James B. Hunt Institute for Educational Leadership & Policy Foundation

Form 990

June 30, 2008





JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 1000 PARK FORTY PLAZA NO. 280 DURHAM, NC 27713

JAMES B. HUNT, JR. INSTITUTE FOR:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2007 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2007 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

THE MANNE LANGE LANGE C

DIXON HUGHES PLLC



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2008

| Prepared for | JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 1000 PARK FORTY PLAZA NO. 280 DURHAM, NC 27713 |
|--|--|
| Prepared by | DIXON HUGHES PLLC 2501 BLUE RIDGE ROAD, SUITE 500 RALEIGH, NC 27607 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027 |
| Return must be mailed on or before | MAY 15, 2009 |
| Special Instructions | THE RETURN SHOULD BE SIGNED AND DATED. |
| | |
| | |
| | |
| | |
| | |

Form **8868**

(Rev. April 2008) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| 1111007100 7100 | | | | |
|-----------------------------------|---|--------------------|-----------------------------------|--------------------------------|
| • If you | are filing for an Automatic 3-Month Extension, complete only Part I and check this box | | | ▶ 🗓 |
| If you | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this | form) | | |
| Do not o | complete Part II unless you have already been granted an automatic 3-month extension on a previously fi | led Fo | rm 8868. | |
| Part I | Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | |
| A corpor | ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com | nplete | | |
| Part I on | у | | | ▶ □ |
| | corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an | exter | sion of time | |
| | ome tax returns. | | | |
| noted be (not auto you must | ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensis low (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroni matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file powlefile and click on e-file for Charities & Nonprofits. | ically i nsolid | f (1) you want t ated Form 990 | the additional -T. Instead, |
| Type or | Name of Exempt Organization | Emp | loyer identific | ation number |
| print | JAMES B. HUNT, JR. INSTITUTE FOR | | | |
| File by the | EDUCATIONAL LEADERSHIP & POLICY FOUNDATI | 8 | 0-00253 | <u>67</u> |
| due date for filing your | Number, street, and room or suite no. If a P.O. box, see instructions. 140 FRIDAY CENTER DRIVE | | | |
| return. See instructions. | | | | |
| Check ty | pe of return to be filed (file a separate application for each return); | | | |
| X For | m 990 Form 990-T (corporation) Form 47 | 20 | | |
| | m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 | 227 | | |
| For | m 990-EZ Form 990-T (trust other than above) Form 60 | 069 | | |
| For | m 990-PF | 370 | | |
| | | | | |
| | ooks are in the care of ► MICHAEL GILLIGAN | | | |
| | none No.▶ 919-843-4085 FAX No.▶ | | | |
| | organization does not have an office or place of business in the United States, check this box | | | ▶ 📖 |
| - 1 | is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this | | | |
| box ▶ l | . If it is for part of the group, check this box 🕨 and attach a list with the names and EINs of all | memb | ers the extens | ion will cover. |
| is fo | quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt FEBRUARY 15, 2009 , to file the exempt organization return for the organization named a or the organization's return for: | | The extension | |
| 2 If th | sis tax year is for less than 12 months, check reason; | | Change in acc | ounting period |
| 3a If th | is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | |
| | refundable credits. See instructions. | За | \$ | |
| | is application is for Form 990-PF or 990-T, enter any refundable credits and estimated | | | |
| | payments made. Include any prior year overpayment allowed as a credit. | 3b | <u>\$</u> | |
| | ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, | | | |
| | osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). | | | /- |
| See | instructions, | 3с | \$ | N/A |
| Caution. | If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form | 8879- | EO for paymen | t instructions. |
| LHA F | or Privacy Act and Paperwork Reduction Act Notice, see Instructions. | | Form 88 | 68 (Rev. 4-2008) |

723831

| Form 8868 (Rev. 4-2008) | | | Page 2 | | | | | |
|---|----------|---------------|--------------------|--|--|--|--|--|
| • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo | x | | ▶ X | | | | | |
| Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed | | | | | | | | |
| If you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | | | | | | |
| Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy. | | | | | | | | |
| Name of Exempt Organization | Emp | lover identif | ication number | | | | | |
| Type or JAMES B. HUNT, JR. INSTITUTE FOR | | , | | | | | | |
| Print EDUCATIONAL LEADERSHIP & POLICY FOUNDATI | 8 | 0-0025 | 367 | | | | | |
| File by the extended Number, street, and room or suite no. If a P.O. box, see instructions. | - | RS use only | | | | | | |
| due date for 1000 PARK FORTY PLAZA, NO. 280 | | , | | | | | | |
| filing the return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | | | |
| instructions. DURHAM, NC 27713 | | | | | | | | |
| Check type of return to be filed (File a separate application for each return): | | | | | | | | |
| X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A | F | orm 5227 | Form 8870 | | | | | |
| Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 | F | orm 6069 | | | | | | |
| | alu fil | d Form 000 | | | | | | |
| STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous | SIY THE | ea Form 880 | D. | | | | | |
| The books are in the care of MICHAEL GILLIGAN | | | | | | | | |
| Telephone No. ▶ 919-425-4172 FAX No. ▶ | | | | | | | | |
| If the organization does not have an office or place of business in the United States, check this box | | | ▶ | | | | | |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | is is fo | r the whole g | roup, check this | | | | | |
| box ▶ | memb | ers the exter | sion is for. | | | | | |
| 4 I request an additional 3-month extension of time untilMAY 15, 2009 | | | | | | | | |
| 5 For calendar year, or other tax year beginning <u>JUL 1, 2007</u> , and ending | JUN | 30, 2 | 008 | | | | | |
| 6 If this tax year is for less than 12 months, check reason: Initial return | | Change in ac | counting period | | | | | |
| 7 State in detail why you need the extension | | | | | | | | |
| TAXPAYER IS WAITING ON ADDITIONAL INFORMATION FROM A T | HIR | D PART | Y | | | | | |
| NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. | | | | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | | | | | |
| nonrefundable credits. See instructions. | 8a | \$ | | | | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | . 77 | | | | | | | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | | | | | | | |
| previously with Form 8868. | 8b | \$ | | | | | | |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | | | | | | | | |
| with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | N/A | | | | | |
| Signature and Verification | | | | | | | | |
| Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the | best o | f my knowledg | e and belief, | | | | | |
| it is true, correct, and complete, and that I am authorized to prepare this form. | | -1. | 2/0 | | | | | |
| Signature CPA | Date | ≥ 2/1 | 5/04 | | | | | |
| | | Form 8 | 3868 (Rev. 4-2008) | | | | | |
| | | | | | | | | |

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

| For | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | | | | | | | 200 | ,, | | |
|--|---|-----------------------|--|---------------------------------------|------------|-------|--------------------------------------|----------|--------------------|---------------------------|-------------|
| Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. | | | | | | | Open to P | | | | |
| _ | _ | | | | and er | | | | 008 | Inspect | ion |
| _ | | | | JUL 1, 2007 | and er | lang | JUN 30 | 1 | | | |
| | Check if applicable | n Piease | lame of organization | TAXON TOUR DOL | , | | | D EW | ployer ide | entification numb | er |
| | Addre | use IRS J A | MES B. HUNT, JR. | | | T-3 m | - | ١. | | 25267 | |
| 본 | ∬chang Name | e print or EL | UCATIONAL LEADERS | | | DA.I. | | _ | | <u>25367</u> | |
| See Number and street (of P.O. box if mail is not delivered to street ac | | | ess) | | Room/suite | | phone no | | | | |
| F | Termin | Inorte LC- | 00 PARK FORTY PLA | | | | 280 | | | 25-4160 | Accrual |
| F | - ation Amena | tions. | City or town, state or country, and ZIP + | 4 | | | | | Other (specify) | d: X Cash | Accrual |
| H | Applic pendir | ation • Section | RHAM, NC 27713 on 501(c)(3) organizations and 4947(a | V1) noneyemnt charitable | trusts | Иоле | (Loro not one | | | on 527 organiza | tions |
| | lpendir | must | attach a completed Schedule A (Form | 990 or 990-EZ). | | | Is this a group | | | | |
| 0 | Wahaita | :►N/A | | | | | is this a group If "Yes," enter n | | | | LA_INU |
| | | | only one) ► X 501(c) (3) ◀ (ins | ert no.) 4947(a)(1) or | 527 | | Are all affiliates | | | /A Yes | No |
| | | | the organization is not a 509(a)(3) supp | | | | (If "No," attach a | a list.) | | , | |
| | | | t more than \$25,000. A return is not re | | | H(d) | is this a separa ganization cove | te retur | n filed by | an or- | X No |
| | | | be sure to file a complete return. | quireu, put il tile organization | " | | Group Exempti | _ | | N/A | 22 140 |
| _ | | , | | | | | | | | on is not required | to attach |
| 1 | Gross re | eceipts: Add line | s 6b, 8b, 9b, and 10b to line 12 | 2,511,9 | 999. | | Sch. B (Form 9 | | | | a to attach |
| _ | art I | | Expenses, and Changes in | | | | | | | | |
| | 1 | | , gifts, grants, and similar amounts rece | | | | | | | | |
| | | | to donor advised funds | | 1a | | | | | | |
| | | | support (not included on line 1a) | | | | 2,459,4 | 70. | | | |
| | | | support (not included on line 1a) | | | | | | | | |
| | d | | contributions (grants) (not included on I | | | _ | | | - | | |
| | | | es 1a through 1d) (cash \$ 2, | | | | |) | 1e | 2,459, | 470. |
| | 2 | | revenue including government fees and contracts (from Part VII, line 93) | | | | | | 2 | | |
| | 3 | | | es and assessments | | | | | 3 | | |
| | 4 | Interest on sa | vings and temporary cash investments | | | | | | 4 | 52. | 529. |
| | 5 | Dividends and | I interest from securities | | | | | | 5 | | |
| | 6 a | | | | | | | | | | |
| | b | | conses | | | | | | | | |
| | c | | ome or (loss). Subtract line 6b from line | | | | | | 6c | | |
| Revenue | 7 | | ent income (describe | | | | |) | 7 | | |
| 9.0 | 8 a | Gross amount | from sales of assets other | (A) Securities | | | (B) Other | | | | |
| æ | | than inventory | , | | 8a | | | | 1 | | |
| | b | | other basis and sales expenses | | 8b | | | | | | |
| | C | Gain or (loss) | (attach schedule) | | 8c | | | | | | |
| | d | Net gain or (lo | ss). Combine line 8c, columns (A) and | (B) | | | | | 8d | | |
| | 9 | | and activities (attach schedule). If any | | | - |] | | | | |
| | a | Gross revenue (not in | ncluding \$ | of contributions reported on line 1b) | . 9a | | | | | | |
| * | | | penses other than fundraising expense: | | | | | | | | |
| | | | (loss) from special events. Subtract line | | | | | | 9c | | |
| | | | inventory, less returns and allowances | | | | | | - 1 | | |
| | | | loods sold | | | | | | 1 | | |
| | | | (loss) from sales of inventory (attach s | | | | | | 10c | | |
| | 11 | | (from Part VII, line 103) | | | | | | 11 | | |
| - | 12 | Total revenue | . Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1 | Oc, and 11 | | | | | 12 | 2,511, | |
| co. | 13 | Program servi | ces (from line 44, column (B)) | | | | | | 13 | 1,282, | |
| nse | 14 | Management a | and general (from line 44, column (C)) | | | | | | 14 | 98, | 974. |
| Expenses | 15 | | om line 44, column (D)) | | | | | | 15 | | |
| ũ | 16 | Payments to a | ffiliates (attach schedule) | | | | | | 16 | | |
| _ | 17 | Total expense | s. Add lines 16 and 44, column (A) | - 10 | | | | | 17 | 1,381, | |
| so. | 18 | EXCESS OF (def. | icit) for the year. Subtract line 17 from li | ne 12 | | | | | 18 | 1,130, | |
| set | 19 | wet assets or f | und balances at beginning of year (from | line 73, column (A)) | | | | | 19 | 1,334, | 772. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

915,023. 3,379,833. Form 990 (2007)

20

SEE STATEMENT 1

Form 990 (2007) EDUCATIONAL LEADERSHIP & POLICY FOUNDATI Part II Statement of All organizations must complete column (A), Columns (B), (C), and (D) are required for section 501(c)(3) Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) 0 . noncash \$_ (cash \$ If this amount includes foreign grants, check here 22h Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 25a Compensation of current officers, directors, key 196,778. 0. 196,778. 0. employees, etc. listed in Part V-A 25a b Compensation of former officers, directors, key 0. employees, etc. listed in Part V-B 0. 0. 0. c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 26 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a · 27 28 18,473. 29 Payroll taxes 29 18,473. 30 Professional fundraising fees 31 31 Accounting fees 32 Legal fees 1,934. 1,934. 33 Supplies 33 34 Telephone 17,884. 17,884. 442. 35 Postage and shipping 35 36 Occupancy 12,396. 12.396. 37 Equipment rental and maintenance 37 37. 38 Printing and publications 73,349. 73,349. 39 40 Conferences, conventions, and meetings 335.467. 335.467 40 41 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize); 43a 43b 43c 43d 43e 43f 66,281. SEE STATEMENT 2 725,201. 658,920. 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 98,974. 44 1,381,961. 1,282,987. 0.

Joint Costs, Check Implies if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ Form 990 (2007)

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

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

| Wh | aat is the organization's primary exempt purpose? ► SEE STATEMENT 3 | Program Service Expenses |
|------|--|--|
| clie | organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ianizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| а | **PLEASE SEE STATEMENT 5 | |
| | | |
| | | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here | 1,282,987. |
| b | Grants and allocations 9 / if this amount includes releigh grants, creek nere | 1,202,507. |
| | | |
| | | |
| | | |
| С | (Grants and allocations \$) If this amount includes foreign grants, check here | |
| ٠ | | |
| | | |
| | | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here | |
| d | | |
| | | |
| | | |
| | | |
| _ | (Grants and allocations \$) If this amount includes foreign grants, check here | |
| e | Other program services (attach schedule) | |
| £ | (Grants and allocations \$) If this amount includes foreign grants, check here | 1 202 007 |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 1,282,987. |
| | | Form 990 (2007) |

| Form 9 | | | LEADE | RSHIP & POLICY | FOUNDATI | 80- | 0025367 | Page 4 |
|-----------------------------|------|--|-------------|----------------------|--------------------------|-----|------------------|--------|
| | _ | Balance Sheets (See the instructions.) | | | | | | |
| | | ere required, attached schedules and amounts uld be for end-of-year amounts only. | within the | e description column | (A) Beginning of year | | (B) End of ye | ar |
| ١. | | Cook and interest benefits | | | 1,388,783 | 45 | 2,137 | 820 |
| | 15 | Cash - non-interest-bearing | | | 1,300,703 | | 4,131 | ,020 |
| 14 | 16 | Savings and temporary cash investments | | | | 46 | | |
| ١. | | A | 47a | 1 | | | | |
| ١, | | Accounts receivable | | | | 47c | | |
| - 1 | D | Less: allowance for doubtful accounts | 4/0 | | | 4/6 | | |
| ٠, | | Pladaes renoivable | 400 | | | | | |
| " | | Pledges receivable Less: allowance for doubtful accounts | | | | 48c | | |
| - 1 | 9 | Grants receivable | | | | 49 | 1,438 | 739 |
| | | Receivables from current and former officers | | | | 45 | 1,450 | , 133 |
| 1. | ou a | key employees | , | , | | 50a | | |
| | h | Receivables from other disqualified persons | | | | 304 | | |
| | D | 4958(f)(1)) and persons described in section | | | | 50b | | |
| Assets | 1. | Other notes and loans receivable | | \(\text{\text{C}}\) | | 300 | | |
| Ass | | Less; allowance for doubtful accounts | | | | 51c | | |
| 5 | 2 | Inventories for sale or use | | | | 52 | | |
| 1- | 3 | Prepaid expenses and deferred charges | | ···· | | 53 | | |
| 1 - | | Investments - publicly-traded securities | | Cost FMV | | 54a | | |
| ľ | | Investments - other securities | | | | 54b | | |
| 1 5 | | Investments - land, buildings, and | | | | 040 | | |
| | · · | equipment: basis | 55a | | | | | |
| | | oquipmont basis | 554 | | | | | |
| | h | Less: accumulated depreciation | 55h | | | 55c | | |
| 5 | | Investments - other | | | | 56 | | |
| 1 - | - | Land, buildings, and equipment: basis | | | | | | |
| | | Less: accumulated depreciation | | | | 57c | | |
| 5 | | Other assets, including program-related investmen | | | | 0.0 | | |
| | - | (describe ▶ | |) | | 58 | | |
| 5 | 9 | Total assets (must equal line 74). Add lines | 45 through | 158 | 1,388,783. | 59 | 3,576 | ,559. |
| 6 | | Accounts payable and accrued expenses | | | 54,011. | | | ,726 |
| 6 | 1 | Grants payable | | | | 61 | | |
| 6 | | Deferred revenue | | | | 62 | | |
| es 6 | 3 | Loans from officers, directors, trustees, and | | | | 63 | | |
| iabilities | 4 a | Tax-exempt bond liabilities | | | | 64a | | |
| E . | | Mortgages and other notes payable | | | | 64b | | |
| 6 | | Other liabilities (describe | | | | 65 | | |
| | | | | | | | | |
| 6 | 6 | Total liabilities, Add lines 60 through 65 | | | 54,011. | 66 | 196 | ,726. |
| 0 | rga | nizations that follow SFAS 117, check here | ► X | and complete lines | | | | |
| | - | 67 through 69 and lines 73 and 74. | | | | | | |
| 9 6 | 7 | Unrestricted | | | 467,802. | 67 | 348 | ,909. |
| 를 68 | В | Temporarily restricted | | | 866,970. | 68 | 3,030 | ,924. |
| <u> 69</u> | 9 | Permanently restricted | | | | 69 | | |
| Net Assets or Fund Balances | rga | nizations that do not follow SFAS 117, chec | | | | | | |
| Ē | | complete lines 70 through 74. | | | | | | |
| S 70 | 0 | Capital stock, trust principal, or current funds | š | | | 70 | | |
| 7 | 1 | Paid-in or capital surplus, or land, building, ar | nd eguipm | ent fund | | 71 | | |
| Z 72 | 2 | Retained earnings, endowment, accumulated | income, | or other funds | | 72 | | |
| 73 | 3 | Total net assets or fund balances. Add lines 67 th | | | | | | |
| | | (Column (A) must equal line 19 and column (B) mu | | | 1,334,772. | | 3,379 | |
| 74 | 4 | Total liabilities and net assets/fund balance | es. Add lin | es 66 and 73 | 1.388.783. | 74 | 3.576 | 559. |

| | JAMES B. HUNT, JR. IN m 990 (2007) EDUCATIONAL LEADERSHI art IV-A Reconciliation of Revenue per Audited Fina instructions.) | P & POLICY F | OUNDATI With Revenue p | 80- er Re | | | | Page ! |
|--------|---|---|---|-----------------|------------------|---------------------|-----------|-------------------|
| 2 | Total revenue, gains, and other support per audited financial stateme | ante | | | | 2 | 511 | .999 |
| | Amounts included on line a but not on Part I, line 12: | nits | | | - a | 4, | JII | , , , , , |
| _ | | | b1 | | | | | |
| | Net unrealized gains on investments | | | | - | | | |
| | Donated services and use of facilities | | | | - | | | |
| 3 | Recoveries of prior year grants | | b3 | | - | | | |
| 4 | Other (specify): | | b4 | | - | | | |
| | Add lines b1 through b4 | | | | ь | | | 0 |
| C | Subtract line b from line a | | | | С | 2, | 511 | 999 |
| d | Amounts included on Part I, line 12, but not on line a: | | | | | | | |
| 1 | Investment expenses not included on Part I, line 6b | | d1 | | | | | |
| | Other (specify): | | d2 | | 1 | | | |
| | Add lines d1 and d2 | | | | d | | | 0 |
| | | | | | e | 2. | 511 | 999 |
| Pa | Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Fina | ancial Statements | With Expenses | per | Ret | urn | 011 | |
| _ | Total expenses and losses per audited financial statements | | | | | | 381 | 961 |
| a h | Amounts included on line a but not on Part I. line 17: | | | | a | | 301 | , , , , |
| - | | | b1 | | | | | |
| 1 | Donated services and use of facilities | | | | - | | | |
| | , , | | | | - | | | |
| 3 | Losses reported on Part I, line 20 | | b3 | | | | | |
| 4 | Other (specify): | | b4 | | | | | |
| | Add lines b1 through b4 | | | | b | | | 0 |
| C | Subtract line b from line a | | | | С | 1, | 381 | 961 |
| d | Amounts included on Part I, line 17, but not on line a: | | | | | | | |
| 1 | Investment expenses not included on Part I, line 6b | | d1 | | | | | |
| | Other (specify); | | d2 | | 1 | | | |
| | Add lines d1 and d2 | | | | d | | | 0 |
| e | | | | | | 1. | 381 | 961 |
| Pa | Total expenses (Part I, line 17). Add lines c and d | ey Employees (List e | ach person who wa | s an o | fficer | r, dire | ctor, tru | stee. |
| | or key employee at any time during the year even if they we | ere not compensated) (S | ee the instructions | 1 | | | | |
| | (A) Name and address | (B) Title and average hour per week devoted to position | s (C) Compensation (If not paid, enter | (D) Co emple | ntribu oyee b | tions to penefit | (E) E | xpense unt and |
| _ | | | | compe | nsatio | n plans | other a | llowance |
| | | ASSOCIATE DI | RECTOR | | | | | |
| | 00 PARK FORTY PLAZA, SUITE 280 | | | | | | | |
| DU. | RHAM, NC 27713 | 40.00 | 196,778. | | | 0. | | 0. |
| ** | PLEASE SEE ATTACHED SCHEDULE | | | | | | | |
| | | | | | | | | |
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JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP & POLICY FOUNDATI Yes No Part VI Other Information (continued) 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially 82a X less than fair rental value? b If "Yes." you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 83a X 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not 84b tax deductible? 85 a 501(c)(4), (5), or (6), Were substantially all dues nondeductible by members? N/A 85a b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members N/A d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A N/A f Taxable amount of lobbying and political expenditures (line 85d less 85e) Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85g h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the N/A 85h 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on N/A b Gross receipts, included on line 12, for public use of club facilities N/A N/A 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a Х b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b Х 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: 0 • ; section 4912 ► _____ 0 • ; section 4955 ► section 4911► b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? X If "Yes," attach a statement explaining each transaction 89b c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter: Amount of tax on line 89c, above, reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e Х All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?... Х g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed ►NONE h Number of employees employed in the pay period that includes March 12, 2007 91 a The books are in care of ► MICHAEL GILLIGAN Telephone no. ► 919-425-4172 Located at ► 1000 PARK FORTY PLAZA SUITE 280, DURHAM, NC No Yes b At any time during the calendar year, did the organization have an interest in or a signature or other authority over X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91h

Form 990 (2007)

and Financial Accounts.

If "Yes," enter the name of the foreign country

N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

JAMES B. HUNT, JR. INSTITUTE FOR Form 990 (2007) EDUCATIONAL LEADERSHIP & POLICY FOUNDATI Part VI Other Information (continued) Yes No At any time during the calendar year, did the organization maintain an office outside of the United States? 91c If "Yes," enter the name of the foreign country N/A Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A Part VII Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise (E) (C) (A) indicated. Related or exempt Business Amount Amount function income 93 Program service revenue: f Medicare/Medicaid payments g Fees and contracts from government agencies ... 94 Membership dues and assessments 52,529. 95 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: 52.529. 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). ₹ Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (D) (B) (C) Name, address, and EIN of corporation. Percentage of Nature of activities Total income End-of-year partnership, or disregarded entity ownership interest assets N/A % % %

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2007)

| Form 99 | 90 (2007) EDUCATIONAL LEADERSHIP XI Information Regarding Transfers To and From C | & POLICY FO | OUNDATI 80-00 S. Complete only if the organ | 25367 F | age 9 |
|------------------------|--|----------------------------|--|------------------------|-------------|
| | | N/A | | | |
| | | | | Yes | No |
| | id the reporting organization make any transfers to a controlled entity a | as defined in section 5 | 512(b)(13) of the Code? If "Ye | s," | |
| | omplete the schedule below for each controlled entity. | (B) | (C) | (D) | |
| | (A) Name, address, of each | Employer | Description of | Amount | of |
| | controlled entity | Identification Number | transfer | transfe | |
| | | | | | |
| a | | | | | |
| 7 | | | | | |
| b | | | | | |
| | | | | | |
| ° | | | | | |
| - | | | | | |
| | Totals | | | Yes | No |
| 107 Di | d the reporting organization receive any transfers from a controlled en | tity as defined in sect | tion 512(b)(13) of the Code? It | _ | 110 |
| | emplete the schedule below for each controlled entity. | (D) | (0) | (7) | |
| | (A) Name, address, of each | (B) Employer | (C) Description of | (D) Amount | of |
| | controlled entity | Identification Number | transfer | transfe | |
| a | | | | | |
| ь | | | | | |
| + | | | | | |
| c | | | | | |
| | | | | | |
| | Totals | | | Yes | No |
| 108 Did | d the organization have a binding written contract in effect on August 1 | 7, 2006, covering the | interest, rents, royalties, and | | |
| an | Inuities described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of prepare (other than officer) is based on all information of which | ng schedules and statement | s, and to the best of my knowledge and | belief, it is true, ca | rrect, |
| Please | | | - | | |
| Sign | Signature of officer | | Date | | |
| Here | | | D-1110 | | |
| | Type or print name and title | I Data | Shook if | | |
| Paid | Preparer's signature | Date 02/28/09 | self- | SN or PTIN (See Gen | i. inst. X) |
| Preparer's Use Only | yours if DIXON HUGHES PLLC | | EIN ► | | |
| ose only | self-employed). 2501 BLUE RIDGE ROAD, SUI | re 500 | Dhonr > /01/ | 0 0 7 6 4 | EAC |
| | ZP+4 RALEIGH, NC 27607 | | Phone no. ► (919 | Form 990 | |

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization JAMES B. HUNT, JR. INSTITUTE FOR

Employer identification number

| | EDUCATIONAL LEADERSHIP & | | | 80 00253 | |
|---------------------------------------|---|--|------------------|--|---|
| Part I | Compensation of the Five Highest Paid Em | | Officers, Direct | ctors, and T | rustees |
| | (See page 1 of the instructions. List each one. If there are none, a | nter "None.") | | | |
| | (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and othe allowances |
| NONE | | | | | |
| | | - | | | |
| | | - | | | |
| | | - | | | |
| | | | | | |
| Total number of over \$50,000 | of other employees paid | 0 | | | |
| Part II-A | Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals | | | onal Service | es |
| | (a) Name and address of each independent contractor paid more th | an \$50,000 | (b) Type of s | ervice | (c) Compensation |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | f others receiving over ofessional services | 0 | | | |
| Part II-B | Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction | onal services, whether individu | | ervices | |
| | (a) Name and address of each independent contractor paid more th | | (b) Type of s | ervice | (c) Compensation |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of \$50,000 for other | other contractors receiving over | 0 | | | |
| | | | | | |

723101/12-27-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

JAMES B. HUNT, JR. INSTITUTE FOR

| Part | Statements About Activities (See page 2 of the instructions.) | | Yes | No |
|--------------|---|--------------|-----|----|
| 1 Du | uring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence | | | |
| pu | ublic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the | | | |
| lot | bbying activities ▶ \$\$ (Must equal amounts on line 38, P | art VI-A, or | | |
| lin | ne i of Part VI-B.) | 1 | | X |
| Or | rganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations | | | |
| ch | necking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | | |
| tru pe | uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributo ustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any su erson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes, tach a detailed statement explaining the transactions.) | uch l | | |
| a Sa | ale, exchange, or leasing of property? | 2a | | X |
| b Le | ending of money or other extension of credit? | 2b | | X |
| c Fu | rnishing of goods, services, or facilities? | 2c | | X |
| d Pa | syment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X | |
| e Tra | ansfer of any part of its income or assets? | 2e | | X |
| 3 a Die | d the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how | | | 1 |
| | e organization determines that recipients qualify to receive payments.) | 3a | | X |
| b Dio | d the organization have a section 403(b) annuity plan for its employees? | 3b | | X |
| c Die | d the organization receive or hold an easement for conservation purposes, including easements to preserve open space, | | | |
| the | e environment, historic land areas or historic structures? If "Yes," attach a detailed statement | 3c | | X |
| d Die | d the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | | X |
| 4 a Dio | d the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f | | | |
| an | d 4g | 4a | | X |
| b Did | d the organization make any taxable distributions under section 4966? | N/A 4b | | |
| | d the organization make a distribution to a donor, donor advisor, or related person? | | | |
| | ter the total number of donor advised funds owned at the end of the tax year | | N/ | |
| e Ent | ter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | > | N/ | A |
| | ter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on | | | |
| | e 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | | | 0. |
| g Ent | ter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year | > | | 0. |

JAMES B. HUNT, JR. INSTITUTE FOR

Schedule A (Form 990 or 990-EZ) 2007 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 3

| | IV | Reason for Non-Private Foundation S | Status (See pages 4 t | hrough 8 of the instructio | ns.) | | | | |
|---------|---|--|-----------------------------|------------------------------------|-----------------------------|-----------------------|------------------|--|--|
| certify | that th | e organization is not a private foundation because it is: (| Please check only ONE a | pplicable box.) | | | | | |
| 5 | | A church, convention of churches, or association of ch | hurches. Section 170(b)(| 1)(A)(i). | | | | | |
| 6 | A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) | | | | | | | | |
| 7 | | A hospital or a cooperative hospital service organization | on. Section 170(b)(1)(A)(| iii), | | | | | |
| 8 | | | | | | | | | |
| 9 | | A federal, state, or local government or governmental A medical research organization operated in conjunction | | | the hospital's | name, city, | | | |
| | | and state > | | | | | | | |
| 10 | | An organization operated for the benefit of a college or | university owned or ope | rated by a governmental | unit. Section | 170(b)(1)(A)(iv |). | | |
| | | (Also complete the Support Schedule in Part IV-A.) | | , | | | | | |
| 11a | | An organization that normally receives a substantial p | art of its support from a | overnmental unit or from | the general | public. | | | |
| | | Section 170(b)(1)(A)(vi). (Also complete the Support | | , | | | | | |
| 11b | | A community trust. Section 170(b)(1)(A)(vi). (Also con | | dule in Part IV-A.) | | | | | |
| 12 | $\overline{\Box}$ | An organization that normally receives: (1) more than | | | rship fees, a | nd arass | | | |
| | | receipts from activities related to its charitable, etc., fur | nctions - subject to certai | n exceptions, and (2) no | more than 33 | 1/3% of | | | |
| | | its support from gross investment income and unrelate | ed business taxable inco | me (less section 511 tax) | from busines | ses acquired | | | |
| | | by the organization after June 30, 1975. See section 5 | 509(a)(2). (Also complete | e the Support Schedule in | Part IV-A.) | | | | |
| 13 | X | An organization that is not controlled by any disqualifie | ed persons (other than fo | undation managers) and | otherwise me | ets the requirer | ments of section | | |
| | | 509(a)(3). Check the box that describes the type of su | | , | | | | | |
| | | X Type I Type II | | nctionally Integrated | | Type III-0 | other | | |
| | | Татурен | Турошто | notionally intograted | | 1,po c | 10101 | | |
| | | Provide the following information a | bout the supported orga | nizations. (See page 8 of | the instruction | ns.) | | | |
| | | (a) | (b) | (c) | (d) | | (e) | | |
| | | Name(s) of supported organization(s) | Employer | Type of organization | is the su | | Amount of | | |
| | | | identification | (described in lines | | on listed in | support | | |
| | | | number (FINI) | E through 40 above | | | | | |
| | | | number (EIN) | 5 through 12 above or IRC section) | the sup | | | | |
| | | | number (EIN) | 5 through 12 above or IRC section) | organiz | | | | |
| | | | number (EIN) | | organiz | ation's | | | |
| | | | number (EIN) | | organiz | ation's | | | |
| | | IVERSITY OF NORTH | | or IRC section) | organiz governing Yes | ation's documents? | 211 050 | | |
| | UNI | | number (EIN) 56-6172047 | or IRC section) | organiz governing | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |
| | | | | or IRC section) | organiz governing Yes | ation's documents? | 311,950 | | |

JAMES B. HUNT, JR. INSTITUTE FOR

| Sche | dule A (Form 990 or 990-EZ) 2007 E | DUCATIONAL | LEADERSHIP | & POLICY FO | UNDATI | 80-00 | 025367 Page 4 |
|------------|--|--|--|--|---|------------------------------|-------------------------------------|
| Pa | Irt IV-A Support Schedule (C Note: You may use the | omplete only if you ch e worksheet in the inst | ecked a box on line 10 tructions for converting |), 11, or 12.) Use cast from the accrual to the | method of acc ne cash method | ounting. of accour | nting. N/A |
| | ndar year (or fiscal year nning in) | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | | (e) Total |
| 15 | Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | | | | | | |
| 16 | Membership fees received | | | | | | |
| 17 | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | | |
| 18 | Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1900. | | | | | | |
| 19 | Net income from unrelated business | | | | | | |
| 20 | activities not included in line 18 Tax revenues levied for the organization's benefit and either | | | | | + | |
| 21 | paid to it or expended on its behalf The value of services or facilities turnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | | |
| 22 | Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | | |
| 23 | Total of lines 15 through 22 | 0. | 0. | 0. | | 0. | 0. |
| 24 | Line 23 minus line 17 | | | | | | |
| 25 | Enter 1% of line 23 | S 44 5-4 00/ 6 | | - 04 | • | 100 | N/A |
| b | Organizations described on lines 10 Prepare a list for your records to sho | | | | | 26a | N/A |
| U | unit or publicly supported organization | | | | | | |
| | Do not file this list with your return. | Enter the total of all thes | e excess amounts | | | 26b | N/A |
| C | Total support for section 509(a)(1) to | est; Enter line 24, column | (e) | | ▶ | 26c | N/A |
| d | Add: Amounts from column (e) for li | nes: 18 | 19 | | | 1 1 | |
| | D. I. II | 22 | 26b | | | 26d | N/A |
| e | Public support (line 26c minus line 2 Public support percentage (line 26c | (numerator) divided by | line 26c (denominator) | | | 26e | N/A N/A % |
| 27 | Organizations described on line 12: records to show the name of, and to such amounts for each year: | a For amounts included tal amounts received in e | in lines 15, 16, and 17 th ach year from, each "disq | at were received from a ualified person." Do not fi | disqualified person le this list with yo | n," prepare ur return. | a list for your Enter the sum of |
| | (2006) | (2005) | (2 | 004) | (200 | 3) | |
| | For any amount included in line 17 th and amount received for each year, ti described in lines 5 through 11b, as the larger amount described in (1) or (2006) | hat was more than the lawell as individuals.) Do not (2), enter the sum of the | rger of (1) the amount on ot file this list with your of se differences (the exces | line 25 for the year or (2 return. After computing to a amounts) for each year |) \$5,000. (Include ne difference betw | in the list o | organizations ount received and |
| С | Add: Amounts from column (e) for lin | nes: 15_ | | 16 | | -/ | |
| | Add: Amounts from column (e) for lin | 20 | | 21 | | 27c | N/A |
| ď | Add: Line 27a total | an | d line 27b total | | | 27d | N/A |
| | | | | | | 27e | N/A |
| f a | Total support for section 509(a)(2) te Public support percentage (line 27e | st Enter amount on line | 23, column (e) | 27f | N/A | 07- | N/A % |
| g h | Investment income percentage (line | (numerator) divided by | nne z/1 (denominator)) stort divided by line 274: | (denominator\\ | | 27g | N/A % |
| 28 U si | nusual Grants: For an organization de how, for each year, the name of the co eturn. Do not include these grants in li 12-27-07 | scribed in line 10, 11, or ntributor, the date and ar | 12 that received any unus | sual grants during 2003 t | hrough 2006, pres | oare a list f Do not file | or your records to |

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Private School Questionnaire (See page 9 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007 EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80-0025367 Page 5 N/A

| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing | | Yes | No |
|---------|--|------|-----|----|
| 23 | instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, | | | |
| | and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of | | | - |
| | solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known | | | |
| | to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | _ | | |
| | | - | | |
| 32 | Does the organization maintain the following: | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| C | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student | | | |
| | admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| 33 | Does the organization discriminate by race in any way with respect to: | - | | |
| 33 3 | Students' rights or privileges? | 33a | | |
| h | Admissions policies? | | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | | | |
| a | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | 1 |
| | | - | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, | | | |
| | 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | . 35 | | |

44

| Schedule A (Form 990 or 990-EZ) 2007 EDUCATIONAL | L LEADERSHIP | & | POLICY | FOUNDATI | <u>80-0025367</u> | Pag |
|--|----------------------|---|-----------------|--------------------|-------------------|-----|
| Part VI-A Lobbying Expenditures by Elec | ting Public Charitie | s | (See page 11 of | the instructions.) | N/ | /A |

| _ | (To be completed ONLY by an eligible organization that filed Form 5768) | | | | |
|----|---|----------|--------|-----------------------------------|--|
| Ch | eck ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ t | b 🔲 if y | ou che | cked "a" and "limited contro | provisions apply. |
| | Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.) | | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
| _ | (The term expenditures means amounts paid of incurred.) | | - | N/A | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | 36 | N/A | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | | 37 | | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | | 38 | | |
| 39 | Other exempt purpose expenditures | | 39 | | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | | 40 | | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table - | | | | |
| | If the amount on line 40 is - The lobbying nontaxable amount is - | - 1 | 1 | | |
| | Not over \$500,000 20% of the amount on line 40 | | - 1 | | |
| | Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 | - 1 | . 1 | | |
| | Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 | L | 41 | | |
| | Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 | - (| | | |
| | Over \$17,000,000 \$1,000,000 | | | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | | 42 | | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | | 43 | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

| | | N/A | | | |
|--|-------------|-------------|-------------|-------------|--------------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | (|
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | (|
| 17 Total lobbying expenditures | | | | | (|
| 8 Grassroots nontaxable amount | | | | | |
| (150% of line 48(e)) | | | | | (|
| Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

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

| (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) | | | N/A |
|---|--|----|--------|
| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | No | Amount |
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines c through h.) | | | 0. |
| If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities | | | |

| | | JAMES B. HUNT, JR. INSTITUTE FOR | | | |
|-------|-----------------------------------|---|------------------|-------|--------|
| Sched | ule A (Form 990 or 990-EZ) 2007 | EDUCATIONAL LEADERSHIP & POLICY FOUNDATI 80 | -002536 | 7 | Page 7 |
| Par | t VII Information Rec | garding Transfers To and Transactions and Relationships With Nonc | haritable | | |
| 1 4 | | zations (See page 14 of the instructions.) | | | |
| | | | | | |
| 51 | | rectly or indirectly engage in any of the following with any other organization described in section | | | |
| | 501(c) of the Code (other than s | ection 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| а | Transfers from the reporting org | panization to a noncharitable exempt organization of: | | Yes | No |
| | (i) Cash | | 51a(i) | | X |
| | (iii) Other assets | | a(ii) | | X |
| b | Other transactions; | | | | |
| - | | ts with a noncharitable exempt organization | b(i) | | Х |
| | (ii) Purchases of assets from a | noncharitable exempt organization | b(ii) | | X |
| | | nt, or other assets | | | X |
| | | nts | | | X |
| | (v) I cane or loan guarantese | | b(v) | | X |
| | | many bank to a fradericka adlahatana | | | X |
| | | membership or fundraising solicitations | | - | |
| C | | mailing lists, other assets, or paid employees | | | _X_ |
| d | If the answer to any of the above | e is "Yes," complete the following schedule. Column (b) should always show the fair market value of the | à | | |
| | goods, other assets, or services | given by the reporting organization. If the organization received less than fair market value in any | | | |
| | transaction or sharing arrangem | ent, show in column (d) the value of the goods, other assets, or services received: | | N/A | |
| (a) | | (c) (d) | e and charing an | nnaam | onto |

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-----------------|------------------------|---|--|
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52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b if "Yes," complete the following schedule; N/A

| (a) Name of organization | (b) Type of organization | Description of relationship |
|-----------------------------|-----------------------------|-----------------------------|
| | | |
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723152 12-27-07

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

JAMES B. HUNT, JR. INSTITUTE FOR

Employer identification number

| E | DUCATIONAL LEADERSHIP & POLICY FOUNDATI | 80-0025367 | | | | |
|--|---|-----------------------------------|--|--|--|--|
| Organization type (check | one): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | is covered by the General Rule or a Special Rule . (Note: Only a section 501(c)(7), (8), or and a Special Rule-see instructions.) | (10) organization can check boxes | | | | |
| General Rule- | | | | | | |
| | filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon oplete Parts I and II.) | ey or property) from any one | | | | |
| Special Rules- | | | | | | |
| sections 509(a)(1) | (c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of t (/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of line 1 of these forms. (Complete Parts I and II.) | | | | | |
| aggregate contrib | (c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one outions or bequests of more than \$1,000 for use exclusively for religious, charitable, scient prevention of cruelty to children or animals. (Complete Parts I, II, and III.) | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) | | | | | | |
| they must check the box in | at are not covered by the General Rule and/or the Special Rules do not file Schedule B (Fo the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify B (Form 990, 990-EZ, or 990-PF). | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

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

80-0025367

| Part I | Contributors (See Specific Instructions.) | | |
|------------|---|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | BURROUGHS WELCOME FUND 21 T.W. ALEXANDER DR. RESEARCH TRIANGLE PARK, NC 27709 | \$35,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | CARNEGIE CORPORATION OF NY 437 MADISON AVE NEW YORK, NY 10022 | \$200,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 3 | THE ATLANTIC PHILANTHROPIES 125 PARK AVE., 21ST FLOOR NEW YORK, NY 10017 | \$480,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 4 | BILL AND MELINDA GATES FOUNDATION 1551 EASTLAKE AVE. E SEATTLE, WA 98102 | \$1,209,731. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 5 | BLACKBOARD, INC. 1899 L STREET, NW, FIFTH FLOOR WASHINGTON, DC 20036 | \$10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II if there is a noncash contribution.) |

| - | | | | | |
|---|---|---|----------------------------------|-----------|---|
| FORM 990 OTHER (| CHANGES IN NET A | ASSETS OR FUND | BALANCES | STATEMENT | 1 |
| DESCRIPTION | | | | AMOUNT | |
| ADJUSTMENT TO PROPERLY | 915,023. | | | | |
| FOTAL TO FORM 990, PART | r I, LINE 20 | | | 915,023 | - |
| ORM 990 | OTHER | R EXPENSES | | STATEMENT | 2 |
| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) | ţ |
| PROGRAM RESEARCH PROGRAM MEMBERSHIP PROGRAM SERVICE- UNC CONSULTING FEES BANK CHARGES | 54,778. 387. 311,950. 350,760. 638. | 54,778. 387. 311,950. 291,805. | 58,955. 638. | | _ |

| FORM 990 | STATEMENT | OF | ORGANIZATION'S | PRIMARY | EXEMPT | PURPOSE | STATEMENT | 3 |
|----------|-----------|----|----------------|---------|--------|---------|-----------|---|
| | | | PART I | II | | | | |

658,920.

633.

4,596.

1,459.

725,201.

EXPLANATION

PAYROLL PROCESSING SERVICE CHARGES

TOTAL TO FM 990, LN 43

MISCELLANEOUS EXPENSES

MATERIALS

IN ORDER TO PROVIDE ALL STUDENTS WITH AN EQUITABLE CHANCE TO SUCCEED AND TO FOSTER A HIGH QUALITY OF LIFE FOR ALL CITIZENS, THE JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP AND POLICY CULTIVATES STATE LEADERSHIP THAT FOCUSES ON PUBLIC EDUCATION'S VALUE AND ACTIVELY PROMOTES THE FUNDAMENTAL ROLE OF GOVERNORS TO INSTILL AND PROTECT THE IDEALS OF DEMOCRACY. THE JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP AND POLICY ENGAGES GOVERNORS AND OTHER LEADERS IN STRATEGIC EFFORTS TO ADVANCE AND SUSTAIN STATE LEVEL EDUCATION REFORM.

633.

4,596.

1,459.

66,281.

FORM 990 PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS

STATEMENT

EMPLOYEE

OFFICER'S NAME COMPENSATION CONTRIBUTION ACCOUNT

JUDITH A. RIZZO 238,404. 23,563. 0.

NAME OF RELATED ORGANIZATION EMPLOYER ID NUMBER

UNIVERSITY OF NORTH CAROLINA 56-6172047

RELATIONSHIP BETWEEN ORGANIZATIONS

SUPPORTING

OFFICER'S NAME COMPENSATION CONTRIBUTION ACCOUNT

MICHAEL GILLIGAN 132,339. 14,929. 0.

NAME OF RELATED ORGANIZATION EMPLOYER ID NUMBER

UNIVERSITY OF NORTH CAROLINA 56-6172047

RELATIONSHIP BETWEEN ORGANIZATIONS
SUPPORTING

James B. Hunt, Jr. Institute for Educational Leadership & Policy Foundation 80-0025367

Form 990, Part III - Program Service Accomplishments

Experienced leaders in politics, education, and the private sector convene at Hunt Institute seminars and symposia to exchange insights and receive information about transforming ideas into practice. By bringing together policy organizations, businesses, philanthropies and educators, the Hunt Institute helps build partnerships to develop support nationwide for school improvement strategies. The information exchanged at the Hunt Institute seminars and symposia informs the Institute's work with states. These convening opportunities also connect state leaders ready to engage with the institute to improve education in their states. Events such as the Hunt Institute's annual symposium for governors provide a one-of-a-kind forum for diverse groups of leaders to discuss educational issues candidly and privately. In the 2008 fiscal year, the Hunt Institute provided the nation's governors, lieutenant governors and North Carolina legislators with education policy information. In addition, the Hunt Institute provided information on science education to 500 teachers and administrators in North Carolina.

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May 1, 2008 - April 30, 2011

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May 1, 2008-April 30, 2011 Audit

May 1, 2006-April 30, 2009

Finance and Development

May 1, 2007-April 30, 2010 Finance and Development

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Phone: (919) 962-4511 sthurman@email.unc.edu May 1, 2008-April 30, 2011

May 1, 2006-April 30, 2009

May 1, 2007-April 30, 2010 Finance and Development

May 1, 2007-April 30, 2010

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May 1, 2008-April 30, 2011

May 1, 2006-April 30, 2009 Finance and Development