James B. Hunt Institute for Educational Leadership \& Policy Foundation

## Form 990

June 30, 2008

DIXON HUGHES muc
Certiliod Public Accountants and Advisors
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,

DIXON HUGHES PLLC

## TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
JUNE 30, 2008

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

# Application for Extension of Time To File an Exempt Organization Return <br> - File a separate application for each return. 

OMB No. 1545-1709
Dopatment of the Treasury
Internal Revenue Service

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3 -month extension on a previously filed Form 8868 .

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

> A corporation required to file Form 990 -T and requesting an automatic 6 -month extension - check this box and complete Part I only ...............................................................................................................................................
> All other corporations (including 1120-C filiers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.
> Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form $990-T$. However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 -month extension or (2) you fife Forms 990 .BL, 6069, or 8870 group returns, or a composite or consolidated Formn $990-T$. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 . For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities \& Nonprofits.

| Type or print | Name of Exempt Organization <br> JAMES B. HUNT, JR. INSTITUTE FOR <br> EDUCATIONAL LEADERSHIP \& POLICY FOUNDATI | Employer identification number $80-0025367$ |
| :---: | :---: | :---: |
| File by the due date for filing your | Number, street, and room or suite no. If a P.O. box, see instructions. |  |
| instue | City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHAPEL HILL, NC 27517 |  |

Check type of return to be filed (file a separate application for each return):Form 990-T (corporation)
Form 4720
Form 990-T (sec. 401(a) or 408(a) trust)
Form 5227
Form 990-T (trust other than above)
Form 1041.A
Form 6069
Form 8870

- The books are in the care of MICHAEL GILLIGAN

Telephone No. 919-843-4085
FAX No.

- If the organization does not have an office or place of business in the United States, check this box $\qquad$ . If this is for the whole group, check this
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) $\qquad$
box $>\square$.
If it is for part of the group, check this box $\square$ and attach a list with the names and EINs of all members the extension will cover.

|  | I request an automatic 3 -month (6-months for a corporation required to file Form 990 -T) extension of time until |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | is for the organization's return for: $\square$ calendar year $\qquad$ or <br> [X] tax year beginning JUL 1, 2007 , and ending $\qquad$ JUN 30,2008 |  |  |  |
| 2 | If this tax year is for less than 12 months, check reason; $\square$ Initial return $\square$ Final return |  |  | ting period |
| 3a | 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. | 3a | s |  |
| b | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | s |  |
| c | Balance Due. Subtract line 3b from line 3a. 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. | 3 c | \$ | 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 payment instructions.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

| Part II | A | eriginal and one copy. |
| :---: | :---: | :---: |
| Type or print File by the due date for filing the instructions | Name of Exempt Organization <br> JAMES B. HUNT, JR. INSTITUTE FOR <br> EDUCATIONAL LEADERSHIP \& POLICY FOUNDATI | Employer identification number $80-0025367$ |
|  | Number, street, and room or suite no. If a P.O. box, see instructions. 1000 PARK FORTY PLAZA, NO. 280 | For IRS use only |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions. DURHAM, NC 27713 |  |

Check type of return to be filed (File a separate application for each retum):


STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 $\qquad$ . If this is for the whole group, check this
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) $\qquad$
box $\square$. If it is for part of the group, check this box $\square$ and attach a list with the names and EINs of all members the extension is for.
4 I request an additional 3-month extension of time until MAY 15, 2009
5 For calendar year $\qquad$ , or other tax year beginning


## JUL 1, 2007

 , and ending $\qquad$ JUN 30, 2008 $\qquad$ -6 If this tax year is for less than 12 months, check reason: $\square$ Initial return $\square$ Final return $\square$ Change in accounting period
7 State in detail why you need the extension
TAXPAYER IS WAITING ON ADDITIONAL INFORMATION FROM A THIRD PARTY 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.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.
$\qquad$


Balance Due. Subtract line 8 b 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.

| $8 a$ | $\$$ |  |
| :---: | :---: | :---: | :---: |
| $8 b$ | $\$$ |  |
| $8 c$ | $\$$ | $N / A$ |

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, nicluding abcompanying schedules and statements, and to the best of my knowledge and belief, It is true, correct, and complete, and that I ap quthorizedeng prepare this form.


[^0]Departmant of the Treasury
internal Revenue Service
Under section $501(\mathrm{c}), 527$, or $4947(\mathrm{a})(1)$ of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or $990-E Z$ ).


## 6 Website: $-N / A$


K Check here $\square$ if the organization is not a 509 (a)(3) supporting organization and its gross receipts are normally not more than $\$ 25,000$. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations. $\mathrm{H}(\mathrm{a})$ is this a group return for affiliates? $\quad \square \mathrm{Yes} \quad \mathrm{X}$ No
H (b) If 'Yes,' enter number of affiliates $\mathrm{N} / \mathrm{A}$
H (c) Are all affiliates included? N/A $\square$ Yes $\square$ No (If 'No," attach a list.)
$\mathrm{H}(\mathrm{d})$ is this a separate return filed by an or- $\left.\begin{array}{l}\text { ganization covered by a group ruling? }\end{array} \square \mathrm{Yes} \quad \mathrm{X}\right]$ No 1 Group Exemption Number $\quad \mathrm{N} / \mathrm{A}$
M Check $\square$ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines $6 \mathrm{~b}, 8 \mathrm{~b}, 9 \mathrm{~b}$, and 10 b to line 12 2 2, 511,999.

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

1 Contributions, gifts, grants, and similar amounts recelved:
a Contributions to donor advised funds
b Direct public support (not included on line 1a)

- Indirect public support (not included on line 1a)
d Government contributions (grants) (not included on line 1a)
e Total (add lines 1a through 1d) (cash \$ 2, 459, 470. noncash \$

| 1 a |  |
| :---: | :--- |
| 1 b | $2,459,470$. |
| 1 c |  |
| 1 d |  |

2 Program service revenue including government fees and contracts (from Part VII, line 93)
3 Mernbership dues and assessments

| 1 e | 2,459,470. |
| :---: | :---: |
| 2 |  |
| 3 |  |
| 4 | 52,529. |
| 5 |  |
| 6 c |  |
| 7 |  |
| 8 d |  |
| 90 |  |
| 10c |  |
| 11 |  |
| 12 | 2,511,999. |
| 13 | 1,282,987. |
| 14 | 98,974. |
| 15 |  |
| 16 |  |
| 17 | 1,381,961. |
| 18 | $1,130,038$. |
| 19 | 1,334,772. |
| 20 | 915,023. |
| 21 | 3,379,833. |

4 Interest on savings and temporary cash investments


5 Dividends and interest from securities
a Gross rents
b Less: rental expenses
c Net rental income or (loss). Subtract line 6b from line 6a
7 Other investment income (describe
8 a Gross amount from sales of assets other than inventory
b Less: cost or other basis and sales expenses
c Gain or (loss) (attach schedule)
d Net gain or (loss). Combine line 8c, columns (A) and (B)
9 Special events and activities (attach schedule). If any amount is from gaming, check here $\square$
a Goss reverue (not inctutings $\qquad$ of contitutions reportat on lint 1b)
Less: direct expenses other than fundraising expenses
Net income or (loss) from special events. Subtract line 9 b from line 9a
10 a Gross sales of inventory, less returns and allowances
Less: cost of goods sold $\qquad$
Gross profit or (ioss) from sales of inventory (attach schedule). Subtract line 10b from line 10a
11 Other revenue (from Part VII, line 103)
2,511,999.
12 Total revenue. Add lines $10,2,3,4,5,6 c, 7,8 d, 9 c, 10 c$, and 11
$1,282,987$.
14 Management and general (from line 44, column (C))

| (A) Securities |  | (B) Other |
| :---: | :---: | :---: |
|  | 8 a |  |
|  | 8 b |  |
|  | 8 c |  |

14 Management and general (from line 44, column (C))
Fundraising (from line 44, column (D))
Payments to affiliates (attach schedule)
Total expenses. Add lines 16 and 44, column (A)
$1,381,961$.
Excess or (deficit) for the year. Subtract line 17 from line 12
$1,130,038$.
Net assets or fund balances at beginning of year (from line 73, column (A))
$1,334,772$.
SEE STATEMENT 1
Net assets or fund balances at end of year. Combine lines 18, 19, and 20

## 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.


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.



## Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

 instructions.)| a | Total revenue, gains, and other support per audited financial statements |  | , | 2,511,999. |
| :---: | :---: | :---: | :---: | :---: |
| b | Amounts included on line a but not on Part I, line 12: |  |  | 0. |
| 1 | Net unrealized gains on investments | b1 |  |  |
| 2 | Donated services and use of facilities | b2 |  |  |
| 3 | Recoveries of prior year grants | b3 |  |  |
| 4 | Other (specify): | b4 |  |  |
|  | Add lines b1 through b4 |  | b |  |
| c | Subtract line b from line a |  | - | 2,511,999. |
| $d$ | Amounts included on Part 1, line 12, but not on line a: |  |  |  |
| 1 | Investment expenses not included on Part 1, line 6b | 11 |  |  |
| 2 | Other (specify): | d2 |  |  |
|  | Add lines d1 and d2 |  | 1 | 0. |
|  | Total revenue (Part I, line 12). Add lines c and d |  | e | 2,511,999. |


| Part IV-B | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return |
| :--- | :--- | :--- |



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


[^1]75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings
$>$ 31
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V.A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II.A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the
organization? See the instructions for the definition of "related organization."

SEE STATEMENT 4 If "Yes," attach a statement that includes the information described in the instructions.
d Does the organization have a written conflict of interest policy? Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

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 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 ili.)
i.) $|82 b|$
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? N/A.
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A
85 a 501 (c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A
b Did the organization make only in-house lobbying expenditures of $\$ 2,000$ or less? N/A If "Yes" was answered to either 85 a or 85 b, do not complete 85 c through 85 h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members
d Section 162 (e) lobbying and political expenditures
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
f Taxable amount of lobbying and political expenditures (line 85d less 85e)

| $85 c$ | $N / A$ |
| :---: | :---: |
| $85 d$ | $N / A$ |

g. Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

| 85 e |
| :---: |
| 85 |

h If section $6033(e)(1)$ (A) dues notices were sent, does the organization agree to add the amount on line $85 f$ to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? $\qquad$
$\qquad$

$\qquad$ 501(c)(7) organization
 line 12
b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or sharehoiders.
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

| 86 a | $\mathrm{N} / \mathrm{A}$ |
| :---: | :---: |
| 86 b | $\mathrm{~N} / \mathrm{A}$ |
| 87 a | $\mathrm{N} / \mathrm{A}$ |
| 87 b | $\mathrm{~N} / \mathrm{A}$ |

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
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
89 a $501(c)(3)$ organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 O.; section 4912 O. ; section 4955
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? If "Yes," attach a statement explaining each transaction
$\qquad$
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $\qquad$

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?
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
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
b Number of employees employed in the pay period that includes March 12, 2007 90b

1
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 $\quad$ ZIP $+4-27713$
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country $\quad \mathrm{N} / \mathrm{A}$
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.


Form $990(2007)$
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country $\quad \mathrm{N} / \mathrm{A}$
92 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 $\qquad$
Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.
93 Program service revenue:


| Unrelated business |  |
| :---: | :---: |
| (A) <br> Business <br> code | Am |

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

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


| Line No. <br> $\boldsymbol{V}$ |
| :--- | | 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). |


\section*{| 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? .......... $\square$ Yes $X$ No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .................................... $\square$ Yes $X$ No

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

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|  | (A) <br> Name, address, of each <br> controlled entity | (B) <br> Employer <br> Identification <br> Number | (C) <br> Description of <br> transfer | (D) <br> Amount of <br> transfer |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |


|  | (A) <br> Name, address, of each <br> controlled entity | (B) <br> Employer <br> Identifation <br> Number | (C) <br> Description of <br> transfer | (D) <br> Amount of <br> transfer |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  | Totals |  |  |  |

Under penalties of perjury, I doalare that I have examined this roturn, including accompanying schedules and statements, and to the best of my knowledge and beliet, it is true, correct, and complete. Deciaration of preparer (other than officer) is based on all information of which preparer has any knowiedge.
Please

## Sign



Here


SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization
JAME GUES B. HUNT, JR. INSTITUTE FOR 80 0025367

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

| (a) Name and address of each employee paid more than $\$ 50,000$ | (b) Title and average hours per week devoted to position | (c) Compensation | $\begin{array}{\|c} \text { (d) Contributions to } \\ \text { employeveneefi } \\ \text { plans doefored } \\ \text { componsation } \end{array}$ | (e) Expense account and other allowances |
| :---: | :---: | :---: | :---: | :---: |
| NONE |  |  |  |  |
|  |  |  |  |  |
| $-$ |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total number of other employees paid over $\$ 50,000$ | 0 |  |  |  |

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

| (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter None.) |  |  |
| :--- | :--- | :--- |
| (a) Name and address of each independent contractor paid more than $\$ 50,000$  <br> NONE (b) Type of service | (c) Compensation |  |
|  |  |  |
| Total number of others receiving over |  |  |
| $\$ 50,000$ for professional services |  |  |

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

(a) Name and address of each independent contractor paid more than $\$ 50,000$
(b) Type of service
(c) Compensation



Schedule A (Form 990 or 990-EZ) 2007


13 X. An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
X. Type 1
$\square$ Type II
$\square$ Type III-Functionally Integrated
$\square$ Type III-Other

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

| (a) <br> Name(s) of supported organization(s) | (b) <br> Employer identification number (EIN) | (c) <br> Type of organization (described in lines 5 through 12 above or IRC section) | (d) <br> is the supported <br> organization listed in <br> the supporting <br> organization's <br> governing documents? |  | (e) <br> Amount of support |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  | Yes | No |  |
| THE UNIVERSITY OF NORTH CAROLINA | 56-6172047 | 8 | X |  | 311,950. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  | $\checkmark$ | 311,950. |

$14 \square$ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)
Schedule A (Form 990 or 990 -EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 EDUCATIONAL LEADERSHIP \& POLICY FOUNDATI 80-0025367 Page 4 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

## Calendar year (or fiscal year

| 15 | Girts, grants, and contributions received. (Do not include unusu grants. See line 28.) |
| :---: | :---: |
| 16 | Membership fees received |
| 17 | Gross receipts from admissi merchandise sold or services | 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 30,1975
19 Net income from unrelated business activities not included in line 18
20 Tax revenues levied for the

| organization's benefit and either <br> paid to it or sxpended on its behalf |
| :--- |

21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or faciilities 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

| 24 | Line 23 minus line 17 |
| :--- | :--- |
| 25 | Enter $1 \%$ of line 23 |

26 Organizations described on lines 10 or 11: a Enter $2 \%$ of amount in column (e), line 24
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26 a. Do not file this list with your return. Enter the total of all these excess amounts

d) 2003
(e) Total

Total support for section 509(a)(1) test: Enter line 24, column (e) 19
d Add: Amounts from column
(e) for lines:

18
$\qquad$


e Public support (line 26 c minus line 26d total)
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) $\square$ - $26 f$ N/A
27 Organizations described on line 12: a For amounts included in lines 15,16 , and 17 that were received from a 'disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:
(2006)
(2005)
(2004)
(2003)
b For any amount included in line 17 that was received from each person (other than "disqualifed persons"), prepare a list for your records to show the name ot, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $\$ 5,000$. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2006)
(2005)
(2004)
(2003)
c Add: Amounts from column (e) for lines:
d Add: Line 27 a total
$\qquad$ 20 $-{ }^{21} \begin{aligned} & 16 \\ & \rightarrow \text { 27f } \quad \text { N/A }\end{aligned}$
e Public support (line 27c total minus line 27 d total)
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)
g Public support percentage (line 27 e (numerator) divided by line 27 f (denominator))
h Investment income percentape (line 18, column (e) (numerator) divided by line 27 f (denominator))

|  | 27 c |
| :---: | :---: |
| 27 d | $\mathrm{~N} / \mathrm{A}$ |
| 27 c | $\mathrm{N} / \mathrm{A}$ |
|  | $\mathrm{N} / \mathrm{A}$ |
| 270 | $\mathrm{~N} / \mathrm{A}$ |
|  | $\%$ |
| h | $\mathrm{~N} / \mathrm{A}$ |

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

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

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

|  | Yes | No |
| :--- | :--- | :--- |
| 29 |  |  |
| 30 |  |  |
|  |  |  |
| 31 |  |  |
|  |  |  |
| $32 a$ |  |  |
| $32 b$ |  |  |
| 32 c |  |  |
| $32 d$ |  |  |
|  |  |  |
| 35 |  |  |
| 33 a |  |  |
| 33 b |  |  |
| 33 c |  |  |
| 33 d |  |  |
| 33 e |  |  |
| 33 f |  |  |
| 33 g |  |  |
| 33 h |  |  |
|  |  |  |
| 34 b |  |  |
|  |  |  |
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34 a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. $75-50$, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No," attach an explanation

## Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)
37 Total lobbying expenditures to influence a legislative body (direct lobbying)
38 Total lobbying expenditures (add lines 36 and 37 )
39 Other exempt purpose expenditures
40 Total exempt purpose expenditures (add lines 38 and 39 )
41 Lobbying nontaxable amount. Enter the amount from the following table -
If the amount on line 40 is - The lobbying nontaxable amount is -
Not over $\$ 500,000$..................................... 20\% of the amsunt on line 40 .
Over $\$ 500,000$ but not Dver $\$ 1,000,000$............ $\$ 100,000$ plus $15 \%$ of the excess over $\$ 500,000$
Over $\$ 1,000,000$ but not over $\$ 1,500,000$......... $\$ 175,000$ plus $10 \%$ of the excess over $\$ 1,000,000$
Over $\$ 1,500,000$ but not ever $\$ 17,000,000 \ldots \ldots . . \$ 225,000$ plus $\$ \%$ of the excesss over $\$ 1,500,050$
Over $\$ 17,000,000$
\$1,000,000
42 Grassroots nontaxable amount (enter 25\% of line 41)
43 Subtract line 42 from line 36 . Enter -0 - if line 42 is more than line 36
44 Subtract line 41 trom line 38 . Enter -0 - if line 41 is more than line 38 $\qquad$

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

## 4-Year Averaging Period Under Section 501(h)

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

|  | Lobbying Expenditures During 4-Year Averaging Period |  |  |  | N/A |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar year (or fiscal year beginning in) | $\begin{gathered} \text { (a) } \\ 2007 \end{gathered}$ | $\begin{gathered} \text { (b) } \\ 2006 \end{gathered}$ | $\begin{gathered} \text { (c) } \\ 2005 \\ \hline \end{gathered}$ | $\begin{gathered} \text { (d) } \\ 2004 \end{gathered}$ | (e) <br> Total |
| 45 Lobbying nontaxable amount |  |  |  |  | 0. |
| 46 Lobbying ceiling amount $\qquad$ |  |  |  |  | 0. |
| 47 Total lobbying $\qquad$ expenditures |  |  |  |  | 0. |
| 48 Grassroots nontaxable amount |  |  |  |  | 0. |
| 49 Grassroots ceiling amount $\qquad$ |  |  |  |  | 0. |
| 50 Grassroots lobbying expenditures |  |  |  |  | 0. |

Part V1-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)
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:
a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines $\mathbf{c}$ 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 .)
$\qquad$
$\qquad$
$\qquad$
$\qquad$

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
Schedule A(Form 990 or 990-EZ) 2007 EDUCATIONAL LEADERSHIP \& POLICY FOUNDATI 80-0025367 Page 7

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See pape 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section
501 (c) of the Code (other than section 501 (c)(3) organizations) or in section 527 , relating to political organizations?
a Transfers from the reporting organization to a noncharitable exempt organization of:
(i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilitias, equipment, mailing lists, other assets, or paid employees

|  | Yes | No |
| :---: | :---: | :---: |
| 51a(i) |  | X |
| a(ii) |  | X |
| b(i) |  | X |
| b(ii) |  | X |
| b(iii) |  | X |
| b(iv) |  | X |
| $b$ (v) |  | X |
| b(vi) |  | X |
| c |  | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a) Line no. | (b) <br> Amount involved | (c) <br> Name of noncharitable exempt organization | (d) <br> Description of transters, 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:
(a)

| (a) <br> Name of organization | (b) <br> Type of organization |  |
| :--- | :--- | :--- |
|  |  |  |
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JAMES B. HUNT, JR. INSTITUTE FOR EDUCATIONAL LEADERSHIP \& POLICY FOUNDATI
Organization type (check one):

## Filers of:

Section:
Form 990 or 990 -EZ $\quad \mathrm{X}$ 501(c)( 3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
Form 990-PF501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

## General Rule-

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

## Special Rules-

For a section 501 (c)(3) organization filing Form 990 , or Form 990 -EZ, that met the $331 / 3 \%$ support test of the regulations under sections $509(\mathrm{a})(1) / 170(\mathrm{~b})(1)(\mathrm{A})(\mathrm{vi})$, and received from any one contributor, during the year, a contribution of the greater of $\$ 5,000$ or $2 \%$ of the amount on line 1 of these forms. (Complete Parts I and II.)For a section $501(\mathrm{c})(7)$, (8), or (10) organization filing Form 990 , or Form 990 -EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $\$ 1,000$ for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)For a section 501 (c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $\$ 1,000$. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $\$ 5,000$ or more during the year.)\$ $\qquad$
Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (See Specific Instructions.)

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Aggregate contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 1 | BURROUGHS WELCOME FUND <br> 21 T.W. ALEXANDER DR. <br> RESEARCH TRIANGLE PARK, NC 27709 | \$_35,000. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II if there is a noncash contribution.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Aggregate contributions | (d) <br> Type of contribution |
| 2 | CARNEGIE CORPORATION OF NY <br> 437 MADISON AVE <br> NEW YORK, NY 10022 | \$ 200,000. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II if there is a noncash contribution.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Aggregate contributions | (d) <br> Type of contribution |
| 3 | THE ATLANTIC PHILANTHROPIES <br> 125 PARK AVE., 21ST FLOOR <br> NEW YORK, NY 10017 | \$ $480,000$. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II if there is a noncash contribution.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Aggregate contributions | (d) <br> Type of contribution |
| 4 | BILL AND MELINDA GATES FOUNDATION 1551 EASTLAKE AVE. E SEATTLE, WA 98102 | \$ 1,209,731. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II if there is a noncash contribution.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Aggregate contributions | (d) <br> Type of contribution |
| 5 | BLACKBOARD, INC. <br> 1899 L STREET, NW, FIFTH FLOOR <br> WASHINGTON, DC 20036 | \$ 10,000. | Person X <br> Payroll $\square$ <br> Noncash $\square$$\$=\$ ~$  <br> (Complete Part II if there is a noncash contribution.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Aggregate contributions | (d) <br> Type of contribution |
|  |  | \$ | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II if there is a noncash contribution.) |



## EXPLANATION

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.

| FORM 990 | PART V-A OFFICER COMPENSATION FROM | STATEMENT | 4 |
| :--- | :---: | :---: | :---: |
|  | RELATED ORGANIZATIONS |  |  |


| OFFICER'S NAME | COMPENSATION | EMPLOYEE BENEFIT PLAN CONTRIBUTION | EXPENSE ACCOUNT |
| :---: | :---: | :---: | :---: |
| JUDITH A. RIZZO | 238,404. | 23,563. | 0. |
| NAME OF RELATED ORGANIZATION |  | EMPLOYER | ID NUMBER |
| UNIVERSITY OF NORTH CAROLINA <br> RELATIONSHIP BETWEEN ORGANIZATIONS |  | 56-61 | 72047 |
| SUPPORTING |  |  |  |
| OFFICER'S NAME | COMPENSATION | EMPLOYEE BENEFIT PLAN CONTRIBUTION | EXPENSE 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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    $04-18-08$

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