Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, C Name of organization Check if D Employer identification number JAMES B. HUNT, JR. INSTITUTE FOR Address change EDUCATIONAL LEADERSHIP & POLICY FOUNDATI Name change 80-0025367 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1000 PARK FORTY PLAZA 280 919-962-4296 termin City or town, state or province, country, and ZIP or foreign postal code 2,641,417. G Gross receipts \$ Amended return DURHAM, NC 27713 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.HUNT-INSTITUTE.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2001 M State of legal domicile: NC Part I Summary Briefly describe the organization's mission or most significant activities: TO SECURE AMERICA'S FUTURE Activities & Governance THROUGH QUALITY EDUCATION. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 18 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 19 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 1,540,802. Revenue 2,667,887. Program service revenue (Part VIII, line 2g) 9 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23,530. 11,825 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <50,000.> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,552,627 2,641,417. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,886,287. 3,346,635. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,886,287. 3,346,635. Revenue less expenses. Subtract line 18 from line 12 <333,660.> <705,218.> Assets or Balances Beginning of Current Year End of Year Total assets (Part X, line 16) 5,564,246. 5,419,541. 21 Total liabilities (Part X, line 26) 76,078. 636,591. Net / Net assets or fund balances. Subtract line 21 from line 20 5,488,168. 4,782,950. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. annuar &. 2016 Signature of officer Sign Here RAYMOND FARROW, DIRECTOR OF DEVELOPMENT Type or print name and title Date Print/Type preparer's name Preparer's signature Check Paid W. GORDON DOUGLAS 10/20/16 self-employed P00238579 Firm's name DIXON HUGHES GOODMAN LLP Preparer Firm's EIN 56-0747981 Use Only Firm's address 2501 BLUE RIDGE ROAD, SUITE 500 RALEIGH, NC 27607 Phone no. 919 - 876 - 4546 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO SECURE AMERICA'S FUTURE THROUGH QUALITY EDUCATION. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. (Code: ______) (Expenses \$ 2,530,834. including grants of \$) (Revenue \$ SEE ATTACHMENT FOR COMPREHENSIVE SUMMARY OF 2015 PROGRAM SERVICE ACCOMPLISHMENTS (Code: _____) (Expenses \$ ______ including grants of \$ ______) (Revenue \$ (Code: _____) (Expenses \$ ___ including grants of \$______) (Revenue \$_____) 4d Other program services (Describe in Schedule O.)

including grants of \$

2,530,834.

4e

(Expenses \$

Total program service expenses

Hunt Institute Fiscal Year 2015-2016 Programs Review

The year was another busy and successful one for The Hunt Institute, including the planning and development of new and signature events and publications. The fiscal year began with the Hunt-Kean Leadership Fellows inaugural cohort completing the program. The inaugural cohort convened for their second and final session in Denver, Colo. on August 12-14, 2015. The two-and-a-half-day session focused on educator effectiveness and school leadership, offering opportunities to discuss and debate teacher preparation, evaluation, compensation, and tenure.

The Hunt Institute partnered with Virginia Delegate Steve Landes and the University of Virginia to host the **2nd Annual House Education Committee Summit**. The two-day summit, held on **November** 9-10 at UVA, engaged 100 participants, including 17 delegates, on key topics and best practices that could help shape education policy and programs in the Commonwealth. An array of significant education topics were addressed, such as early childhood education, public charter schools, higher education, high-performance principal leadership, the condition and needs of Virginia's public education system, virtual learning, and ways to use student data to produce gains.

The Hunt-Kean Leadership Fellows program commenced its first gathering of Cohort two on December 2-4 in Cary, NC. The meeting brought together another group of 15 high-ranking state officials and political leaders to share knowledge on policy issues they will need to cultivate effective education agendas. The two-day event had sessions focused on the importance of rigorous standards, aligned assessments, and strong accountability systems as well as discussions on charter schools, and the merits and challenges of school choice reform. The cohort participated in a structured visit of a Wake County high school that included guided classroom visits and a debriefing with members of the school's leadership team. After the meeting, the Fellows participated in onsite sessions, webinars, in-state sessions, school visits, and state-specific briefings over the next nine-month program.

The Hunt Institute convened North Carolina policymakers for another successful Holshouser Legislators Retreat on December 9-10 in Greensboro, NC. The event, Education | For a Stronger North Carolina: Policy, Implementation and Results, featured engaging dialogue about the importance of education policy development and implementation that ensures positive student outcomes. Nearly 100 policymakers and national and state education resource experts attended the bipartisan, two-day event to discuss the significance of early childhood learning, the importance of effective school and district leadership, the power of digital learning innovation, and the impact of high-quality assessments.

The Hunt Institute, the National Conference of State Legislatures, and the National Association of State Boards of Education, hosted an important meeting on February 26-27, in Atlanta, GA, to address the significant shift in education that ESSA will have on state-level decision-making. More than 30 policymakers – including state board members, legislative leaders, and state agency staff from 15 states – attended the meeting to engage with national education resource experts on ESSA changes and challenges, particularly around the issues of school accountability, high-quality assessments, interventions in low-performing schools, and teacher evaluation systems.

The Institute's weekly Partner Call continues to serve as a cornerstone for effective collaboration among the nation's leading supporters of college- and career-ready standards. The call often serves as a catalyst for knowledge building and information sharing, cohesive engagement around specific issues, the collective adoption of common messaging, and the identification and creation of resources with far

reaching impact and usefulness. Each call includes a presentation by a special resource expert, followed by questions and answers and further group discussion. The call now includes more than 80 different education and policy organization across the country, with more than 150 participants.

The Hunt Institute's published several publications in the fiscal year to discuss a variety of education policy issues:

- The re:VISION issue, The Role of Strategic Communications in the Transition to New Academic Standards and Assessments: Case Studies of Tennessee and Kentucky, was released in June. The issue examines how Kentucky and Tennessee effectively managed communications in their transitions to the Common Core State Standards.
- The August issue of Did You Know? highlights North Carolina's NCWorks Certified Work Ready
 Communities Initiative. The initiative is a statewide effort to certify communities and counties as
 part of the state's workforce development strategy. Benefits of the initiative include helping
 businesses know which foundational skills they need for a productive industry, making
 individuals aware of skills required by employers, and providing information to help
 policymakers and educators close the skills gap.
- The November issue of coNCepts details North Carolina's teacher licensure system. The issue
 explains the requirements for earning one of multiple licenses available to teachers, and
 describes key differences between traditional and lateral entry routes into the state's teaching
 profession. It also provides updates on the new online licensure system made available through
 the North Carolina Department of Public Instruction.
- Two issues of Did You Know? were released in October and November 2015. The October issue highlights a new partnership between Guilford County Schools and the national scholarship and student support program, Say Yes to Education. The partnership promises to provide last-dollar tuition scholarships for all GCS graduates to attend North Carolina public colleges and universities. The November issue of Did You Know? discusses the Southern Regional Education Board Early Childhood Commission's recommendations addressing and evaluating early childhood education programs.
- In March, another issue of Did You Know? was released, featuring the Thomas B. Fordham Institute's evaluation of four major standardized assessments. The study analyzed 5th and 8th grade English language arts and math assessments from ACT Aspire, The Partnership for Assessment of Readiness for College and Careers, The Smarter Balanced Assessment Consortium, and the Massachusetts Comprehensive Assessment System. The study also makes recommendations for North Carolina and other states as policymakers decide on the adoption of assessments that align with new state standards.
- Also in March was another issue of coNCepts, which describes State Longitudinal Data Systems
 (SLDS) and their potential to improve student learning and outcomes. SLDS can help
 policymakers to evaluate the progress of reforms and provide insight for creating desired
 policies, while also allowing parents and other constituents to make informed choices about
 education. This issue of coNCepts also details a new NC SLDS project known as NC SchoolWorks
 (NCSW). NCSW will allow users to organize, manage and analyze the state's student and
 workforce data.

10		- I	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	ses and the tax year include a footifole that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	\perp	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			227.500
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

202			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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			
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	-	X
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
			v	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	-
	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		24b		Λ
С		240		
	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,"			
27	complete Schedule L, Part II	26		_X_
21	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 I. Part III.			37
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	-	<u>X</u>
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer director tructed extensions 2 (4 1) (2 1 1 1 1 2 1 1 1 1 2 1 1 1 1 2 1 1 1 1	00-		v
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 21
	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			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	<u>X</u>
	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			
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-+	<u>X</u>
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55	-+	-21
	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	

Page 5

Enter the number reported in Box 3 of Form 1086. Enter -0 if not applicable 1		Check if Schedule O contains a response or note to any line in this Part V							
1a Enter the number reported in Box 3 of Form 1096. Enter-0-in not applicable 1b 0 0 b Enter the number of Forms W2 (Sincluded in line 1 a. Enter-0-if in rot applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) within with a complex provided in the payments to vendors and reportable garning (gambling) within within the year covered by this setum. 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				Ves	No				
b Enter the number of Forms W26 included in line 1a. Enter 0-if not applicable c) Did the organization comply with backby witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 X 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 15 If at least one is reported on line 2a, did the organization file all required federal employment ax returns? 2b If if a least one is reported on line 2a, did the organization file all required federal employment ax returns? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If if Yes, a line is filed a Form 960-71 for this year? If Yes, 1 foil, 2 foil, 2 foil, 2 foil, 3 foil, 3 foil, 3 foil, 4 foil,	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	103	140				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 5 If all least one is reported on line 2a, did the organization file all required defearled employment tax returns? 5 Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unrelated business greater so than 250, you may be required to e-file (see instructions) 8 Did the very part of the same of the see that the se	1727		0						
describing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3b If at least on experience on line 2a, did the organization file all required federal employment tax returns? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did any time the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level. 3c Did any time the name of the foreign country. 3c Did any time the name of the foreign country. 3c Did any time the name of the foreign country. 3c Did any time the name of the foreign country. 3c Did any time the name of the foreign country. 3c Did any time the name of the organization file from 898677. 3c Did any time the name of the organization file from 898677. 3c Did any time the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the rent tax deductible or this decidence to the time than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 3c Did the organization that may receive deductible contributions under section 170(c). 3c Did the organization that may receive deductible contributions under section 170(c). 3c Did the organization that may receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3c Did the organization funding the dor	С		Ť						
2a Einer the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, filed of the calendar year anding with or within the year covered by this return. b If a least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). 3b If "Yes," has if filed a Form 990-Tf on this year? If "No," to file 3b, provide an explanation in Schedule O. 3b. 4 At any time during the calendar year, did the organization have uninterest 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)? 4 At any time of the name of the foreign country. 5 Was the organization and foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5 Was the organization and price of price of foreign Bank and Financial Accounts (FBAR). 5 Was the organization have not periodic that it was or is a party to a prohibited tax shefter transaction? 5 Was the organization have manual gross receipts that are normally greater than \$100,000, and did the organization select any contributions that the organization that it was or is a party to a prohibited tax shefter transaction? 6 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization select any contributions that may receive deductible as charitable contributions? 6 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selection? 7 Organizations that may receive deductible contributions under section 170(c). 8 Was the organization selection to the value of the good so reservices provided? 7 Organizations that may receive deductible contributions under section 170(c). 9 Was the organization selection of the promass of sevenices provided? 1 Was "If the organization selection of th			10	x					
tiled for the calendar year ending with or within the year covered by this return Secondary Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Secondary Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Secondary Seco	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	10						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines at 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? 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b S 4d At any time during the calendary 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)? 4d At any time the rainer of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-7? 6c B Obes the organization and authorizes that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that many receive deductible contributions under section 170(c). 8 Did the organization notify the donor of the value of the goods or services provided? 8 Did the organization netwee tayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7 a X 7 b If "Yes," indicate the number of Forms 8828 filed during the year 9 Did the organization received a contribution of qualified intellecturity, to pay premiums on a personal benefit contract? 7 c X 9 Did the organization received a contribution of qualified intellecturity, to pay premiums on a personal benefit contract? 7 b If the									
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 105 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13a 14a 14a 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14a 15b 15 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 13c 14a 15d	0								
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X				\neg					
organization is licensed to issue qualified health plans									
c Enter the amount of reserves on hand									
4a Did the organization receive any payments for indoor tanning services during the tax year?	С	Enter the amount of reserves on hand							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							

Form 990 (2015)

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year1a	3	1.00	110			
	If there are material differences in voting rights among members of the governing body, or if the governing	7					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	<u> </u>	3					
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		X			
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		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
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?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X			
	more members of the governing body?	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			- 21			
	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:	15					
а	The governing body?	8a	x				
b	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	OD	21				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
	the internal revenue odde.		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	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.	Ha	21				
	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				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21				
	in Schedule O how this was done	12c	х				
13	Did the organization have a written whistleblower policy?	13	X				
14	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	14					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	х				
b	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	וטט	21				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104	-	21			
	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	1				
ect	ion C. Disclosure	TOD					
	List the states with which a copy of this Form 990 is required to be filed NONE						
	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	/ailahl	۵				
	for public inspection. Indicate how you made these available. Check all that apply.	· andDI	-				
	X Own website Another's website X Upon request Other (explain in Schedule O)						
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	ial				
	statements available to the public during the tax year.	manc	iai				
	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	DAVON CLACK - 919-962-4296						
	1000 PARK FORTY PLAZA SILTER 280 DURHAM NC 27713	-					

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Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

Check this box if neither the organization r	nor any related	org	aniz	atio	n cc	mpe	ensa	ited any current officer,	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	(do not ched		Position check more than one			Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)			is bo	th an	compensation	compensation	amount of
	week	_	T	T	T	10171111	Siee)	- Irom	from related	other
	(list any hours for	irecto			1			the	organizations	compensation
	related	6 0 0	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	truste	l trus		aa/	mpen		(***2/1099*101130)		organization and related
	below	Individual trustee or director	Institutional trustee	_	oldm	St co		1		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			o garnzationo
(1) JUDITH RIZZO	40.00									
SECRETARY/TREASURER		X		X				234,830.	0.	0.
(2) GOVERNOR JAMES B. HUNT JR.	0.00				T	T				
CHARIMAN		X						0.	0.	0.
(3) THOMAS LAMBETH	0.00					T				
VICE-CHAIR		X						0.	0.	0.
						\vdash				
								19.0		
										3100
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EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367

Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)		one h an	(D) (E) Reportable Reportable compensation from from relation organization (W-2/1099-N		co	(F) Estima amoun othe mpens from t	ated at of er sation the			
_		organizations below line)	Individual truste	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		а	and rela	ated
								-		16 4-16			
											-		
0													
	Sub-total								234,830.	0		8,0	040.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)							>	234,830.	0	0. 0. 8,040.		
2	Total number of individuals (including but no							o re			• 1	0 7 0	10.
	compensation from the organization					_						Yes	No No
3	Did the organization list any former officer, a line 1a? If "Yes," complete Schedule J for su										3	1.00	Х
4	For any individual listed on line 1a, is the sur	m of reportable	е со	mpe	nsat	tion	and	oth	ner compensation from the	ne organization			
5	and related organizations greater than \$150 Did any person listed on line 1a receive or an	ccrue compen	sati	on fr	om a	any	unre				4	X	
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	olete Schedule	J fo	or su	ch p	ers	on			······	5		X
1	Complete this table for your five highest con	npensated ind	epe	nder	nt cc	ntra	actor	s th	nat received more than \$	100,000 of comper	sation	from	
	the organization. Report compensation for the	he calendar ye	ar e	ndin	g wi	ith o	r wit	hin		ear.			
	(A) Name and business a	address							(B) Description of se	rvices		C) ensatio	n
	CILLE E DAVY MALLARD PLACE, PENNINGT	ON N.T	n 8	53	1				CONSULTING		2.3	27,2	55
THE WINSTON GROUP, 101 CONSTITUTION AVE							CONSULTING		1-70 9000	20,0			
2	Total number of independent contractors (in \$100,000 of compensation from the organize	50.000	ot lim	nited	to t	hos		ed	above) who received mo	re than			

JBHI Foundation Board of Directors Roster

Board of Directors

Governor James B. Hunt, Jr., Chairman

The Hunt Library NC State University 1070 Partners Way Raleigh, NC

Phone: (919) 515-9255

Contact: Janice Shearin Email: <u>irdshearin@gmail.com</u>

Thomas W. Lambeth, Vice Chairman

Senior Fellow Z. Smith Reynolds Foundation 700 Yorkshire Road Winston-Salem, NC 27106 Phone: (336) 727-1539

Cell: (336) 727-1339 Cell: (336) 207-1995 Fax: (336) 722-0819 tlambeth2@triad.rr.com

Judith Rizzo, Secretary/Treasurer

Executive Director and CEO
The Hunt Institute
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Fax: (919) 425-4175

jrizzo@hunt-institute.org

Governor Roy Barnes

The Barnes Law Group, LLC 31 Atlanta Street Marietta, GA 30060 Phone: (770) 419-8505 roy@barneslawgroup.com

Contact: Sharon Holt sholt@barneslawgroup.com

Terms/Committees

Chair, Executive Committee

May 1, 2016-April 30, 2019 Vice Chair Executive Committee Finance and Development Committee Audit Committee

Executive Committee
Finance and Development Committee

May 1, 2016-April 30, 2019

Randy Best

Best Associates Merchant Banking

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Phone: (214) 438-4102

Fax: (214) 978-3838

rbest@bestassociates.com

Katelynn Thomas Dugan

Academic Partnerships

Chief of Staff

Contacts:

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Katelynn.Dugan@academicpartnerships.com

Amy Moore Executive Assistant Academic Partnerships

May 1, 2015-April 30, 2018

Finance and Development

Amy.Moore@academicpartnerships.com

Queta Bond

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Queta.bond@gmail.com

May 1, 2014 - April 30, 2017

Governor Don Carcieri

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Mobile: (401) 585-8224

Donandsuc 1965@gmail.com

May 1, 2016 - April 30, 2019

Mimi Clarke Corcoran

President & CEO

National Center for Learning Disabilities (NCLD)

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Office: 646-616-1234

Cell: 917-618-2293

Home: (914) 925-6728

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MCorcoran@ncld.org

570 North Street

Harrison, NY 10528

May 1, 2014-April 30, 2017 Chair, Audit Committee

Executive Committee

Walter Dalton

President
Isothermal Community College
286 ICC Loop Road
P.O. Box 804
Spindale, NC 28160
Phone: (828) 429-2504
wdalton@isothermal.edu

May 1, 2015 - April 30, 2018

The Honorable Mitch Daniels

President, Purdue University Hovde Hall, Room 200 610 Purdue Mall West Lafayette, IN 47907-2040 Phone: 765-494-9078 president@purdue.edu May 1, 2015-April 30, 2018

Bob Eaves

211 Wilson Point Rd New Bern, NC 28562 Phone: 919-619-5490 cavesdome@aol.com May 1, 2014-April 30, 2017 Audit Committee

Joel L. Fleishman

Sanford School of Public Policy Duke University PO Box 90522 Durham, NC 27708 joel.fleishman@duke.edu May 1, 2016-April 30, 2019 Finance and Development Committee

Contact: Pam Ladd, Assistant

Phone: (919) 613-7376 pamela.ladd@duke.edu

Laura Fornash

Executive Assistant to the President for State Governmental Relations
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(804) 240-3908

May 1, 2014-April 30, 2017

Kati Haycock

Director
The Education Trust

1250 H Street, N.W., Suite 700

Washington, DC 20005

Phone: (202) 293-1217, ext. 311

Fax: (202) 293-2605 khaycock@edtrust.org

Contact: Ivy Ellis IEllis@edtrust.org

J. Jackson "Jack" Hoke

Executive Director

North Carolina School Superintendents Association

Post Office Box 6188 Hickory, NC 28603

Phone: (828) 320-6767 jackhoke12@gmail.com May 1, 2016-April 30, 2019 Audit Committee

May 1, 2014-April 30, 2017

Sam Houston

President and CEO

NC Science, Mathematics, and Technology Education Center

21 T. W. Alexander Drive

P.O. Box 13901

Research Triangle Park, NC 27709-3901

Phone: (919) 991-5111 Cell: (919) 345-0179

Fax (919) 991-5160 shouston@bwfund.org May 1, 2014-April 30, 2017 Executive Committee Chair, Finance and Development Committee

Robert A. Ingram

General Partner

Hatteras Venture Partners

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Suite 350 - Diamond View II

Durham, NC 27701

Phone: (919) 484-0730

Contact: Karen Pottebaum Karen@hatterasvp.com

May 1, 2016-April 30, 2019

Howard N. Lee

109 Glenview Place Chapel Hill, NC 27514 Cell Phone: (919) 880-9201

Hlee1@nc.rr.com

May 1, 2016-April 30, 2019

Jim W. Phillips, Jr.

Brooks, Pierce, McLendon, Humphrey & Leonard, LLP 2000 Renaissance Plaza

230 North Elm Street Greensboro, NC 27420 Phone: (336) 271-3131

jphillips@brookspierce.com

Home: 2601 W. Market Street Greensboro, NC 27403

Contact: Judy Webb Phone: 336-232-4644 jwebb@brookspierce.com May 1, 2015 - April 30, 2018

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) 1e 2,654,187. f All other contributions, gifts, grants, and similar amounts not included above 1f 13,700. g Noncash contributions included in lines 1a-1f: \$_ 2,667,887. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 23,530. 23,530. 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** <50,000.> <50,000.> 11 a LOSS FROM CONTRACT AME 900099 b d All other revenue <50,000.> e Total. Add lines 11a-11d

▶ 2,641,417.

<26,470.>

Total revenue. See instructions.

Form 990 (2015)

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			ompiete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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		2		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			encognic de la companya de la compa	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		138		
10	Payroll taxes	ACOLON MARINE		10	
11	Fees for services (non-employees):				
а	Management				
b	We are a second and the second and t				
С	Accounting			8 10	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	15,545.		15,545.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	179,061.	179,061.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,018.	8,018.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	PAYMENTS TO UNC - PERSO	2,184,532.	1,531,935.	652,597.	
b	PROGRAMMATIC CONSULTANT	454,947.	454,947.	0.52,357.	
C	CONVENING	246,703.	246,703.		
d	PAYMENTS TO UNC - RENT	102,822.	73,084.	29,738.	
e	All other expenses	155,007.	37,086.	117,921.	
25	Total functional expenses. Add lines 1 through 24e	3,346,635.	2,530,834.	815,801.	0.
26	Joint costs. Complete this line only if the organization	-,,	2/000/004.	013,001.	<u> </u>
J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 838,731. 369,788. 1 3,482,926. 2 Savings and temporary cash investments 4,223,400. 2 Pledges and grants receivable, net 740,549. 3 826,353. 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 2,240. 0. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 499,800. 0. 12 Investments - program-related. See Part IV, line 11 13 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) 5,564,246. 5,419,541. 16 76,078. 17 636,591. Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 Total liabilities. Add lines 17 through 25 76,078. 636,591. 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,315,544. 2,258,980. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 2,172,624. 2,523,970. 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 5,488,168. 4,782,950. 33 5,419,541. Total liabilities and net assets/fund balances 5,564,246. 34

Form 990 (2015) EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 2,641,417. Total expenses (must equal Part IX, column (A), line 25) 2 2 3,346,635. Revenue less expenses. Subtract line 2 from line 1 3 <705,218.> 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5,488,168. 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 4,782,950. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a 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: Consolidated basis Separate basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

JAMES B. HUNT, JR. INSTITUTE FOR Employed

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-		EDU	CATIONAL LE	EADERSHIP &	POLIC	Y FOUL	ITACK		30-0025367	
Pa	art I	Reason for Public	Charity Status	(All organizations must	complete t	his part.) S	See instructions.	6		
The	organ	ization is not a private foun	dation because it is:	(For lines 1 through 11	, check onl	y one box.	.)			
1		A church, convention of cl	hurches, or associati	on of churches describ	ed in secti	ion 170(b)	(1)(A)(i).			
2		A school described in sec								
3		A hospital or a cooperative					iii).			
4		A medical research organi						iii). Enter	the hospital's name.	
		city, and state:						,	,	
5		An organization operated	for the benefit of a co	ollege or university own	ed or opera	ated by a c	overnmental un	it descri	bed in	
		section 170(b)(1)(A)(iv).				, ,	•			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (0			o a go	rommonia		gonora	pablic described in	
8		A community trust describ		(1)(A)(vi) (Complete Pa	art II)					
9		An organization that norma				n contribut	ions mamharsh	in face o	and arose receipts from	
		activities related to its exer								
		income and unrelated business								
		See section 509(a)(2). (Co		(1000 000 tion on taxy	nom basin	cooco acq	anca by the orgi	arnzanori	alter bulle 50, 1975.	
10		An organization organized		ively to test for public s	afety See	section 5	00(2)(4)			
11	X	An organization organized						out the	nurnoses of one or	
		more publicly supported or								
									Sheck the box in	
а	X	lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
		the supported organizati								
		organization. You must			a majority	or are dire	otoro or tradico.	3 01 1110 3	apporting	
b		Type II. A supporting org			ction with i	its support	ed organization	(s) by ha	vina	
		control or management of								
		organization(s). You mus			oamo poro	ono mar o	ontrol of manage	o the sup	ported	
С		Type III functionally inte			d in connec	ction with	and functionally	integrate	ed with	
		its supported organizatio						intograti	ou with,	
d		Type III non-functionall						d organi	zation(s)	
		that is not functionally int								
		requirement (see instruct								
е		Check this box if the orga						Type III		
		functionally integrated, o						,,		
f	Ente	the number of supported	organizations						1	
g	Provi	de the following information		d organization(s).						
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization in your			(vi) Amount of	
		organization		(described on lines 1-9 above (see instructions))	governing	document?	support (se		other support (see	
					Yes	No	instruction	s)	instructions)	
									e un friscalità e	
JN	C-CF	I	56-6172047	6	X		2,257,	616.		
					1					
			8							
_				- W - W - W - W - W - W - W - W - W - W						
		191								
					-					
					1			- 1		

Schedule A (Form 990 or 990 EZ) 2015 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			1	1-7	(0)=0.10	(1) 1010.
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
	etion B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(-) 2015	(f) Tatal
	Amounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
۵	Net income from unrelated business					-	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		30-0				
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (ooo instructio				10	
	First five years. If the Form 990 is for			d fourth or fifth to		12	
10	organization, check this box and stop				\$500	8 5 5 5	▶□
Sec	tion C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2015 (li					14	
	Public support percentage from 2014					15	<u>%</u>
	33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies a						
	33 1/3% support test - 2014. If the o						
	and stop here. The organization quali						
	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						
	more, and if the organization meets the						U70 UI
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	did not check a h	nox on line 13 16a	16h 17a or 17h	check this boy as	nzation	
	Todalidation in the organization	. a.a not offeen a b	on off file 10, 10a	, 100, 17a, 01 1/D	, crieck triis box ar	iu see ilistructions	

Schedule A (Form 990 or 990-EZ) 2015 EDUCATIONAL LEADERSHIP & POLICY FOUNDATISO-0025367 Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ection A. Public Support	elow, please com	ipietė Part II.)					
_	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Gifts, grants, contributions, and	(47)	(2) 23 12	(0) 2010	(4) 2014	(e) 2013	(i) Iotai	
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that	-						
	are not an unrelated trade or bus-							
	inoss under section F12							
4	Tax revenues levied for the organ-							
-	ization's benefit and either paid to							
	or our on dod on the balant							
5	The value of services or facilities							
J	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and	-						
16	3 received from disqualified persons		•					
h	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							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
i de conco		/-\ 0011	(1) 0010	4 > 0040				
	ndar year (or fiscal year beginning in) ▶ Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Gross income from interest.				***	-		
100	dividends, payments received on							
	securities loans, rents, royalties							
h	and income from similar sources						-	
U	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
-								
11	Add lines 10a and 10b							
• •	activities not included in line 10b,							
	whether or not the business is							
12	Other income. Do not include gain							
12	or loss from the sale of capital	1						
40	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for t						ation,	
500	check this box and stop here	. C D					>	
	tion C. Computation of Public							
	Public support percentage for 2015 (lin					15	%	
	Public support percentage from 2014 Stripp D. Computation of Invest					16	%	
	tion D. Computation of Invest				77 T.	1 1		
1/	Investment income percentage for 201	5 (line 10c, colum	in (f) divided by line	e 13, column (f))		17	%	
18 40 -	Investment income percentage from 20	114 Schedule A, F	art III, line 17			18	%	
	33 1/3% support tests - 2015. If the o							
	more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly su	upported organiz	ation	▶□	
	b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check							
20	Private foundation. If the organization	did not check a b	oox on line 14, 19a	or 19b, check this	s box and see in	structions	▶∟	

Schedule A (Form 990 or 990 EZ) 2015 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 11a or 11b 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.)

			T	_	
			Ye	S	No
	1		х		
	2				X
	3a	+		-	X
	3b				
	3с				
					v
	4a	1		1	_X_
	4b				
	40	t	100	1	
-	4c	+		+	
-	5a	-		1	<u>X</u>
	5b				
	5c			t	
ŀ	6	L		-	<u>X</u>
	7				X
	8				Х
r	3			r	77
_	9a				X
	9b				X
	9c				Х
	10a				X
	10b				
a	0 00	^	E71	•	045

Schedule A (Form 990 or 990-EZ) 2015 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 5 Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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? X 11a b A family member of a person described in (a) above? X 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. X 11c Section B. Type I Supporting Organizations Yes No 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. X 1 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. X 2 Section C. Type II Supporting Organizations Yes No 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). Section 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 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 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b 🔟 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). C 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 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.

Pa	irt V Type III Non-Functionally Integrated 509(a)(3) Supporting	& PO	LICY FOUNDATIS	30-0025367 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uetiene All
-	other Type III non-functionally integrated supporting organizations must c			actions. All
Sec	tion A - Adjusted Net Income	ompiete C	(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		A 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		9/5/
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		
Secti	on 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-functional	v-integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: a b c Excess from 2013

Schedule A (Form 990 or 990-EZ) 2015

d Excess from 2014 e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
77	(See Instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Employer identification number

Name of the organization

JAMES B. HUNT, JR. INSTITUTE FOR

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

80-0025367

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Note. Only a section 501(c)(figure 1) General Rule X For an organization	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III.
year, contributions e is checked, enter he purpose. Do not cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
out it must answer "No" on F	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

JAMES B. HUNT, JR. INSTITUTE FOR

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

Employer identification number

80-0025367

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if	additional	space is needed.
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		· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILL AND MELINDA GATES FOUNDATION PO BOX 6176, BEN FRANKLIN STATION WASHINGTON, DC 20044	\$1,129,187.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BURROUGHS WELCOME FUND 21 T. W. ALEXANDER DRIVE, P.O. BOX 13901 RTP, NC 27709	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CARNEGIE CORPORATION OF NEW YORK 437 MADISON AVENUE NEW YORK, NY 10022	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	STATE FARM INSURANCE 3 STATE FARM PLAZA BLOOKINGTON, IL 61791	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ELI AND EDYTHE BROAD FOUNDATION 10900 WILSHIRE BOULEVARD, LOS ANGELES, CA 90024	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		1	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY I

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$,
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization Employer identification number JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization

JAMES B. HUNT, JR. INSTITUTE FOR

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

Employer identification number

80-0025367 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

				OLICY FOUN			80-00	2530	<u>57 f</u>	² age 2
Pa	rt III Organizations Maintaining	Collections of A	Art, Historical 1	reasures, or Ot	her S	Simil	ar Asse	ets(con	tinued)	,
3	Using the organization's acquisition, access	sion, and other recor	ds, check any of th	e following that are a	signi	ficant	use of its	collecti	on iter	ns
	(check all that apply):									
а	Public exhibition		d Loan or ex	change programs						
b	Scholarly research	1	e Other							
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and expla	in how they further	the organization's ex	xempt	purp	ose in Par	t XIII.		
5	During the year, did the organization solicit									
	to be sold to raise funds rather than to be m	naintained as part of	the organization's	collection?				Yes		No
Pa	rt IV Escrow and Custodial Arrar	ngements. Comp	lete if the organizat	ion answered "Yes" o	on For	rm 990	D, Part IV,	line 9, d	or	
	reported an amount on Form 990, Pa	art X, line 21.								
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary for contribution	ons or other assets n	ot incl	luded				
	on Form 990, Part X?	***************************************	***************************************					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amour	nt	
С	Beginning balance					1c				
d	Additions during the year					1d		100		
е	Distributions during the year					1e				
f	Ending balance					1f				- W
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account liab	oility?			Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation has bee	n provided on Part X	Ш]
	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" on F	orm 990, Part IV, line	e 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions						4			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses					See				
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1g. column ((a)) held as:						
а	Board designated or quasi-endowment		%	(),						
	Permanent endowment									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organization	ation that are held	and administered for	the or	raaniz	ation			
	by:	odki rodki rodki. Visto Visto sirako di kalendario - A a sakendario							Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part X	(, line	10.				
	Description of property	(a) Cost or o	ther (b) Cos	t or other (c) A	Accum	nulated	d	(d) Boo	k value	
		basis (investr			preci			(-,		
1a	Land									
	Buildings									
С	Leasehold improvements									
	Equipment					1-0/62				
	Other									
otal	Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10c.)			D	*****		0 -

Schedule D (Form 990) 2015 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4)(5)(6)(7)(8)(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)(5)(6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4)(5)(6)(7)(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

SCH	EDUCATIONAL LEADERSHIP & POL.	ICA FOUNDATI	80-1	JU2536 / Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			0 601 417
1	Total revenue, gains, and other support per audited financial statements		1	2,691,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 1		
a		2a		
b		2b		
C		2c		
d	Other (Describe in Part XIII.)			F0 000
e	Add lines 2a through 2d		2e	50,000
3	Subtract line 2e from line 1		3	2,641,417
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ras I		
a		la		
b	Other (Describe in Part XIII.) Add lines 4a and 4b	10000 0000 0000 0000 0000 0000 0000 0000 0000		0
			4c	0.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	5 Potu	2,641,417
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s with Expenses per	netui	п.
			. 1	2 246 625
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	3,346,635.
a	22 - FOR EAST AND			
a b	Donated services and use of facilities 2			
C	Prior year adjustments 2			
72		C		
d	Other (Describe in Part XIII.)			0
	Add lines 2a through 2d		2e	2 246 625
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	3,346,635.
a b	Investment expenses not included on Form 990, Part VIII, line 7b 43			
	Other (Describe in Part XIII.)			0
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)t XIII Supplemental Information.		5	3,346,635.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona		; Part X	K, line 2; Part XI,
	T X, LINE 2:			
T.HF	FOLLOWING IS AN EXCERPT FROM THE AUDITED FI	NANCIAL STATE	MENT	S OF JAMES
_	WINE IN THE THE TANK			
в.	HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSH	IP & POLICY FO	DUND	ATION FOR
	VEAR ENDER THE 20 COLC REGISTERS THE IRON			
LHE	YEAR ENDED JUNE 30, 2016 REGARDING THE ADOP	TION OF FIN 48	3:	

IN	ACCORDANCE WITH GUIDANCE ON ACCOUNTING FOR U	NCERTAINTY OF	INC	OME TAXES,
THE	FOUNDATION HAS DETERMINED THAT ALL TAX POSI	TIONS TAKEN AF	н яя	TCHT.Y
		TIOND TIMEN IN	11	101111
CER	TAIN. THE FOUNDATION HAS DETERMINED THAT NO	UNRECOGNIZED	TAX	LIABILITY
EXI	STS. FURTHERMORE, THE FOUNDATION BELIEVES TH	ERE IS NO MATE	CRIA	L INCOME
	,			
ГАХ	AFFECT ON THE FINANCIAL STATEMENTS FOR THIS	PERIOD.		
				,

JAMES B. HUNT, JR. INSTITUTE FOR Schedule D (Form 990) 2015 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 5 Part XIII Supplemental Information (continued) LOSS FROM CONTRACT AMENDMENT PART XI 2D LOSS FROM CONTRACT AMENDMENT.

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. JAMES B. HUNT, JR. INSTITUTE FOR

EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

80-0025367 **Questions Regarding Compensation**

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? X Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X Any related organization? X 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? X 6a Any related organization? X 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2015

JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367

Schedule J (Form 990) 2015

Page 2

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JUDITH RIZZO	(i)	234,830.	0	0.	0	0	234,830.	0
SECRETARY/TREASURER	⊞	0	0.	0	0	0.	0	0
	€ (700					
	€ 5							
	3							
	Ξ							
	(E)							
	Ξ							
	(ii)							
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Schedule J (Form 990) 2015

Part III Supplemental Information

Schedule J (Form 990) 2015

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

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Schedule J (Form 990) 2015

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

Inspection

OMB No. 1545-0047

JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI

Employer identification number

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FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING OF THE FORM 990, THE FOUNDATION'S EXECUTIVE COMMITTEE AND AUDIT COMMITTEE WILL REVIEW THE FILING DOCUMENTATION. THEY WILL BE ASSISTED IN THEIR REVIEW BY MANAGEMENT AND DIXON HUGHES GOODMAN LLP. BOARD MEMBERS WILL RECEIVE THE FORM 990 AT THE WINTER BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE ISSUES ARE DISCUSSED AT THE SPRING EXECUTIVE COMMITTEE MEETING COVERING DIRECTORS' LIABILITY ISSUES. IN ADDITION, KEY EMPLOYEES COMPLETE AN ANNUAL REVIEW PROCESS WHICH WOULD DOCUMENT ANY POTENTIAL CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: ALL KEY EMPLOYEES ARE EMPLOYEES OF THE UNIVERSITY OF NORTH CAROLINA. FOUNDATION FOLLOWS UNIVERSITY COMPENSATION GUIDELINES AS DETERMINED BY THE UNIVERSITY'S OFFICE OF THE PROVOST AND EXECUTIVE VICE PRESIDENT AND THE UNIVERSITY'S HUMAN RESOURCES DIVISION. FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REOUEST. FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2015

OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. JAMES B. HUNT, JR. INSTITUTE FOR

Employer identification number Open to Public Inspection

(g) Section 512(b)(13) controlled ٩ × entity? Direct controlling Yes 80-0025367 entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets (e) status (if section Public charity 501(c)(3)) Total income Exempt Code Q section 501(C)(3) 0 Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) NORTH CAROLINA EDUCATIONAL LEADERSHIP & POLICY FOUNDATI PUBLIC SYSTEM OF HIGHER Primary activity Primary activity EDUCATION Name, address, and EIN (if applicable) 56-6172047, CHAPEL HILL, NC 27599 THE UNIVERSITY OF NORTH CAROLINA Name, address, and EIN of related organization of disregarded entity Part II Part

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

Schedule R (Form 990) 2015

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Page 2

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Part III

General or Percentage managing ownership 3 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes No Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) \equiv å Disproportionate allocations? <u>£</u> Yes Share of end-of-year assets (a) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Direct controlling <u>0</u> (c)
Legal
domicile
(state or
foreign
country) Primary activity **Q** Name, address, and EIN of related organization (a)

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

	(i) ction (b)(13) trolled	No			 	1					
	S 200	Yes		1				1			
	(h) Section Percentage 512(0)(13) ownership controlled entity?		180				11				
	(g) Share of end-of-year assets										
	Share of total income										
	(C corp, S corp, or trust)										
	(d) (e) Direct controlling Type of entity S (C corp., S corp., or trust)										
- 1	(c) Legal domicile (state or foreign	(fame)	7								
and the second s	(b) Primary activity		, 20°						19		
	(a) Name, address, and EIN of related organization										

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Note: Complete line I if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	in Parts II-IV?		+	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				4	×	
b Gift, grant, or capital contribution to related organization(s)				2 4	1 >	1
Citt grant or conital contribution from valetad grannianisation			***************************************	Q.	4	4
				10	×	м
d Loans or loan guarantees to or for related organization(s)				10	×	N
e Loans or loan guarantees by related organization(s)				3 ,		
				<u>е</u>	4	اء
f Dividends from related organization(s)				÷	>	
-		***************************************		=	4	اا
				19	×	.
				f	×	м
i Exchange of assets with related organization(s)				÷	×	ا
j Lease of facilities, equipment, or other assets to related organization(s)				 	×	مال
k Lease of facilities equipment or other assets from related organization(s)						1
			***************************************	*	×	اد
reflormance of services of membership of fundraising solicitations for related organization(s)	nization(s)			=	×	اب
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Tu.	×	
	on(s)			£	×	ارا
o Sharing of paid employees with related organization(s)				ot X		
					_	1
				1	×	
q Reimbursement paid by related organization(s) for expenses				10	×	ا
					-	.1
				×		
(A)					×	ا ا
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete t	is line, including covered	relationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	rolved		f
(1) UNC-CHAPEL HILL	0	2,287.354.	FMV			1
(2)						1
8						1
						I
(4)						
(5)	2					1
(9)						I
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JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI Schedule R (Form 990) 2015

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

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

(k) ercentage wnership					
(j) neral or Pe	2				
Gen C-1 pau					
Disproportion (i) (j) (k) (k) Disproportion (code V-UBI general or Percentage allocations? Of Schedule K-1 partner? Ownership of Schedule K-1 partner? Ownership (Form 1065) yes No					
(h) spropor- tionate ocations?					
(g) Share of end-of-year assets					
(f) Share of total income					,
(e) Are all Are all 501(c)(3) Jer Yes No					
(d) Predominant income (related, unrelated, sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity (b) Legal domicile (related, unrelated, country) sections 512-514)					

Schedule R (Form 990) 2015

JAMES B. HUNT, JR. INSTITUTE FOR Schedule R (Form 990) 2015 EDUC Part VII Supplemental Information EDUCATIONAL LEADERSHIP & POLICY FOUNDATI80-0025367 Page 5 Provide additional information for responses to questions on Schedule R (see instructions).