE AND SHIPPING	445.	445.		
е	· · · · · · · · · · · · · · · · · · ·	42.460	40.000		
25	Total functional expenses. Add lines 1 through 24e	43,462.	42,620.	842.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

FOUNDATION	FOR	EDUCATIONAL	EXCELLENCE
------------	-----	-------------	------------

36-3524007 Page 11

		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	15,515.	1	17,764.
	2	Savings and temporary cash investments	10,476.	2	7,179.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	8,975.	7	6,975.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	590,530.	11	673,010.
	12	Investments - other securities. See Part IV, line 11	222,034.	12	202,694.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	847,530.	16	907,622.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ses		complete lines 27 through 29, and lines 33 and 34.	781,935.	07	838,977.
anc	27	Unrestricted net assets	65,595.	27	68,645.
Bal	28	Temporarily restricted net assets	05,595.	28	00,045.
pu	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Net	32	Retained earnings, endowment, accumulated income, or other funds	847,530.	32	907,622.
<u> </u>	33	Total net assets or fund balances	847,530.		907,622.
	34	Total liabilities and net assets/fund balances	047,000.	34	501,044.

Form 990 (2017)

Part X Balance Sheet

Form	aan	(2017)
FUIII	990	2017

Form	990 (2017) FOUNDATION FOR EDUCATIONAL EXCELLENCE	36-3	3524007	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			02.
2	Total expenses (must equal Part IX, column (A), line 25)	2			62.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	847		
5	Net unrealized gains (losses) on investments	5	70	,7!	52.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	907	,62	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2017
Open to Public Inspection

	nt of the Treasury evenue Service			Attach to Form 990 or F v/Form990 for instruction			formation		Open to Public Inspection	
Name o	of the organizati		do to www.ii3.got					Employer	identification number	
			DATTON FOR	EDUCATIONAL	EXCEI	TENCE	2		6-3524007	
Part	I Reason			All organizations must co					0 002100,	
				For lines 1 through 12, c						
1	_			on of churches described			(λ Δλί)			
2	_			Attach Schedule E (Forn			·//~///			
3	_			anization described in s			i)			
4								(iiii) Enter	the hospital's name	
-	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:									
5	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
•	_ •	•	Complete Part II.)		or operat	ou by u go	von montar a			
6	_			nental unit described in	section 17	70(b)(1)(A)	(v)			
7	_	·	-	ntial part of its support f				ne general r	oublic described in	
			omplete Part II.)		on a gon			ie general r		
8	_			(1)(A)(vi). (Complete Par	t II.)					
9	_ ·			in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college	
				ulture (see instructions).						
	university:		,			·····, ··· ,	,			
10 X		ion that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, membersl	hip fees, an	d gross receipts from	
	•			ct to certain exceptions,						
				(less section 511 tax) fro						
			mplete Part III.)	· · · · · · · · · · · · · · · · · · ·			, ,		,	
11	_			ively to test for public sa	fety. See	section 50)9(a)(4).			
12	An organizati	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or	
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in	
	lines 12a thro	bugh 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	l 12g.		
а [Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), t	ypically by	giving	
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
	organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b [Type II. A s	supporting org	anization supervised	l or controlled in connec	tion with it	s supporte	d organizatio	n(s), by hav	ring	
	control or r	management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported	
_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
с	Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,	
_	its support	ed organizatio	n(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.			
d	Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppo	rted organiz	zation(s)	
	that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness	
-	requiremer	nt (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.			
е	Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
				nally integrated supporti	ng organiz	ation.				
	nter the number		•							
g P	rovide the follow (i) Name of supp		about the supporte	d organization(s).	(iv) Is the oro	anization listed	(v) Amount o	fmonoton	(vi) Amount of other	
	organizatior			(described on lines 1-10	in your govern	ing document?	support (see in	-	support (see instructions)	
		•		above (see instructions))	Yes	No				
Total										

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION FOR EDUCATIONAL EXCELLENCE 36-3524007 Page 2 Part II 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.)

Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Image: Calendar year (Colendar year (Colenda	Total
membership fees received. (Do not include any "unusual grants.")	
include any "unusual grants.") 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	
ization's benefit and either paid to or expended on its behalf	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3	
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	
6 Public support. Subtract line 5 from line 4.	
Section B. Total Support	
	Total
7 Amounts from line 4	Total
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions) 12	
13 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	
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	. —
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION FOR EDUCATIONAL EXCELLENCE 36-3524007 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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 in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 19,375. 21,265. 7,795. 7,648. 5,355. 61,438. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 40,992. 52,536. 47,888. 42,388. 223,884. 40,080. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 60,367. 55,536. 47,743. 285,322. 61,345. 60,331. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0. 285,322. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2015 (a) 2013 (b) 2014 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 60,367. 61,345. 47,743. 285,322. 60,331. 55,536. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 6,885. 6,931. 8,151. 9,799. 10,670. 42,436. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 6,885. 6,931. 8,151. 9,799. 10,670. 42,436. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 67,252. 68,276. 68,482. 65,335. 58,413. 327,758. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 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 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 87.05 % 15 86.30 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 12.95 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 13.70 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. 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 X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION FOR EDUCATIONAL EXCELLENCE 36-3524007 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **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.)

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION FOR EDUCATIONAL EXCELLENCE 36-3524007 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst			
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Sche Pa	dule A (Form 990 or 990-EZ) 2017 FOUNDATION FOR EDUCATION			36-3524007 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 FOUNDATION FOR EDUCATIONAL EXCELLENCE 36-3524

Par	I ype III Non-Functionally integrated 509	a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017	FOUNDATION	FOR	EDUCATIONAL	EXCELLENCE	36-3524007	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	, 2, 3b, 3c, 4b, 4c, 5a,	6, 9a, 9t	o, 9c, 11a, 11b, and 11c	; Part IV, Section B, lines	or 17b; Part III, line 12; 1 and 2; Part IV, Section	C,
	line 1; Part IV, Section D, Section D, lines 5, 6, and	lines 2 and 3; Part IV,	Section I	E, lines 1c, 2a, 2b, 3a, a	nd 3b; Part V, line 1; Part	V, Section B, line 1e; Pa	rt V,
	(See instructions.)						

SCHED	ULE	D
-------	-----	---

Department of the Treasury

90)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Interna	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest informa	ation.	Inspection
Nam	e of the organizati		CATIONAL EXCELLENCE	Employ	ver identification number 36-3524007
Par	t I Organiza	ations Maintaining Donor Advise		or Accounts	
1 41		on answered "Yes" on Form 990, Part IV, lin			
	organizatio	Tanswered Tes Offform 330, Fait IV, III	(a) Donor advised funds	(b) Funds	and other accounts
	Total number at a	nd of yoor			
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		it end of year		ما & سمام	
5	-	on inform all donors and donor advisors in v on's property, subject to the organization's	-		Yes No
6		on inform all grantees, donors, and donor a			
0		poses and not for the benefit of the donor o			
		vate benefit?		•	Yes No
Par	t II Conserv	vation Easements. Complete if the org	nanization answered "Yes" on Form 990 P	art IV line 7	
1		servation easements held by the organization			
		n of land for public use (e.g., recreation or e		vrically importan	t land area
		of natural habitat	Preservation of a certi		
		n of open space			
2		through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation	easement on the last
	day of the tax yea				ld at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b					
с	Number of conser	vation easements on a certified historic stru			
d		vation easements included in (c) acquired a			
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization dur	ing the tax
	year 🕨				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of		
		forcement of the conservation easements it			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easeme	nts during the year
	►				
7		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements d	uring the year
	►\$				
8		vation easement reported on line 2(d) abov			
•)(4)(B)(ii)?			Yes No
9		be how the organization reports conservation	•	-	,
	conservation ease	ble, the text of the footnote to the organizat	ion's financial statements that describes tr	ne organization s	s accounting for
Par		ations Maintaining Collections of	Art. Historical Treasures, or Oth	ner Similar A	ssets.
	_	f the organization answered "Yes" on Form			
1a		elected, as permitted under SFAS 116 (AS		ent and balance	sheet works of art
i a		s, or other similar assets held for public exh			
		tnote to its financial statements that descri	, ,		
b		elected, as permitted under SFAS 116 (AS		and balance she	et works of art. historical
	-	r similar assets held for public exhibition, ec			
	relating to these it		·····, ···· · · · · · · · · · · · · · ·		
	-	Ided on Form 990, Part VIII, line 1		▶ \$	
				b b	
2	.,	received or held works of art, historical trea			
		unts required to be reported under SFAS 1			
а	-	on Form 990, Part VIII, line 1	-	▶ \$	

а	Revenue included on Form 990, Part	/III, line 1	 	 	
b	Assets included in Form 990, Part X		 	 	

Schedule D (Form 990) 2017

\$

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets grantined: a Unaptite explanation's accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a — Dubits exhibition d b — Scholarly research e c — During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uring the year, did the organization soliections and explain how they further the organization's exempt purpose in Part XIII. 5 Uring the year, did the organization soliections and explain how they further the organization's exempt purpose in Part XIII. 5 Uring the year, did the organization soliections and explain how they further the organization's exempt purpose in Part XIII. 6 — Drom 900, Part X 1a Is the organization and Custodial Arrangements. 9 Lift Yes, 'explain the arrangement in Part XIII and complete the tollowing table: 1 He organization include an amount on form 980, Part X, Ine 21. 2a Dot the organization include an amount on form 980, Part X, Ine 21. 2a Dot the organization include an amount on form 980, Part X, Ine 21. 3a Estimation and the part of the organization answered 'Yes' on form 980, Part X, Ine 10. 2a Dot the organization include an amount on form 980, Part X, Ine 10. 2a Dot the organization include an amount on form 980, Part X, In			ION FOR ED							36-35			age 2
cenek all that apply: d Loan or exchange programs e Other c Provide acciption of houre generations e Other c Provide acciption of the organization solic or receive donations of art, historical treasures, or other similar assets to be solid the organization solic or receive donations of art, historical treasures, or other similar assets to be solid the organization solic or receive donations of art, historical treasures, or other similar assets to be solid the organization solic or receive donations of art, historical treasures, or other similar assets to be solid the organization solid to regarization's collection? Yees No Part V Encove and Custocial data complete the following table: c Beginning balance d Id d Dath toution during the year Id d Ending balance Id e Distribution during the year e Id Other organization include an amount on Form 990, Part X, line 21, for escrew or custodial account libitity? Part V Endowment Funds. Complete the gradination maxeed "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Id Prior years i Grant or solubantops Id Prior yea	Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Tre	asures, or	Othe	r Sir	nilaı	Assets	(contin	<u>nued)</u>	
a Public schittion delta provide a description of the organization is collections and explain how they further the organization is exempt purpose in Part XIII. 4 Provide a description of the organization is collections and explain how they further the organization is exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization asswerd "Yes" on Form 590, Part XI, Ine 20. 14 To provide a description of the organization answerd "Yes" on Form 590, Part XI, Ine 20. 15 Is the organization an agent, trustee, custodian or other intermediary tor contributions or other assets not included on Form 590, Part X2, Ine 21. 16 Is the organization anagent in Part XIII and complete the following table: 17 Yes," explain the arrangement in Part XIII and complete the following table: 28 Beginning balance 4 Additions during the year 5 Beginning the year 5 Beginning balance 4 Additions during the year 5 Beginning the year 5 Beginning balance 4 Addition agent, ILC Acck here if the acgnizitation asswerd "Yes" on Form 590, Part XI 7 EraCV EndOwnernet FundS. Complete if the organization answerd "Yes" on Form 590, Part XI 7 Bert YU EndOwnernet FundS. Complete if the organization answerd "Yes" on Form 590, Part XI 7 EraCV EndOwnernet FundS. Complete if the organization answerd "Yes" on Form 590, Part XI 7 Bert YU EndOwnernet FundS. Complete if the organization answerd "Yes" on Form 590, Part XI 7 Endownernet FundS. Complete if the organization answered "Yes" on Form 590, Part XI 7 Endownernet FundS. Complete if the organization answered "Yes" on Form 590, Part XI 7 Endownernet FundS. Complete if the organization answered "Yes" on Form 590, Part XI 7 Endownernet FundS. Complete if the organization answered "Yes" on Form 590, Part XI 7 Endownernet FundS. Complete if the organization answered "Yes" on Form 590, Part XI, Ine 10. 7 EraCV Endownernet FundS. Complete if the organization answered "Yes" on Form 590, Part XI, Ine 10. 7 Endownernet FundS. C	3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the f	ollowing that	are a si	ignific	ant u	se of its c	ollection	items	;
b Scholarly research e Other		(check all that apply):											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection? 6 Preserve and Custodial Arrangements. Compute if the organization answered 'Yes' on Form 990, Part K, line 9.7 7 Is the organization and the transfer than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 21. 7 Is the organization and server the transfer than to be maintained as part of the organization and or other assets not included on form 990, Part X, line 21. 7 Is the organization and server that the server the organization's exempt purpose in Part XIII. 8 Is the organization and the transfer than to be maintained as part of the organization and server the organization and the transfer that the server of the organization and the transfer that the server of the organization and the transfer that the server of the organization and the transfer that the server of the organization and the transfer that the server of the organization and the transfer that the server of the organization and the transfer that the transfer the transfer that	а	Public exhibition	c	1 Loan d	or exc	hange progra	ms						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list organization include an amount on Form 980, Part X, line 21, for secret or or custodial account liability? Yes No If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Bertholicons If Yes ("explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Bertholicons If Yes (account the administration answered Yes" on Form 990, Part IV, line 10. If Yes (account the administree (a) Part XIII. Check here if the explanation has been provided on Part XIII Bertholicons If Administrative expenses Intermediary for Yes" on Form 990, Part IV, line 10. If Yes (account the administree don Part XIII Bertholicons If Administrative expenses Intermediary for Yes" on Form 990, Part IV, line 10. The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment I Londs Administrative expenses Intermediary for otherm 990, Part IV, line 11a. See Form 990, Part X, line 10. De	b	Scholarly research	e	Other									
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // line 21. Stepsing balance	С	Preservation for future generations											
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The second and Custodial Arrangements. Complete the organization of other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1b If 'Yes, ' explain the arrangement in Part XIII and complete the following table: Amount 1c 1d 1d 2 Dott be organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization in abset provided on Part XIII. Image: Complete in the organization in a complete in the organization in a complete in the explanation has been provided on Part XIII. 1a Beginning of year balance Image: Complete in the organization in the explanation in	4									se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answerd 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21. Image: Complete Intermediary for contributions or other intermediary for contributions or other assets not included on Form 990, Part X line 21. b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete Intermediary for contributions or other intermediary for control table. c Beginning balance Image: Complete Intermediary for control table. Image: Complete Intermediary for control table. d Additions during the year Image: Complete Intermediary for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here II the explanation has been provided on Part XIII. Image: Complete Intermediation answered 'Yes' on Form 990, Part X, line 10. Image: Complete Intermediation answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 4 Grants or scholarships Image: Complete Intermediation answered 'Yes' on Form 990, Part X, line 10. Image: Complete Intermediation answered 'Yes' on Form 990, Part X, line 10. Image: Complete I	5										_	_	_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 0 If "Yes." explain the arrangement in Part XII and complete the following table: 1a Edipining balance 1a Det for "Yes." explain the arrangement in Part XII and complete the following table: 1a Det for "Yes." explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. 2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the explanation has been provided on Part XII. Pert V Part V Endowment Funds. Complete if the explanation has been provided on Part XII. Pert V 1a Beginning of year balance													No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Image: Complete t	Par			ete if the organ	nizatio	n answered "'	Yes" or	ו Forn	n 990	, Part IV, I	ine 9, or		
on Form 990, Part X?	1a			liary for contrib	outions	s or other ass	ets not	inclu	ded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance It d Additions during the year Id 1d Id 2a Distributions during the year Id 1d Id 2a Distributions during the year Id 1d contributions during the year Id 1d contributions during the year and the arrangement in Part XIII. Check here if the explanation answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 1a contributions (b) Prior year (c) Two years back (d) Three years bac	14										Yes		No
Beginning balance Amount tc Additions during the year d d d did d d d did d	b]		
c Beginning balance 1c d Additions during the year 1d d Distributions during the year 1d f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII To explan the arrangement in Part XII. Check here if the explanation has been provided on Part XIII To explan the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. To explan the arrangement in Part XII. Check here if the explanation has been provided on Part XIII a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back a Grants or scholarships				lie in gradier				Г			Amoun	t	
d Additions during the year 1d e Distributions during the year 1e 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment }	с	Beginning balance							1c				
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State of the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (d) Three years back (e) Four years back (e) Four years back (e) Four years back c Not investment enamings, gains, and losses (d) Three years back (e) Four years back (e) Four years back c Other expenditures for facilities (d) Three years back (e) Four years back (e) Four years back c Other expenditures for facilities (d) Carants or scholarships (e) Other expenditures for facilities (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Four years g End of year balance (f) S S Four back (f) Four years <th></th>													
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Nes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c No Administrative expenditures for facilities (a) Current year end balance (line 1g, column (a) held as: Board designated or quasi-endowment) % f Administrative expendiations Model % % Permanent endowment) % g End of year balance % % % % % % f Permanent endowment) % % % % % % %									1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete fithe organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete fithe organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Carrent year (b) Prior year (c) Two years back (d) Four years 1b Control (b) Prior year (c) Two years back (d) Four years								" F	1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Current year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back c Other expenditures for facilities (c) Two years back (d) Three years back of ther expenditures for facilities (c) Other expenditures for facilities (c) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment (b)	2a							lity?			Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment emings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years of the organizations (c) Two years back (e) Four years back c Other expenditures for facilities (c) Two years of the organization (c) Two years back (c) Two years back c Other expenditures for facilities (c) Two years back (c) Two years back (e) Four years back c Temporarity restinge of the current year end balance (line 1g, column (a)) held as: (c) Two years back (c) Two years back (c) Two years back c Permanent endowment (b)	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has	been	provided on F	Part XIII	-					
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Par	t V Endowment Funds. Complete	if the organization ar	swered "Yes"	on Fo	rm 990, Part	IV, line	10.					
b Contributions			(a) Current year	(b) Prior ye	ear	(c) Two years	s back	(d) ⊺	hree y	ears back	(e) Fou	r years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs i f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(i) 3a(i) 3a(i) 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Land b Buildings c Leasehold improvements d Land b Buildings c Leasehold improvements d Land b Buildings c Leasehold improvements d Lequipment c Leasehold improvements d Lequipment	1a	Beginning of year balance											
d Grants or scholarships	b	Contributions											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% in a term endowment ▶% (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold improvements c Leasehold improvements c Leasehold inprovements c Leasehold inprovements </th <th>с</th> <th>Net investment earnings, gains, and losses</th> <th></th>	с	Net investment earnings, gains, and losses											
and programs	d	Grants or scholarships											
f Administrative expenses	е	Other expenditures for facilities											
g End of year balance		and programs											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated degreciation (d) Book value (d) Book value (d) Equipment (d) Equipme	f	Administrative expenses											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g	End of year balance											
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, colu	mn (a)) held as:							
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		_%									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)													
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) istern of the organization and whether organization's endowment funds. istern of the organization and whether organization's endowment funds. istern of the organization's endowment funds. istern of the organization's endowment funds. <th>С</th> <th>Temporarily restricted endowment</th> <th>%</th> <th></th>	С	Temporarily restricted endowment	%										
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)													
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 5 c Leasehold improvements 5 d Equipment 5 e Other 5 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.	3a	Are there endowment funds not in the posse	ession of the organization	ation that are h	eld ar	nd administere	ed for th	ne org	ganiza	ation			
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.		-										Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (d) Book value 1a Land													
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land (d) Book value b Buildings (d) Book value c Leasehold improvements (d) Equipment e Other (d) Book Part X, column (B), line 10c.) 0.													
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land					le R?						3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	<u> </u>			wment funds.									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Fai	.				– 000	B 1 V						
basis (investment) basis (other) depreciation 1a Land		· · · · · · · · · · · · · · · · · · ·								.	() =		
b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		Description of property	1				. ,			d	(d) Boo	k valu	e
b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	1a	Land											
c Leasehold improvements													
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ● 0.													
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	d	Equipment											
	е	Other											
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column (B).</u>	line 1	0c.)							

Schedule D (Form 990) 2017

Sched	ule D (Form 990) 2017	FOUNDATION	FOR	EDUCATION	JAL	EXCELLEN	ICE	36-3524007	Page 3
Part		Other Securities.							
	Complete if the ora:	anization answered "Yes"	on For	m 990 Part IV line	e 11b	See Form 990	Part X line 12		
(a) D	escription of security or catego			b) Book value				r end-of-year market v	alue
		-	, ·		+	(0) mourou or v		ond of your market v	
. ,					-				
• •	osely-held equity interests				_				
(3) Ot					_	~~~			
(A)	FIRST NATIONA			80,726	•	COST			
(B)	GERMAN AMERIC	CAN STATE							
(C)	BANK CD			40,298	•	COST			
(D)	GERMAN AMERIC	CAN STATE							
(E)	BANK CD			81,670	•	COST			
(F)									
(G)									
(H)					+				
	Col. (b) must equal Form 990,	Part X col (B) line 12)		202,694					
Part	VIII Investments - F	Program Belated		2027091	•				
I are		0				0			
	(a) Description of i	anization answered "Yes"		m 990, Part IV, line b) Book value	<u>= 11C</u>			end-of-year market v	
	(a) Description of i	Investment	(b) BOOK value	+-		aluation. Cost of	end-oi-year market v	alue
(1)					_				
(2)					_				
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)					+				
	Col. (b) must equal Form 990,	Dart V. col. (D) line 12)							
Part									
		nization answard "Vac"	on Ear	m 000 Dort IV lin	- 1 1 4	L Soo Form 000	Dort V line 15		
		anization answered "Yes"	Descri		e riu	i. See Foini 990, i	art A, line 13.	(b) Book va	
		(4)	Descri	ption					liue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	(Column (b) must equal Fo	rm 000 Part V col (P) line	15)						
Part		<u>111 990, Fait A, Col. (B) Illie</u> S.	, 13,1						
		anization answered "Yes"	on Eor	m 000 Part IV lin	- 11-	or 11f Soo Form	000 Port V line	25	
-		escription of liability		111 990, 1 art IV, iirk		Book value	1990, 1 art X, inte	525.	
<u>1.</u>					(0)				
(1)	Federal income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	(Column (b) mart - mart F	100 Dout V 1 (D) //	- 0E \						
	(Column (b) must equal For	, , , , ,	,			orgonizationia		to that reports the	
	bility for uncertain tax pos					-			
org	ganization's liability for unc	erτain tax positions under	'⊢IN 48	3 (ASC 740). Chec	k nere	e if the text of the	tootnote has be	en provided in Part X	

-	dule D (Form 990) 2017 FOUNDATION FOR EDUCATIONAL		36-3524007 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t 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.

SCHEDULE G Supplemental Information	n Pegarding Fund	Iraici	ng or Gaming A	ctiv		OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization ans	wered "Yes" on Form	990, P	art IV, line 17, 18, o			2017
Department of the Treasury	ed more than \$15,000 (ach to Form 990 or Fo	orm 990	0-EZ.			Open to Public Inspection
Name of the organization	s.gov/Form990 for th	e lates	st instructions.		Employer id	entification number
FOUNDATION FOR EL	UCATIONAL EX	XCEI	LENCE		36-352	
Part I Fundraising Activities. Complete if the or				ine 17		
required to complete this part.	9		,.			
1 Indicate whether the organization raised funds through a	ny of the following activ	vities. C	Check all that apply.			
a Mail solicitations		0	overnment grants			
b Internet and email solicitations	f Solicitation of	Ũ	•			
c Phone solicitations	g Special fundra	aising e	events			
 d In-person solicitations 2 a Did the organization have a written or oral agreement w 	th any individual (inclue	dina off	ficers directors trus	toos	or	
key employees listed in Form 990, Part VII) or entity in c	,	•		1003,		s No
b If "Yes," list the 10 highest paid individuals or entities (fu	-		-	ne fur		
compensated at least \$5,000 by the organization.		0				
	(iii)	Did		(v)	Amount paid	
(i) Name and address of individual (ii) Ac	fund fund have c	Did raiser custody	(iv) Gross receipts	tò (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	or cor	ntrol of outions?	from activity		fundraiser ed in col. (i)	organization
	Yes	No				
	100					
Total						
 List all states in which the organization is registered or lic or licensing. 	ensed to solicit contrib	outions	or has been notified	it is e	exempt from r	egistration

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

Schedule G (Form 990 or 990-EZ) 2017

 Schedule G (Form 990 or 990 EZ) 2017
 FOUNDATION FOR
 EDUCATIONAL
 EXCELLENCE
 36-3524007
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	ts greater than \$5,000.
		MARCH		NONE	(d) Total events
			GOLE OUTING	NONE	(add col. (a) through
		(event type)	(event type)	(total number)	- col. (c))
1	Gross receipts	36,948.	5,440.		42,388.
2	Less: Contributions	6,500.	1,855.		8,355.
3	Gross income (line 1 minus line 2)	30,448.	3,585.		34,033.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	1,500.			1,500.
7	Food and beverages	8,049.	318.		8,367.
8	Entertainment				
		13,960.	1.784.		15,744.
-		· ·	· · · ·		25,611.
	. , , , , , , , , , , , , , , , , , , ,	()			8,422
	\$15,000 on Form 990-EZ, line 6a.				
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
			bingo/progressive bingo	(c) other gaming	col. (a) through col. (c)
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7				
8	Net gaming income summary. Subtract line 7	í from line 1, column (d)		▶	
8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	from line 1, column (d)			
8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming a	<u>from line 1, column (d)</u> ucts gaming activities: ctivities in each of these	states?		Yes No
8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	<u>from line 1, column (d)</u> ucts gaming activities: ctivities in each of these	states?		YesNo
8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming a	<u>from line 1, column (d)</u> ucts gaming activities: ctivities in each of these	states?		YesNo
8 Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming ac No," explain:	from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		
8 Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming a	from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	►►	
	2 3 4 5 6 7 8 9 10 11 rt1 2 3 4	 2 Less: Contributions	MADNESS (event type) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 6a. (a) Bingo (a) Bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	MADNESS GOLF OUTING (event type) 1 Gross receipts 36,948. 5,440. 2 Less: Contributions 6,500. 1,855. 3 Gross income (line 1 minus line 2) 30,448. 3,585. 4 Cash prizes	MADNESS GOLF OUTING (event type) (event type) (total number) 1 Gross receipts 36,948. 5,440. 2 Less: Contributions 6,500. 1,855. 3 Gross income (line 1 minus line 2) 30,448. 3,585. 4 Cash prizes

732082 09-13-17

Sch	edule G (Form 990 or 990-EZ) 2017 FOUNDATION FOR EDUCATIONAL EXCELLENCE 36-3	524007	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	an outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	
	retain the state gaming license?	Yes	No No
k	D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D	organization's own exempt activities during the tax year \$		
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lin 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	es 9, 9b, 10	b, 15b,

Schedule G	G (Form 990 or 990-EZ)	FOUNDATION FOF	EDUCATIONAL	EXCELLENCE	36-3524007	Page 4
Part IV	Supplemental Info	mation (continued)				

SCHEDULE I (Form 990)			Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	d Other Assistance to Organizations, ts, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. · the latest inform	ation.		Open to Public Inspection
f the	tion FOUNDATION FOR EDUCATIONAI	FOR EDU(CATIONAL EXC	EXCELLENCE				Employer identification number 36 – 3524007
Part I General Ir	General Information on Grants and Assistance	Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants o	or assistance, the <u>c</u>	Jrantees' eligibility	for the grants or assis	tance, and the selectio	[
	criteria used to award the grants or assistance?	nce?						X Yes No
SCI	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monit	oring the use of grant f	unds in the United	States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	mestic Organiz	ations and Domestic	Governments. C	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient t	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	000. Part II can	be duplicated if additio	nal space is neede	od.	2 - 1 - 1 - 1 - E		
1 (a) Name and a or go	1 (a) Name and address of organization or government	NIƏ (q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WINNEBAGO DIST 323	23							
304 EAST MCNAIR RD	ßD							TO ASSIST WITH EDUCATION
WINNEBAGO, IL 61088	088			38,199.	0.			EXPENSE
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government org	Janizations listed in the	line 1 table				
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	sted in the line 1	table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructi	ons for Form 990.					Schedule I (Form 990) (2017)

732101 11-01-17

Schedule I (Form 990) (2017) FOUNDATION FOR EDUCATIONAL EXCELLENCE	EDUCATION	NAL EXCELL	ENCE		36-3524007 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION RECEIVES GRANT REC	REQUESTS FR	FROM THE SCF	SCHOOL DISTRI	DISTRICT WITH	
SUPPORTING DOCUMENTATION.					
732102 11-01-17					Schedule I (Form 990) (2017)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



FOUNDATION FOR EDUCATIONAL EXCELLENCE

Employer identification number 36-3524007

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS MEETS MONTHLY. THE DRAFT OF THE 990 IS REVIEWED BY

THE TREASURER. A FINAL COPY IS PREPARED AND FORWARDED TO THE PRESIDENT

FOR REVIEW AND SIGNATURE BEFORE SUBMITTING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD-DELEGATED POWERS SHALL RECEIVE A COPY OF THE CONFLICT OF INTEREST

POLICY. THE CONFLICT OF INTEREST POLICY IS REGULARLY REVIEWED AT BOARD MEETINGS.

FORM 990, PART VI, SECTION C, LINE 19:

ANYONE MAKING A REQUEST TO INSPECT THE GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS WILL BE GRANTED ACCESS TO A FILE

COPY OF THE FORMS. THE TREASURER SHALL BE RESPONSIBLE FOR MAINTAINING THE

COPY OF EACH FORM AND FOR MAKING IT AVAILABLE TO ALL WHO MAKE A REQUEST.