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DLN: 93493013012777

OMB No 1545-0047

Open to Public

Form 990

Department of the Treasury Internal Re

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

Inspection

Intern	ai Keveii	de Service			
A F	or the 2	2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5		
B Ch	eck ıf ap	plicable C Name of organization Leadership for Educational Equity Foundation	D	Employer i	dentification number
_	ldress ch	% 10HNNY CADEDS SND FINANCE D		46-20930	041
<u> </u>	ame cha ıtıal retu	Doing business as			
Fi			E	Telephone n	umber
_	termina'	■ 1805 /TH STREET NW 8TH FLOOR		(202) 552	-2400
	nended r	pending City or town, state or province, country, and ZIP or foreign postal code		(202) 332	2400
1 /#	pou co	WASHINGTON, DC 20001	G	Gross receip	ts \$ 19,158,959
		F Name and address of principal officer	H(a) Is this a	group retu	ırn for
		MICHAEL BUMAN PRESIDENT 1805 7TH STREET NW 8TH FLOOR	subordin		┌ Yes 🗸
		WASHINGTON, DC 20001	No н(b) Are all s	uhordinate	
I Ta	x-exemp	ot status	included		Yes No
	ebsite:	► WWW EDUCATIONALEQUITY ORG/FOUNDATION	•		st (see instructions)
		<u> </u>	H(c) Group e		
K For	n of orga	anization	L Year of format	ion 2013	M State of legal domicile DE
Pa	rt I	Summary			
		efly describe the organization's mission or most significant activities			
		FOSTER & FACILITATE INCREASED CIVIC ENGAGEMENT, COMMUNITY CUS ON EDUCATION & PUBLIC POLICY EFFORTS TO ACHIEVE EDUCATI		N & VOLU	JNTEERISM, WITH A
ce	-	COS ON EDUCATION AT OBEIC TOLIC ELLOWIS TO MEMILIA EDUCATI	OWNEEQUITY		
Tan U	_				
ven		heck this box ▶ ┌─ if the organization discontinued its operations or disposed o	fmara than 2 F 0/	of the not	and a to
Governance	2 0	neck this box P If the organization discontinued its operations of disposed of	n more than 23%	o or its net	assets
න්	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	4
ties	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	4
Activities &	5 T	otal number of individuals employed in calendar year 2015 (Part V , line 2a) $$.		. 5	1
¥	6 T	otal number of volunteers (estimate if necessary)		. 6	4
		otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	b Ne	t unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	
			Prior Ye		Current Year
<u>o</u> i	8	Contributions and grants (Part VIII, line 1h)	5	,675,556	18,155,628
Ravenue	9	Program service revenue (Part VIII, line 2g)		0	3,846
Rÿ	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	3,840
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			
		12)	5	,675,556	18,159,474
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)	2	,355,950	7,959,971
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
S.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		70,136	293,080
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
xb e	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶104,022			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,338	54,329
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2	,451,424	8,307,380
	19	Revenue less expenses Subtract line 18 from line 12	. 3	,224,132	9,852,094
ε6. Q			Beginning of Cu	rrent Year	End of Year
Net Assets or Fund Balances]	Total accets (Dart V. line 16)			
Ass 1 Ba	20	Total liabilities (Part X, line 16)		,955,527 ,311,395	14,912,992
Net EX	21	Total liabilities (Part X, line 26)		,644,132	14,496,226
	1 III	Signature Block		, , , , , , , , ,	17,70,220
Unde	r penal	ties of perjury, I declare that I have examined this return, in			
my k	nowled	ge and belief, it is true, correct, and complete Declaration o			
prepa	irer nas	s any knowledge			

Siar	1	Signature of officer			

Sign
Here

 $\frac{\text{MICHAEL BUMAN president}}{\text{Type or print name and title}}$



Print/Type preparer's name Mary Torretta Preparer's signature Mary Torretta Firm's name Frant Thornton LLP Firm's address ► 1000 WILSON BLVD SUITE 1400

ARLINGTON, VA 22209

May the IRS discuss this return with the preparer shown above? (see in

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 👺	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🛸	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11 a		No
	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	l	No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11 c	I	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV </i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	,
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	22	

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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

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

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

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

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

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

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

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

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

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

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

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

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

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

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

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

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

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

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

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

Nο

Νo

Νo

Νo

Νo

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Nο

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24a

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24c

24d

25a

25b

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28a

28b

28c

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35b

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37

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Yes

Yes

Yes

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Yes

L Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<u>a</u>	rt IV Checklist of Required Schedules (continued)			
	L	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			,10
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did th	e organization comply with backup withholding rules for reportable payments to vendors and reportable			
-		g (gambling) winnings to prize winners?	1c		
2a		the number of employees reported on Form W-3, Transmittal of Wage and			
		tatements, filed for the calendar year ending with or within the year covered s return			
b	If at le	east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.I	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a		time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial			
		nt)?	4a		No
b		s," enter the name of the foreign country •			
		structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR	· · · · · · · · · · · · · · · · · · ·	_		
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Ye	s," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organı	zation solicit any contributions that were not tax deductible as charitable contributions?			
b		s," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6b		
7		izations that may receive deductible contributions under section 170(c).	- J		
	-	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
		es provided to the payor?			
		s," did the organization notify the donor of the value of the goods or services provided?	7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to rm 8282?	7c		No
d		s," indicate the number of Forms 8282 filed during the year 7d			
	5				
е	Dia th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	requir If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	' 9		
		1098-C?	7h		
8		oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
		the year?	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?	9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section	on 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a			
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club			
11		on 501(c)(12) organizations. Enter	1	I	
		Income from members or shareholders			
b	Gross	income from other sources (Do not net amounts due or paid to other sources			
	agains	st amounts due or received from them)............ <mark>11b</mark>			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the			
13	year Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
	Decero	===(=/,==/) qualified from from the final differ issued is			
а		organization licensed to issue qualified health plans in more than one state? Note. See the instructions for	_		
L		onal information the organization must report on Schedule O	13a		
ט		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans			
c	Enter	the amount of reserves on hand			
14a	Did th	e organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ii	nstructions.			w,
Se	ection A. Governing Body and Management					\
	ector At Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management coi	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	ganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		·	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken durıng the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
۵	Is there any officer director trustee or key employee listed in Part VII. Section A	who c	annot be reached at the			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Nο 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b

Section C. Disclosure

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

AR, CO, CT, IL, NY, NC

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

organization's mailing address? If "Yes," provide the names and addresses in Schedule O .

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

State the name, address, and telephone number of the person who possesses the organization's books and records

▶JOHNNY CAPERS SNR FINANCE D 1805 7TH ST NW 8TH FL WASHINGTON, DC 20001 (202) 542-2400

Nο

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not bo: h ar	chec k, unlo n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) EMMA BLOOMBERG	1 0									
CHAIRPERSON	1 0	X						0	0	(
(2) MATT KRAMER	1 0									_
DIRECTOR	1 0	X						0	0	(
(3) MICHAEL PARK	1 0									
DIRECTOR	0 0	X						0	0	(
(4) ARTHUR ROCK	1 0									
DIRECTOR	1 0	X						0	0	(
(5) BEKI BAHAR-ENGLER	2 0									
TREASURER	40 0			X				0	180,338	11,413
(6) MICHAEL BUMAN	2 0									
PRESIDENT	45 0			X				0	307,075	3,931
(7) CHRISTINE GREEN	1 0									
SECRETARY	40 0			X				0	107,073	11,966
(8) MILDRED OTERO	40 0									
VP, POLICY & ADVOCACY	1 0					X		109,200	0	800

rt VII	Section A. (Officers,	Directors,	Trustees,	Key	Employees,	and Highest	Compensated	Employees (conti	nued)

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total									·	
c Total from continuation shee	•					. 🕨		100,200	E04 405	20.110
d Total (add lines 1b and 1c) .				•	•	•		109,200	594,486	28,110

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

 - on line 1a? If "Yes," complete Schedule J for such individual .
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such ındıvıdual .
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Section B. Independent Contractors

3

- Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
- compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation
- Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Yes

Yes

3

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No

Νo

Νo

Form 99								Page S
Part V	Ш	Statement o						_
		Cneck IT Scheal	ule O contains a respons	e or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
ant	ь	Membership du	es 1b					
, Gr }mo	с	Fundraising eve	ents 1 c					
ifts ar /	d	Related organiz	ations 1d					
s, G mil	e	Government grants	s (contributions) 1e					
ion r Si	f		ons, gifts, grants, and 1f	18,155,628				
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts no	ons included above					
Contr and C		1a-1f \$			10 155 620			
C F	n	Total. Add lines	s 1a-1f	•	18,155,628			
H.e	2a		-	Business Code				
ever	b							
a^í G	c							
er vic	d							
Program Service Revenue	e							
ogra	f	All other progra	am service revenue					
Ĕ	g	Total. Add lines	L s 2a-2f	>	0			
	3		ome (including dividend		0			
	4	and other similar Income from inves	ar amounts) Itment of tax-exempt bond pr	F-	0			
	5	Royalties		🔸	0			
	_		(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental inco		▶	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities 1,003,331	(II) O ther				
	ь	Less cost or other basis and sales expenses	999,485					
	С	Gain or (loss)	3,846					
nne	d 8a	events (not inc	rom fundraising		3,846			3,846
Other Revenue		s of contributions See Part IV , lin	reported on line 1c)					
t t	b		penses b					
	c 9a		(loss) from fundraising errom gaming activities le 19	vents ▶	0			
	_		a					
	l		penses b [loss) from gaming activi	ties	0			
				▶				
	10a	Gross sales of returns and allo						
	l		(loss) from sales of inver		0			
	11a	Miscellaneous	s kevenue	Business Code				
	b							
	с							
	d	All other revenue	ue					
	e	Total. Add lines	s 11a-11d	🔸	0			
	12	Total revenue.	See Instructions	· · · •	18,159,474			3,846

Part IX Statement of Functional Expenses

Check if Schedule O	contains a response or no	te to any line in this Part IX							
_									

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and			3	
	domestic governments See Part IV, line 21	7,959,971	7,959,971		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
_		0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and	0			
6	key employees				
_	described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	250,479	161,180	9,585	79,714
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,028	1,492		8,536
9	Other employee benefits	18,018	5,968	1,290	10,760
10	Payroll taxes	14,555	12,832	1,081	642
11	Fees for services (non-employees)	14,333	12,032	1,001	042
а	Management	0			
b	Legal	1,770		1,770	
С	Accounting	19,854		19,854	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,633		7,633	
12	Advertising and promotion	0			
13	Office expenses	9,456	6,672	672	2,112
14	Information technology	10,538	7,622	708	2,208
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	1,003	752	201	50
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BANK CHARGES	4,075		4,075	
b					
c					-
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,307,380	8,156,489	46,869	104,022
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 9	90 (2	2015)			Page 11
Part	Х	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			· · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,655,527	1	6,932,286
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	4,300,000	3	7,946,509
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
ssets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
881	_		0	6	0
٩	7	Notes and loans receivable, net	0	7	0
	R	Inventories for sale or use	01	Q	1 0

10a

10b

0

0

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1,300,136

1,311,395

344,132

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4.300.000

4,644,132

5.955,527

5,955,527

11,259

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10c 0

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256,448

416,766

6,549,717

7.946.509

14,496,226

14.912.992

Form 990 (2015)

34.197

160,318

14,912,992



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10a

b

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34

Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—publicly traded securities

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Complete Part VI of Schedule D

Intangible assets .

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets . .

complete lines 30 through 34.

Total net assets or fund balances

Temporarily restricted net assets

Permanently restricted net assets

Total liabilities. Add lines 17 through 25 .

complete lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Less accumulated depreciation .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

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

persons Complete Part II of Schedule L

Escrow or custodial account liability Complete Part IV of Schedule D

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

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here >

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

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

Retained earnings, endowment, accumulated income, or other funds

parties, and other liabilities not included on lines 17-24)

Loans and other payables to current and former officers, directors, trustees,

Reconcilliation of Net Assets

Net unrealized gains (losses) on investments .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Revenue less expenses Subtract line 2 from line 1 . . .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

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

Consolidated basis

Consolidated basis

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

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

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

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

	Check if Schedule O contains a resp
1	Total revenue (must equal Part VIII, colum
_	Tatal annual Canada annual Dant IV and Iva

nn (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Cash ✓ Accrual COther

Both consolidated and separate basis

✓ Both consolidated and separate basis

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4.644.132

Page **12**

18,159,474

8,307,380

9,852,094

14,496,226

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

efile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	i Data

DLN: 93493013012777 OMB No 1545-0047

Employer identification number

46-2093041

SCHEDULE A (Form 990 or

hospital's name, city, and state

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

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Leadership for Educational Equity Foundation

990EZ)

Part I

1

2 3 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

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

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

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

www.irs.gov/form990.

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

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 1,800,000 5,675,556 18,155,628 25,631,184 membership fees received (Do not include any unusual grants) Tax revenues levied for the O organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,800,000 5,675,556 18,155,628 25,631,184 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 25.631.184 from line 4 Section B. Total Support Calendar vear **(b)**2012 (a)2011 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 0 5,675,556 18,155,628 25,631,184 Amounts from line 4 1,800,000 Gross income from interest, dividends, payments received on 0

S	ection C. Computation of Pu	ıblic Support	Percentage				
	check this box and stop here		<u> </u>		<u> </u>		<u> </u>
13	First five years.If the Form 990 is	for the organizat	tion's first, secor	nd, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
12	Gross receipts from related activity	ties, etc (see ins	structions)			12	
11	Total support. Add lines 7 through 10						25,631,184
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						C
9	Net income from unrelated business activities, whether or not the business is regularly carried on						(
	and income from similar sources						

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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in)	(4)	(-)	(-)	(-/	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons Amounts included on lines 2 and						
U	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support		Т			_	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
•	iscal year beginning in) ▶		, ,	, ,	. , ,	· , ,	+ ` ′
9	Amounts from line 6						
.0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years.If the Form 990 is f	or the organization	n's first, second	. third. fourth, or f	ifth tax vear as a	section 501(c)(3) organization.
	check this box and stop here	or the organization	511 5 111 5 C ₁ 5 C C G 11 G	, cilii a, loai cili, oi l	men can year as c	3 3 5 5 5 6 7 7 7 7 7 7 7	>(5) organization,
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		14-1	
	• • • •	•		13, column (1))		15	
16	Public support percentage from 20:					16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	ın (f))	17	
18	Investment income percentage from	•	• •	•		18	
	· =				line 15 is more		and line 17 is not
17d	33 1/3% support tests—2015.If the						- -
h	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	-		•		-	▶ 3 1/3% and line
ט		-					
20	18 is not more than 33 1/3%, check			•			
	- Filivate i vunuativii. II tile (III dill / dill	on ara not check	a DOX OH HHE 14	. 120. UL 130. CNE	.ck unis dux and	ace instruction	o = "

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	A re 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,		Yes	No
2	describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under	1		
	section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?	3b		
c	If "Yes," describe in Part VI when and how the organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		<u> </u>	l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?		_	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Section P	Typo	T Cum	nortina	Organizations
	• •	_	_	`

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Se	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes	No
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctru	ctions\	
a b c	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below		•	
2	Activities Test Answer (a) and (b) below.		Yes	No
	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		
В	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	_		

3a

3b

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

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)						
Section D - Distributions			Current Year						
A mounts paid to supported organizations to accom	plish exempt purposes								
2 Amounts paid to perform activity that directly further		orted organizations in							
excess of income from activity	ers exempt purposes or supp	orted organizations, in							
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations								
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval rec	quired)								
6 Other distributions (describe in Part VI) See instru	ictions								
7 Total annual distributions. Add lines 1 through 6									
7 Total allitual distributions. Add filles 1 tillough 6									
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide							
9 Distributable amount for 2015 from Section C, line	6								
10 Line 8 amount divided by Line 9 amount									
		723	, <u>,</u>						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015						
1 Distributable amount for 2015 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
3 Excess distributions carryover, if any, to 2015									
a									
b									
<u>c</u>									
d From 2013									
e From 2014									
f Total of lines 3a through e g Applied to underdistributions of prior years									
h Applied to 2015 distributions of prior years									
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									
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2									
(ıf amount greater than zero, see ınstructions)									
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
7 Excess distributions carryover to 2016. Add lines 31 and 4c									
8 Breakdown of line 7		l							
a									
b									
c Excess from 2013									
d From 2014									
e From 2015									
		Schodulo A	/Form 990 or 990-F7) (2015						

SCHEDULE D

(Form 990)

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.

990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493013012777

Inspection

Department of the Treasury Internal Revenue Service	Information about Schedule D (Form
Name of the organiz Leadership for Education	
Part I Organi	zations Maintaining Donor Adv

	dership for Educational Equity Foundation			ployer identification number
				2093041
•а	Organizations Maintaining Dono Complete if the organization answer			or Accounts.
		(a) Donor advised funds)Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor funds are the organization's property, subject to	-		vised Yes N o
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			
a	rt III Conservation Easements. Compl	ete if the organization answered '	"Yes" on For	m 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the	ne organization (check all that apply)		
	Preservation of land for public use (e.g., recreeducation)		uon of an histo	orically important land area
	Protection of natural habitat	•		red historic structure
	Preservation of open space	The servace	ion of a cerem	ned motorie structure
	Complete lines 2a through 2d if the organization	held a qualified conservation contribu	tion in the for	m of a conservation
	easement on the last day of the tax year	444		
				Held at the End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easem		2b	
c	Number of conservation easements on a certified Number of conservation easements included in (, ,	2c	
d	historic structure listed in the National Register	c) acquired after 6/17/00, and not on	2d	
	Number of conservation easements modified, tra	nsferred, released, extinguished, or te	rminated by t	he organization during the
	tax year ▶			
	Number of states where property subject to cons	ervation easement is located >		
	Does the organization have a written policy regardiolations, and enforcement of the conservation		on, handling o	f Yes No
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and	l enforcing coi	nservation easements during the
	>			
	A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enfo	orcing conserv	vation easements during the year
	▶ \$			
	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the requirement	s of section 1	70(h)(4) Yes No
	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation earlier.	of the footnote to the organization's fi	•	·
ą ľ	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical Treas		ther Similar Assets.
a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	assets held for public exhibition, edu	cation, or res	earch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	assets held for public exhibition, edu		
((i) Revenue included on Form 990, Part VIII, line	1	> \$ _	
(i	ii) Assets included in Form 990, Part X		> \$	

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

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

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Revenue included on Form 990, Part VIII, line 1

	edule D (Form 990) 2015					Page 2		
Par	Organizations Maintaining (continued)	Collections of A	Art, Historical	Treasures, or (Other Similar A	ssets		
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other re	cords, check any o	of the following that	are a significant us	e of its		
а	Public exhibition		d Γ Lo	an or exchange pro	grams			
b	Scholarly research		e	her				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII							
5	During the year, did the organization soli assets to be sold to raise funds rather th					s No		
Pa	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 990, Par	t IV, line 9, or re	ported an amoun	t on Form 990,		
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other inte	rmediary for contri	butions or other as:	sets not	s No		
ь	If "Yes," explain the arrangement in P	art XIII and comple	te the following tab	ole	Am	ount		
c	Beginning balance	•	,	10	:			
d	Additions during the year			1d	ı			
е	Distributions during the year			1e				
f	Ending balance			1f				
2 a	Did the organization include an amount o	n Form 990, Part X,	line 21, for escrov	w or custodial accou	int liability? Yes	s		
b	If "Yes," explain the arrangement in Part	XIII Check here if	the explanation ha	as been provided in	Part XIII			
Pa	rt V Endowment Funds. Comple			1				
	D	(a)Current year	(b)Pnor year	b (c) Two years back	(d)Three years back	(e)Four years back		
1a b	Beginning of year balance Contributions							
b	· · · · · · · ·							
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year end bal	ance (line 1g, coli	ımn (a)) held as				
а	Board designated or quasi-endowment >							
b	Permanent endowment ►							
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%						
За	Are there endowment funds not in the pos organization by	•		eld and administere	ed for the	Yes No		
	(i) unrelated organizations				За	(i)		
b	(ii) related organizations If "Yes" on 3a(ii), are the related organiz					(ii) b		
4	Describe in Part XIII the intended uses of		endowment funds					
Pa	rt VI Land, Buildings, and Equip Complete if the organization a		Form 990 Part	IV line 11a See	Form 990 Part Y	line 10		
	Description of property	answered res to	Cost or otl	her basis (b) ment) Cost or other l	Accumulated	d (d)Book value		
1 -	Land		+	(other)	-			
	Buildings		`. ' <u>.</u>					
	Leasehold improvements							
	Equipment							
e	Other							
	Add lines to through to (Column (d) mus	- t 000 D-		- 10(-)				

Part VIII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the orgai	nization answered 'Ye	es' on Form 990, Part IV, line 11b.
(a) Description of security or categr (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other			
Total (Column (b) must equal form 900, Part V, col. (B) line 12) •		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12, Part VIII Investments—Program Related.			
Complete if the organization answer (a) Description of investment	red 'Yes' on Form 99	0, Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) Book value	Cost or end-of-year market value
Part IX Other Assets. Complete if the organization		Form 990, Part IV, line	11d See Form 990, Part X, line 15
(a) De	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) III			
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	organization answere	d 'Yes' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	2	
Federal income taxes		0	
DUE TO LEADERSHIP FOR EDUC EQUITY	256,	148	
BOL TO LEADERSHIT TOKEBOO EQUIT	230,	110	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 256,	448	
2. Liability for uncertain tax positions In Part XIII, proorganization's liability for uncertain tax positions unde	ovide the text of the foot	note to the organization	
XIII	. III 70 (M3C 740) C	ices here if the text of th	ne roomote has been provided in Part

	le D (Form 990) 2015		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	18,159,474
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	18,159,474
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	18,159,474
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Re	turn.
1	Total expenses and losses per audited financial statements	1	8,307,380
			0,507,500
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	_	0,507,500
2 a	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		0,507,500
	, , ,		0,07,000
a	Donated services and use of facilities		0,307,300
a b	Donated services and use of facilities		0,307,300
a b c	Donated services and use of facilities	2e	0,307,300
a b c d	Donated services and use of facilities		
a b c d	Donated services and use of facilities	2e	8,307,380
a b c d e	Donated services and use of facilities	2e	
a b c d e 3	Donated services and use of facilities	2e	
a b c d e 3	Donated services and use of facilities	2e	

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

Return Reference	Explanation
Return Reference FIN 48	THE FOUNDATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN AND EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED THE FOUNDATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE OF 1986 (THE "CODE") SECTION 501 (C)(3) THE FOUNDATION APPLIED FOR FEDERAL TAX-EXEMPT STATUS IN MARCH 2013 AND RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE ON AUGUST 13, 2014 THE FOUNDATION IS SUBJECT TO TAX ON INCOME UNRELATED TO THEIR EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE THE
	FOUNDATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH THERE WAS NEXUS, AND TO
	IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS THE TAX YEARS ENDED DECEMBER 31, 2015, 2014, 2013, AND 2012 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES THE FOUNDATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Leadership for Educational Equity Foundation General Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

OMB No 1545-0047

Open to Public

Schedule I (Form 990) 2015

Employer identification number

DLN: 93493013012777

Inspection

Shart Equity 1 outlination	46-2093041
Information on Grants and Assistance	

(a) Name and address of organization	(b) EIN	(c) IRC section If applicable	dditional space is neede (d) Amount of cash grant	(e) A mount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of gran
or government		паррисавно	grame	assistance	other)	Horr cash assistance	
Leadership for Educational (1) Equity 1805 7th Street NW 8th Floor Washington, DC 20001	20-8848357	501(c)(4)	7,959,971				Membership Support

Cat No 50055P

Part III can be duplicated if additional space is needed

BOARD APPROVED

(a)Type of grant or assistant	ce	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
		recipients	cash grant	non-cash assistance	T M V , appraisal, other)	
Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	turn Reference Explanation					

form 990 Schedule I, Part I THE FOUNDATION'S EXEMPT MISSION IS TO FOSTER AND FACILITATE INCREASED CIVIC ENGAGEMENT, COMMUNITY PARTICIPATION AND VOLUNTEERISM, WITH A FOCUS ON EDUCATION AND PUBLIC POLICY EFFORTS TO ACHIEVE EDUCATIONAL EQUITY THE FOUNDATION ENTERED INTO A MULTI-YEAR GRANT AGREEMENT WITH LEADERSHIP FOR EDUCATIONAL EQUITY IN WHICH THE FOUNDATION GRANTS TO LEADERSHIP FOR EDUCATIONAL EQUITY UP TO APPROXIMATELY \$17 4 MILLION LEADERSHIP FOR EDUCATIONAL EQUITY SUBMITTED A GRANT PROPOSAL TO THE FOUNDATION'S BOARD OF DIRECTORS, WHICH THE FOUNDATION'S

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.

2015

OMB No 1545-0047

DLN: 93493013012777

Tre Int

Schedule J (Form 990)

epartment of the easury		▶ Information about Schedule J (F	orm 990)) and its instructions is at <u>www.irs</u>			to Pul ectio	
	nal Revenue Service me of the organiz	zation			Employer identificati	on nu	mher	
		nal Equity Foundation				On na	iiiDCi	
	W.T. Owner	ana Basandina Campanatia			46-2093041			
C	rt I Questi	ons Regarding Compensation	1				Τ.,	T
_					lasted on Fermi		Yes	No
а		opiate box(es) if the organization pro Section A , line 1a Complete Part III		-				
		s or charter travel	· —	Housing allowance or residence for				
	<u>. </u>	companions	<u>'</u>	Payments for business use of pers	·	İ	i '	İ
	•	nification and gross-up payments		Health or social club dues or initia		İ	į į	İ
		nary spending account		Personal services (e.g., maid, cha		İ	į į	İ
	,	,	•	· · · · · · · · · · · · · · · · · · ·	,,	İ	į į	İ
b	If any of the bo	xes in line 1a are checked, did the or	ganızatı	on follow a written policy regarding	payment or			
		or provision of all of the expenses de		·	·	1b	<u> </u>	
		ation require substantiation prior to r ees, officers, including the CEO/Exec						
	directors, trast	ees, omeers, merdaing the eloyexee	.ucive D	rector, regarding the realis effecte	Till line Id.	2		
	Indicate which	if any of the following the filing ergo	0.721.02	used to establish the componential	of the			
		, if any, of the following the filing orgai CEO/Executive Director Check all th						
	used by a relate	ed organization to establish compens	ation of	the CEO/Executive Director, but ex	kplain in Part III			
	Compensa	ation committee		Written employment contract			ļ '	ļ
	Independe	ent compensation consultant		Compensation survey or study			ļ '	ļ
	Form 990	of other organizations	Г	Approval by the board or compens	ation committee			
	During the year or a related org	r, did any person listed on Form 990, ianization	Part VI	I, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control	paymen	t?		4a		No
		or receive payment from, a suppleme				4b		Νo
c	Participate in, o	or receive payment from, an equity-b	ased cor	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item	ın Part III			
		, 501(c)(4), and 501(c)(29) organiza		•				
	•	ted on Form 990, Part VII, Section A contingent on the revenues of	, line la	a, did the organization pay or accrue	any			
а	The organizatio	on?				5a	<u> </u>	No
b	Any related org					5b	<u> </u>	Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	a, did the organization pay or accrue	any			
а	The organizatio	on?				6a		No
b	Any related org	ganization?				6b		No
	If "Yes," on line	e 6a or 6b, describe in Part III						
		ted on Form 990, Part VII, Section A lescribed in lines 5 and 6? If "Yes," o			on-fixed	7		No
		ints reported on Form 990, Part VII, nitial contract exception described in						N. a

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

section 53 4958-6(c)?

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensat
		Base (1) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) repo as deferred on Form 990
1 BEKI BAHAR-ENGLER TREASURER	(i)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

180,338 1,008 10,405 191.751 (ii) 2 MICHAEL BUMAN PRESIDENT

307,075 1,812 2.119 311.006

Page **2**

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation Explanation

Schedule J (Form 990) 2015

SCHEDULE (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questing specific or 990 or 990-EZ or to provide any additional information ► Attach to Form 990 or 990-EZ. ► Information about Schedule 0 (Form 990 or 990-EZ) and its instruction www.irs.gov/form990.	ons on Open to Public
Name of the organi: Leadership for Education		Employer identification number 46-2093041
990 Schedule (, Supplemental Information	
Return Reference	Explanation	
VI, Line 7a	A MAJORITY OF THE ORGANIZATION'S BOARD OF DIRECTORS SHALL BE APPOIN' LEADERSHIP FOR EDUCATIONAL EQUITY ("LEE"), A RELATED PARTY SIMILARLY, MAY REMOVE A DIRECTOR FROM THE FOUNDATION BOARD, WITH OR WITHOUT C	THE BOARD OF DIRECTORS OF LEE
	LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION'S FORM 990 IS PREPARED NG FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT U	

PY OF THE 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR COMMENT AND REVIEW THE BOARD IS ALLOCATED TWO WEEKS TO PROVIDE COMMENTS ON THE RETURN PRIOR TO FILING, AT THE CLOSE OF THOSE TWO WEEKS. THE ORGANIZATION ELECTRONICALLY FILES ITS FORM 990 WITH THE INTERNAL REV

DLN: 93493013012777

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

ENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	THE ORGANIZATION OPERATES UNDER ITS OWN CONFLICT OF INTEREST POLICY ALL INDIVIDUALS SERVING IN THE CAPACITY AS BOARD MEMBER OR OFFICER ARE REQUIRED TO ADHERE TO THE CONFLICT OF INTEREST POLICY AND COMPLETE AN ANNUAL QUESTIONNAIRE DISCLOSING ANY POTENTIAL CONFLICTS WITH THE ORGANIZATION WHEN AN OFFICER OR DIRECTOR BECOMES AWARE OF A POTENTIAL CONFLICT, HE OR SHE SHALL HAVE A DUTY TO 1 IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF THE TRANSACTION IN WRITING TO THE BOARD 2 REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE ORGANIZATION TO ENTER INTO THE TRANSACTION 3 PHY SICALLY EXCUSE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY DISCUSSIONS REGARDING THE TRANSACTION WITH THE DIRECTORS, OFFICERS AND EMPLOYEES OF THE ORGANIZATION THE BOARD ADMINISTERS THE CONFLICTS POLICY AND REVIEWS THE ANNUAL CONFLICT DISCLOSURE STATEMENTS THE BOARD HAS THE SOLE AUTHORITY TO REVIEW THE OPERATION OF THE POLICY AND MAKE CHANGES FROM TIME TO TIME AS IT MAY DEEM APPROPRIATE FORM 990, PART VI, LINE 13 & 14 THE FOUNDATION HAS BOTH A WHISTLEBLOWER POLICY AND DOCUMENT RETENTION POLICY FORM 990, PART VI, LINE 15A LEE FOUNDATION SHARES EMPLOYEES AND OTHER RESOURCES WITH LEADERSHIP FOR EDUCATIONAL EQUITY. THE TWO ORGANIZATIONS OPERATE UNDER A RESOURCE SHARING AGREEMENT THAT SETS FORTH HOW RESOURCES ARE SHARED AND PAID FOR ONE SUCH RESOURCE IS THE TOP MANAGEMENT OFFICIAL OF LEADERSHIP FOR EDUCATIONAL EQUITY, WHO PERFORMS SOME WORK ON LEE FOUNDATION'S BEHALF. THE TOP MANAGEMENT OFFICIAL OF DEFICIAL'S COMPENSATION IS DETERMINED BY A GROUP OF INDEPENDENT PERSONS, THE LEE BOARD OF DIRECTORS.
Form 990, Part VI, section c Line 19	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECT ION 6104 OF THE INTERNAL REVENUE CODE THE RETURN IS POSTED ON LEADERSHIP FOR EDUCATIONAL EQUITY'S WEBSITE, ON GUIDESTAR ORG, AND ON OTHER SIMILAR TYPES OF WEBSITES IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION, FORM 990 AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY

Return Explanation
Reference

990 Schedule O. Supplemental Information

2015 Form 990

LEE Foundation is amending its previously filed 2015 Form 990 to include updated narratives in Sch. I, Part IV to describe the grant process to a related organization and in Sch. O (Form 990, Part VI, Line 15A) to describe the sharing of employees and other resources with a related organization.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

DLN: 93493013012777

Open to Public Inspection

Employer identification number

46-2093041

Department of the Treasury Internal Revenue Service Name of the organization

Leadership for Educational Equity Foundation

(Form 990)

► Attach to Form 990.

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

Part I Identification of Disregarded Entities Complete	ıf the organızatıon a	answered "Yes" or	n Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dı	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the t	ax year.		swered "Yes" o	on Form 990, Pa	rt IV, lı	ne 34 because it	had one	2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	rion Public charity (if section 501)		(f) Direct controlling entity	Section (13) cor	512(b)
							Yes	No
See Additional Data Table								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	35Y			Schedule R (Fort	n 990) 20	015

Part III	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.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ral or aging	(k) Percentage ownership
							Yes	No]	Yes	No	
	-											
Part IV Identification of Related Organizations Taxable a	c a Corner	ation	on Thuch C	omplete if th	0 0r030:=3	tion and		"Voc"		000 [22 == 1	IV lung

Part IV 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.

(1) Section 512 (b)(13) controlled entity?	Yes No			+ + +		
(h) Percentage ownership	1					
(g) Share of end- of-year assets						
(f) Share of total Income		,				
(e) Type of entity (C corp, S corp, or trust)						
(d) Direct controlling entity						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of related organization						

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

Yes No

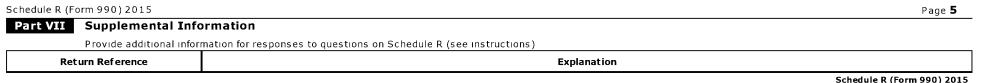
1 During the tax year, did the orgranization engage in any of the following transactions with one or m	nore related organizations lis	sted in Parts II-IV	7			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1 b	Yes	
f c Gıft, grant, or capital contribution from related organization(s)				1 c	Yes	
f d Loans or loan guarantees to or for related organization(s)				1 d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
$m{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	<u> </u>
o Sharing of paid employees with related organization(s)				10	Yes	<u> </u>
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1 q		No
${f r}$ Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must com	· · · · · · · · · · · · · · · · · · ·	vered relationships	and transaction thresholds	i		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount II	nvolved	i
(1)LEADERSHIP FOR EDUCATIONAL EQUITY	В	7,959,971	CASH			
(2)LEADERSHIP FOR EDUCATIONAL EQUITY	N, O,	293,080	CASH			
(3)LEADERSHIP FOR EDUCATIONAL EQUITY	С	3,700,000	CASH			
			•			

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

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section $501(c)(3)$ anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ²		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			311,	Yes	No			Yes	No		Yes	No	
												1 .	
												\vdash	
	l				1	<u> </u>				C-l	lula D /Fai		0) 2015



47-2751428

Software ID: Software Version:

EIN: 46-2093041

Name: Leadership for Educational Equity Foundation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (f) (a) (b) (d) (e) (g) (c) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Section 512 (state status (b)(13) section entity or foreign country) (if section 501(c) controlled entity? (3)) Yes No Leader Develp DC 501(c)(4) na Νo Leadership for Educational Equity 1805 7th Street NW 8th Floor Washington, DC 20001 20-8848357 DC Political 527 n/a LEE Νo Leadership for Educational Equity CGPC 1805 7th Street NW 8th Floor Washington, DC 20001 47-2744320 Political DC 527 n/a LEE Νo Leadership for Educational Equity - TX 1805 7th Street NW 8th Floor Washington, DC 20001 47-2550530 527 DC Political n/a LEE Νo LEE - Maricopa PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2660786 Political DC 527 LEE Νo n/a Leaders in Education (Federal PAC) 1805 7th St NW Fl 8 Washington, DC 20001 47-2725901 Political DC 527 LEE n/a Νo LEE - Michigan PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2515116 Political DC 527 LEE Νo n/a LEE - Philadelphia PAC 1805 7th St NW Fl 8 Washington, DC 20001 47-2538654 527 LEE Political DC n/a Νo LEE - Maryland PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2577940 Political DC 527 Νo n/a lee LEE - Arizona PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2683454 Political DC 527 n/a LEE Νo LEE - Illinois PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2479163 Political DC 527 n/a LEE Νo LEE - Indiana PAC 1805 7th St NW Fl 8 Washington, DC 20001 47-2610296 Political 527 LEE DC n/a Νo LEE - Hennepin County PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2798114 Political DC 527 n/a LEE Νo LEE - Mississippi PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2717755 Political DC 527 LEE Νo n/a Leaders in Education Fund 1805 7th St NW FI 8 Washington, DC 20001 47-2564987 Political DC 527 n/a LEE Νo LEE - New Jersey PAC 1805 7th St NW Fl 8 Washington, DC 20001 47-2527044 Political 527 n/a LEE Νo LEE - New York PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2598957 Political DC 527 n/a LEE Νo LEE - Pennsylvania PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2587679 527 Political DC n/a LEE Νo LEE - Colorado PAC 1805 7th St NW FL 8 Washington, DC 20001 81-3477482 DC 527 LEE Political n/a Νo LEE - Delaware County PAC 1805 7th St NW FI 8 Washington, DC 20001 47-2587679 Political 527 DC n/a LEE Νo LEE - Franklin County PAC 1805 7th St NW FI 8 Washington, DE 20001

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) (f) (b) (g) Name, address, and EIN of related organization Exempt Code Public charity Section 512 Primary activity Legal domicile Direct controlling (b)(13) (state section status entity lor foreign country) (if section 501(c) controlled entity? (3)) Yes No Political DC 1527 Νo ln/a LEE - South Dakota PAC 1805 7th St NW FI 8 Washington, DC 20001

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