Return of Organization Exempt From Income Tax

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

lfi

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017 D Employer identification number Check if applicable C Name of organization Address EDUCATION SUCCESS FOUNDATION, INC. Name change 16-1557039 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 275 PINNACLE ROAD (585)334-8010 termin-ated 3,007,029. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ROCHESTER, NY 14623 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOSEPH M. MARTINO ່Yes ເX່ No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) ____ 501(c) () (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.EDUCATIONSUCCESSNETWORK.ORG **H(c)** Group exemption number ▶ K Form of organization; X Corporation Trust Association Other > L Year of formation: 1999 M State of legal domicile: NY Part I Summary Bnefly describe the organization's mission or most significant activities: TO BENEFIT AND SUPPORT THE Governance ACTIVITIES OF EDUCATION SUCCESS NETWORK, INC. AND ITS AFFILIATED Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) ø 0 Activities 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 13 6 Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 3,224,604 1,439,011. 8 Contributions and grants (Part VIII, line 1h) 1,172,131. 1,226,461. 9 Program service revenue (Part VIII, line 2g) 29,560 41,804. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,340. 132,901. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,840,177. 4,429,635. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,412,180 1,222,977.Grants and similar amounts paid (Part IX, column (A), lines 1:3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salanes, other compensation, employee benefits (Part IX, column (A); lines 5-10) 0. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 50,627. b Total fundraising expenses (Part IX, column (D), line 25) 1,129,721. 1,399,508. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,541,901. 2,622,485. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,887,734. 217,692. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 10,335,<u>8</u>11. 9,569,860. 20 Total assets (Part X, line 16) 210,209 1,707,265. 21 Total liabilities (Part X, line 26) 8,359,651. 8,628,546. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block 📆 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than office) is based on all information of which preparer has any knowledge Signature of officer Sign JOSEFH M. MARTINO, CEO Here S Type or print name and title 02 Print/Type preparer's name P01340545 Paid NANCY J. SNYDER Preparer BONADIO & CO., rirm's EIN 16-1131146 Firm's name Use Only 171 SULLY'S TRAIL, SUITE PITTSFORD, NY 14534 Phone no. (585) 381-1000 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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

Form **990** (2016)

Form	990 (2016) EDUCATION SUCCESS FOUNDATION, INC. 16-1557039 Page 2 till Statement of Program Service Accomplishments
Par	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO BENEFIT AND SUPPORT THE ACTIVITIES OF EDUCATION SUCCESS NETWORK,
	INC.AND ITS AFFILIATED ORGANIZATIONS, THE NORMAN HOWARD SCHOOL AND ENCOMPASS: RESOURCES FOR LEARNING, INC.
	ENCOMPASS: RESOURCES FOR BEARNING, INC.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 1,222,977. including grants of \$ 1,222,977.) (Revenue \$)
	GRANTS GIVEN TO NORMAN HOWARD SCHOOL THAT PROVIDED EDUCATIONAL SERVICES TO APPROX 120 LEARNING DISABLED STUDENTS. GRANTS GIVEN TO ENCOMPASS:
	RESOURCES FOR LEARNING, INC. THAT PROVIDED EDUCATIONAL SERVICES TO OVER
	2,580 STRUGGLING LEARNERS.
4b	(Code) (Expenses \$ 1,156,695. including grants of \$) (Revenue \$ 1,226,461.)
	PROVIDED USE OF THE BUILDING FOR THE STUDENTS OF NORMAN HOWARD SCHOOL, ENCOMPASS: RESOURCES FOR LEARNING, INC. AND AFFILIATED ORGANIZATIONS OF
	EDUCATION SUCCESS NETWORK, INC.
_	
4c	(Code) (Expenses \$
	
	Other program services (Describe in Schedule O)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4e	2 270 672
	Form 990 (2016)
63200	2 11-11-16 2

Form 990 (2016) EDUCATION SU
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1 77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		 v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ŀ		1
a	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			[<u>.</u> _
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			$\overline{}$
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		_~
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		-	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	\		ا
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 ^
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Ť
	complete Schedule G, Part III	19		X
		Form	990	(2016)

EDUCATION SUCCESS FOUNDATION, INC. Form 990 (2016) EDUCATION SUCCESS
Part IV Checklist of Required Schedules (continued)

			Yes	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	Ì Ì		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ł
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			х
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	200		X
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		}	1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		 -
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			J
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	000	х	l
	Note. All Form 990 filers are required to complete Schedule O	38		(2016)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>					
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			•					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 2								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	_3b_							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
ь	If "Yes," enter the name of the foreign country:	'							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			X					
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u> </u>					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	ЭC							
0 2	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_ va _							
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	a remark that the second secon								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.			Ì					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	\vdash					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_	— —	<u> </u>					
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l					
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:								
ıı a	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against			\					
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l					
	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand	<u> </u>		L					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ب	<u> </u>					
		Form	990	(2016)					

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

				[32]			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X			
<u>Sec</u>	tion A. Governing Body and Management						
	Colombia de la colombia del la colombia de la colombia del la colombia de la colo		Yes	No			
та	Enter the number of voting members of the governing body at the end of the tax year 9			ļ			
	If there are material differences in voting rights among members of the governing body, or if the governing						
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b						
	<u> </u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		х			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision						
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		$\frac{1}{X}$			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	-6		X			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
_	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
-	The governing body?	8a	X	l			
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х				
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>			
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approval by independent			1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		₩.				
a	The organization's CEO, Executive Director, or top management official	15a	X	-			
b	Other officers or key employees of the organization	15b		-			
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		l				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	400		x			
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		 ^			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1			
	exempt status with respect to such arrangements?	16b					
500	tion C. Disclosure	100	<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed NY						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le				
	for public inspection. Indicate how you made these available. Check all that apply.	4.144					
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial				
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records.						
	LAURA SEPPALA - 585-334-8010						
	275 PINNACLE RD., ROCHESTER, NY 14623						
63200	6 11-11-16	Form	990	(2016)			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one				i than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				n an tee)	compensation	compensation	amount of	
	week (list any	\vdash						from the	from related organizations	other compensation	
	hours for	Individual trustee or director		ĺ	Ì	Ļ	Ī	organization	(W-2/1099-MISC)	from the	
	related	68 0	age			nsate		(W-2/1099-MISC)	(organization	
	organizations	trust	al fu	l	a se	ad mc				and related	
	below	vidual	Institutional trustee	 ਛੂ	Key employee	Highest compensated employee	ner			organizations	
	line)	를	as a	office.	Æ,	聖曹	Богтег				
(1) RICHARD SANDS	1.00		İ	l	ĺ						
CHAIRMAN		X		X	L			0.	0.	0	
(2) WILLIAM NAPIER	1.00		l		 	 					
TREASURER		X		X	ᆫ	$oxed{oxed}$		0.	0.	0 .	
(3) JOSEPH M. MARTINO	4.00				l				4 4 4 4 4 4	40 504	
CEO/SECRETARY	36.00	X		X	<u> </u>	1	_	0.	161,767.	18,784	
(4) THOMAS KANE	1.00		l					1	_	_	
BOARD MEMBER		X	_		┞	Ļ	_	0.	0.	0.	
(5) COURTNEY SANDS WINSLOW	1.00				ł					_	
BOARD MEMBER	1 00	X		ļ	┡	L		0.	0.	0.	
(6) SUSAN F. SCHOTTLAND	1.00	ļ.,			1	ì			٥.		
BOARD MEMBER	1 00	X	_	<u> </u>	<u> </u>	<u> </u>		0.	0.	0	
(7) KENNETH A. MARVALD, ESQ.	1.00			x	ĺ	Į			0.		
VICE CHAIR	1.00	X	⊢	<u> </u>	╀	┝		0.	<u> </u>	0 .	
(8) ELAINE DEL MONTE	1.00	x						0.	0.	0.	
BOARD MEMBER (9) GINNY CLARK	1.00	₽	⊢	-	-	┝	-		<u> </u>	<u></u>	
BOARD MEMBER	1.00	X	İ					0.	0.	0.	
(10) PATRICIA DELL	2.00	A	\vdash	 —	⊢	⊢	_				
CPO	38.00	ł	Ì	x) o.	117,359.	14,428	
(11) SUSAN DIETER	1.00		╁╌	 	┢	-	-		11,700,50	21,120	
C00	39.00	1	 	X		ļ		0.	108,813.	12,443	
(12) LAURA SEPPALA	1.00	┢	\vdash	-	\vdash						
CFO	39.00	1		x			ļ	0.	66,989.	11,991	
	- 		\vdash		T						
		1									
			\vdash	T	t	t-	┢	<u> </u>		·	
		1	Ì	l	1]			
					T		_		· · _ · _ · _ · _ · _ · _ · _ · _ ·		
		1	1	1	1	1					
		1	Ī	Г		\top					
		1		l	1						
			ĺ								
		1		i	1	1	l			,	

Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	<u>ees</u>	<u>, an</u>	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	pox	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation	(E) Reportable compensation		an	(F) timate nount	
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	<u> </u>	from the organization (W·2/1099-MISC)	from related organization (W-2/1099-Mis	s	other compensatio from the organization and related organizations		e ion ed
	<u> </u>	_	_		<u> </u>	_							
		<u> </u>	<u> </u>	_	<u> </u>	_	L	<u> </u>					
		_	-	<u> </u>	ļ	╀	_						
		}	-	<u> </u>	-	\vdash	-						
		-	\vdash			\vdash							
		╀		<u> </u>									
1b Sub-total c Total from continuation sheets to Part \	/II, Section A						>	0.	454,9	0.		7,6	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to the	hose	list	ed a	bov	e) w	ho r	0 • eceived more than \$100	454,9 0,000 of reportab	_		7,6	<u>46.</u> 0
compensation from the organization 3 Did the organization list any former officer	director or tr	uste	e k	-V 61	mple	ovee	or	highest compensated e	mplovee on			Yes	No
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	such individual	1		•	•	•					3		Х
and related organizations greater than \$15Did any person listed on line 1a receive or	60,000? If "Yes	, * cc	mpi	ete :	Sch	edul	e J i	for such individual	-	,	4_	Х	
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedu	le J	for s	uch	per	son					5		X
Complete this table for your five highest c the organization. Report compensation for	•	_						n the organization's tax		npens			
(A) Name and busines	s address	N	ON	E				(B) Description of s	services	C	ompe	nsatio	n
						_	_	·					
			_										
					_								
							\dashv			-			
2 Total number of independent contractors		not I	ımıte	ed to		se li	stec	d above) who received in	nore than		-		
\$100,000 of compensation from the organ	iization 🚩	_	_	_		-					Form	990 (2016)

			Check if Schedule O con	tains a response	or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	а	Federated campaigns	1a		_			
Gra		b	Membership dues	1b]			
ts, (Am		С	Fundraising events	1c]			
ia i	1	d	Related organizations	1d		j			
E,E		е	Government grants (contribute	tions) 1e					
tio S T	1	f	All other contributions, gifts, gran						
캺			similar amounts not included abo	ove 11 1,	439,011.		•		1
P P	,	g	Noncash contributions included in lines	s 1a-1f \$		1			
္ မ		h	Total. Add lines 1a-1f			1,439,011.			
					Business Code				·
e	2	а	RENTAL INCOME			1,226,461.	1,226,461.		
Program Service Revenue	ı	b							
S Š		С							· · · · · · · · · · · · · · · · · · ·
am		d			·				<u> </u>
P		е		-					
Ţ.	,	f	All other program service reve	enue					-
		a	Total. Add lines 2a-2f			1,226,461.			-
	3		Investment income (including	dividends, inter		,	-		
			other similar amounts)	,,	•	21,773.			21,773
	4		Income from investment of ta	x-exempt bond r	-				
	5		Royalties						-
	_		· ioyamoo	(ı) Real	(ii) Personal				
	6 :	а	Gross rents	(7) 1.100.1	(ii) i cicciia.	1			
			Less rental expenses			1			
			Rental income or (loss)			1			
			Net rental income or (loss)			†	1		
			Gross amount from sales of	(i) Securities	(ii) Other				- "
	•	_	assets other than inventory	173,533.	13,350.	†	ļ		
	ı	h	Less: cost or other basis	7.0,000	10,000	-	İ		
		_	and sales expenses	145.484	21,368.				
		_	Gain or (loss)	28,049.		1			
			Net gain or (loss)	20,0150	0,020.	20,031.			20,031.
_			Gross income from fundraising	a avanta (not		20,0311		· .	20,031.
venue		a	including \$	of					ŀ
₹			contributions reported on line						
ا يّ			Part IV. line 18		i				
Other Re		h	Less' direct expenses	a b		ł			
ნ			Net income or (loss) from fund	_		f			
			Gross income from gaming a			· -	 	· · · · ·	
		u	Part IV, line 19						
	,	h	Less: direct expenses	, a b		1			
			Net income or (loss) from gan	•		1			
			Gross sales of inventory, less	-					+
	10	a	and allowances		1				
		h	Less: cost of goods sold	a b		•	[1
			Net income or (loss) from sale			1	}		1
- 1		·	Miscellaneous Revenu		Business Code		-		+
ŀ	11 :	2	ABUIDS	1e	900099	132,901.			132,901.
			OTHER THOUSE		10000	132,301.			134,301.
	'	b							
	'	ن	All other revenue						
		d	All other revenue	-	<u> </u>	132,901.	-		
		e	Total. Add lines 11a-11d Total revenue. See instructions.	-		2,840,177.	1 225 151	0	174 705
	12		Total leveline. See monacuons.		<u> </u>	m, 0 = 0 , 1 / / •	H,440,401.		174,705.

Form 990 (2016) EDUCATION SUC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a respor				X					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	1,222,977.	1,222,977.							
2	Grants and other assistance to domestic		-							
	ındıvıduals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salanes and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes				_ 					
11	Fees for services (non-employees)									
а	Management	4 207								
b	Legal	4,307.		4,307.						
С	Accounting	17,643.		17,643.						
ď	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	523,437.	370,437.	153,000.						
	column (A) amount, list line 11g expenses on Sch O.)	50,627.	370,437.	155,000.	50,627.					
12	Advertising and promotion	13,548.		13,548.	30,027.					
13	Office expenses	13,340.		13,340.						
14	Information technology									
15	Royalties	295,429.	295,429.							
16 17	Occupancy Travel									
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	12,715.	12,715.							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	359,664.	359,664.							
23	Insurance	58,641.	56,608.	2,033.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	EQUIPMENT REPAIRS AND M	61,842.	61,842.							
b	OTHER INSTRUCTIONAL	1,655.	<u>, , </u>	1,655.						
c										
d										
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	2,622,485.	2,379,672.	192,186.	50,627.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here following SOP 98-2 (ASC 958-720)	<u>L</u>								

Par.	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	534,222.	2	1,012,391
-	3	Pledges and grants receivable, net	2,279,645.	3	2,224,176
	4	Accounts receivable, net	2,186.	4	16,475
- 1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
- [Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined und	er		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut	ang		
		employers and sponsoring organizations of section 501(c)(9) voluntary	, , , , , , , , , , , , , , , , , , ,		
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L	\	6	
	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	243,334.	9	235,609
		Land, buildings, and equipment cost or other		Ť	
		basis Complete Part VI of Schedule D 10a 9,489,00	7.		
	Ь	Less: accumulated depreciation 10b 3,853,00		10c	5,635,999
	11	Investments - publicly traded securities	713,032.	11	879,926
	12	Investments - other securities See Part IV, line 11	279,969.	12	211,890
	13	Investments - program-related. See Part IV, line 11	2,3,3030	13	
ı	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	394,740.	15	119,345
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,569,860.	16	10,335,811
=	17	Accounts payable and accrued expenses	203,957.	17	270,581
	18	Grants payable and accided expenses	203,3370	18	2,0,301
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	·		21	
_	22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	22	• •	' 		
	1	key employees, highest compensated employees, and disqualified persons	1		
		Complete Part II of Schedule L	837,245.	22	837,245
	23	Secured mortgages and notes payable to unrelated third parties	037,243.	23	037,243
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third			1
		parties, and other liabilities not included on lines 17-24) Complete Part X of	169,007.	05	599,439
	۱	Schedule D	1,210,209.	25	1,707,265
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X an		26	1,707,203
	1	, , ,	a		
Net Assets or Fund Balances	l	complete lines 27 through 29, and lines 33 and 34.	6,080,006.		6,404,370
בים בים	27	Unrestricted net assets	2,279,645.	27	2,224,176
	28	Temporarily restricted net assets	2,213,043.	28	2,224,170
<u></u>	29	Permanently restricted net assets	უ }i	29	
ב		Organizations that do not follow SFAS 117 (ASC 958), check here	-		
Ö S	۱	and complete lines 30 through 34.			
Set	30	Capital stock or trust principal, or current funds		30	 _
Š	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
Q	32	Retained earnings, endowment, accumulated income, or other funds	0 350 654	32	0 600 546
~	33	Total net assets or fund balances	8,359,651.	33	8,628,546
	34	Total liabilities and net assets/fund balances	9,569,860.	34	10,335,811

632011 11-11-16

Form	990 (2016) EDUCATION SUCCESS FOUNDATION, INC.	_16-	1 <u>5</u> 57039	Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,84		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,62		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,35		
5	Net unrealized gains (losses) on investments	_5		1, 2	03.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	l			
	column (B))	10	8,62	8,5	46.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			T	X
_	Accounting method used to prepare the Form 990: Cash X Accrual Other		r—	Yes	No
1					
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		1	x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> 2a</u>	├ ──	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1]
	separate basis, consolidated basis, or both:		l l	į .	l
	Separate basis Consolidated basis Both consolidated and separate basis			X	ļ
D	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	 ^ -	├
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate) Dasis	,		
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		i	1	ļ
_				ĺ	ľ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	; audit		x	1
	review, or compilation of its financial statements and selection of an independent accountant?	. alla. C		<u>^</u>	├─
20	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
Jä	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	yie Au	αп За	1	x
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	rod av		┼─	+
U	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	eu au	36		1
	or audits, explain why in schedule of and describe any steps taken to undergo such addits			, 000	(2016)
			Forn	1000	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Employer identification number

EDUCATION SUCCESS FOUNDATION, INC. 16-1557039 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) B An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			Į.	i		
	ınclude any "unusual grants ")	3,881,977.	1,271,656.	2,080,510.	3,224,604.	1,439,011.	11,897,758.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			ļ			
	or expended on its behalf						
3	The value of services or facilities		Ī				
	furnished by a governmental unit to		ļ	ļ			
	the organization without charge						
4	Total. Add lines 1 through 3	3,881,977.	1,271,656.	2,080,510.	3,224,604.	1,439,011.	11,897,758.
5	The portion of total contributions		i				
	by each person (other than a						
	governmental unit or publicly		İ	ľ			1
	supported organization) included	,	ļ	į			
	on line 1 that exceeds 2% of the			i			
	amount shown on line 11,			1			
	column (f)						7,132,316.
6	Public support. Subtract line 5 from line 4						4,765,442.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	3,881,977.	1,271,656.	2,080,510.	3,224,604.	1,439,011.	11,897,758.
8	Gross income from interest,						
	dividends, payments received on	ļ	[l	
	securities loans, rents, royalties						
	and income from similar sources	15,681.	17,152.	41,235.	25,864.	21,773.	121,705.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			<u> </u>			
10	Other income Do not include gain						
	or loss from the sale of capital			ľ			
	assets (Explain in Part VI)			<u> </u>	3,340.	132,901.	136,241.
11	Total support. Add lines 7 through 10						12,155,704.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,696,775.
13	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publ	 _					
14	Public support percentage for 2016 (I	ine 6, column (f) dr	vided by line 11, co	olumn (f))		14	39.20 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	38.76 %
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ [X]
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances tes	t - 2016. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop he	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and s	top here. Explair	in Part VI how the	·
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	anızatıon	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	ind see instruction	s >
		·			Sche	dule A (Form 990	or 990-EZ) 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not]		1
	ınclude any "unusual grants.")			_			
2	Gross receipts from admissions,	-					
	merchandise sold or services per- formed, or facilities furnished in					}	
	any activity that is related to the		\		1	· ·	
	organization's tax-exempt purpose		Ĺ				
3	Gross receipts from activities that						,
	are not an unrelated trade or bus-				1		
	iness under section 513						
4	Tax revenues levied for the organ-			_	-		
	ızatıon's benefit and either paid to				1		
	or expended on its behalf	Ĺ					<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to			ļ	1		
	the organization without charge						
6	Total. Add lines 1 through 5		!				[
7:	Amounts included on lines 1, 2, and				-		
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received	<u> </u>					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		İ	Ì	1		
	amount on line 13 for the year	1		1		}	
	Add lines 7a and 7b						
8	Public support. (Subtractine 7c from line 6.)						
	ction B. Total Support				<u> </u>		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources					_	
l	Unrelated business taxable income	1	1	1	1	ì	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business	ļ	ļ	į		ļ	ļ
	activities not included in line 10b, whether or not the business is	İ					
	regularly carried on						
12	Other income Do not include gain]			1		
	or loss from the sale of capital assets (Explain in Part VI)		<u> </u>		<u> </u>	<u> </u>	<u></u>
13	Total support. (Add lines 9, 10c, 11, and 12)	<u></u>	<u> </u>		1	<u>.</u>	<u> </u>
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organi:	zation,
	check this box and stop here						<u>. ▶</u> ∟
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2016 (• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
_	Public support percentage from 2015					16	%
_	ction D. Computation of Inve					, ,	
17	Investment income percentage for 20	•		ne 13, column (f))		17	%
18	, ,					18	%
19	a 33 1/3% support tests - 2016. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ind stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	
1	b 33 1/3% support tests - 2015. If the	organization did	not check a box or	n line 14 or line 19	la, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualifies	as a publicly supp	oorted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			<u> </u>
6320	23 09-21-16				Sch	edule A (Form 99	0 or 990-EZ) 2016

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action. (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	res	NO
, 1		
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2		
3a	į	
3b		
20		
_3c		
4a		
4b		
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4c		
5a	-	_
5b		
5c		
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6		
7		
8		
9a		!
30		
9b		
9c		
10a		
10b		
990 or 99	0-EZ	2016

	Wightiply line 5 by .035			
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated Ty	pe III supporting orga	anization (see

3

5

Schedule A (Form 990 or 990-EZ) 2016

 Discount claimed for blockage or other factors (explain in detail in Part VI).

Subtract line 2 from line 1d

instructions)

Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,

	dule A (Form 990 or 990-EZ) 2016 EDUCATION SUC	CESS FOUNDATIO	N, INC. 1	6-1557039 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		<u> </u>	Current Year
1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4_	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	 		
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2016.			
<u>a</u>				<u> </u>
ь				
	From 2013		 _	
	From 2014			
	From 2015			
	Total of lines 3a through e			
_	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if	-	<u> </u>	
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
•	and 4c			
8	Breakdown of line 7:			
a	Distance			
	Excess from 2013			
	Excess from 2014	 		
	Excess from 2015			
	Excess from 2016			
			L	<u> </u>

											MOITA			16-15	57039	Page 8
Part \	Par	t IV, Sec	tion A,	lines 1,	2, 3b, 3	c, 4b, 4d	c, 5a, 6, 9	a, 9b, 9	9c, 11a, 1	1b, and	d 11c; Part	IV, Secti	on B, lines	or 17b; Part II	I, line 12, IV, Section	 п С.
	Sec	tion D, li e instruc	nes 5,	6, and 8	nes 2 a i; and P	nd 3; Pa art V, Se	ection E, li	nes 2,	5, and 6.	a, 2b, Also co	omplete this	Part V, s part for	ine 1; Part any additi	V, Section B onal informat	line 1e, Pa ion. 	art V,
FORM	990	, sci	HEDU	LE A	, P	ART I	Γ									
THE	PUBL	IC CI	IARI	TY S	TAT	US OI	THE	OR	GANIZ	ATIC	ON LIS	TED	IN SCH	EDULE	А ТО	
FORM	990	WAS	UPD	ATEL	IN	THE	CURR	ENT	YEAR	то	матсн	THE	STATU	S NOTE	DIN	
THE	MOST	RECI	ENT	IRS	DET	ERMI	OLTAN	N L	ETTER	•						
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							- -									<u></u>
																

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 16 Open to Public Inspection

Name of the organization

EDUCATION SUCCESS FOUNDATION, INC.

Employer identification number 16-1557039

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferning
	ımpermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
Da	conservation easements. t III Organizations Maintaining Collections o	of Art Historical Transuras or (Other Similar Accets
rai	Complete if the organization answered "Yes" on Form		Julei Sillillai Assets.
		~ ;	
18	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	•
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that described under SEAS 115 (A)		
D	If the organization elected, as permitted under SFAS 116 (As	•	
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		. •
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1	i to these items:	~ ¢
	Revenue included on Form 990, Part VIII, line 1	-	~
1 114	Assets included in Form 990, Part X	o for Form 200	Schodulo D (Form 200) 2016

632051 08-29-16

Sche		ON SUCCESS				1	<u>6-15</u>	57039	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, o	r Other	Simila:	r Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sig	nificant us	se of its	collection if	tems
	(check all that apply)								
а	Public exhibition	d	Loan or exch	nange progran	ns				
b	Scholarly research	е	U Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization	n's exem	pt purpos	e in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	r sımılar a	assets	_	_	
	to be sold to raise funds rather than to be ma						L_	Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered "\	es" on F	Form 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.	_						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	lary for contribution	s or other ass	ets not i	ncluded	_	,	_
	on Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance			•		1f			
	Did the organization include an amount on Fe	•	•			y?		」Yes	<u></u> No
_	If "Yes," explain the arrangement in Part XIII.								<u></u>
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part I					
	,	(a) Current year	(b) Prior year	(c) Two years	 -	d) Three yea		(e) Four ye	
1a	Beginning of year balance	1,100,349.	1,095,349.	1,090		<u>-</u>	4,049.	 _	05,626.
b	Contributions	5,000.	5,000.	5	,000.		6,300.		78,423.
С	Net investment earnings, gains, and losses								
d	Grants or scholarships				$-\bot$				
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
9	End of year balance	1,105,349.	1,100,349.	1,095	,349.	1,09	0,349.	1,0	84,049.
2	Provide the estimated percentage of the curr	rent year end balanc	· ·	i)) held as					
	Board designated or quasi-endowment		_%						
	Permanent endowment ► 100.00	%							
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administer	ed for the	e organiza	tion	F	
	by:								es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
	If "Yes" on line 3a(ii), are the related organiza	•						3b	
4 Da	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds						
Pai) Dank IV I in a dda. C	F 000	D-4 V I	10			
	Complete if the organization answere							105 :	
	Description of property	(a) Cost or of				cumulated	'	(d) Book v	alue
_		basis (investn		·	аері	reciation		1 F O	,518.
	Land			8,518. 0,109.	2 0	21,90	- -	5,308	
	Buildings		7,13	0,103.	3,0	41,50	- • 	2,300	, 400.
	Leasehold improvements	<u> </u>	- 	1 910		20 EE	_	23	,263.
	Equipment	 		1,818. 8,562.		28,55			, 203.
	Other Add lines 1a through 1e. (Column (d) must e	ougl Form 000, C=+				2,55		5,635	
Lota	ı. Add imes 12 mroudn 1ê. (Column (d) Must e	циангунн 990, Рап	v. column (B), line 1	UC I			■	J, UJJ,	,ンシフ・

Schedule D (Form 990) 2016

632053 08-29-16

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

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

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 EDUCATION SUCCESS FOUNDAT	ION, IN	rc.	16-3	1557039	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial States	nents With	Revenue per F	letur n		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a				
1	Total revenue, gains, and other support per audited financial statements			1	2,891,	380.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a	51,203.			
b	Donated services and use of facilities	2b		1 (
С	Recovenes of prior year grants	2c]		
d	Other (Describe in Part XIII.)	2d] {		
е	Add lines 2a through 2d			2e		203.
3	Subtract line 2e from line 1			3	2,840,	177.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1		
b	Other (Describe in Part XIII.)	4b		↓		
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,840,	<u>177.</u>
Par	t XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	m.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a		, ,		
1	Total expenses and losses per audited financial statements			1	2,622,	485.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		\ \		
а	Donated services and use of facilities	2a		1 1		
Ъ	Prior year adjustments	2b		i i		
С	Other losses	2c		4		
d	Other (Describe in Part XIII)	_2d		↓		•
е	Add lines 2a through 2d			2e		405
3	Subtract line 2e from line 1			3	2,622	485.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4 1		
Ь	Other (Describe in Part XIII.)	4b				0
_	Add lines 4a and 4b			4c	2 (22	<u> 0.</u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.			5	2,622	405.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			4; Part	X, line 2; Part)	(I,
						
					<u>-</u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

2016 Open to Public Inspection

OMB No 1545-0047

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

Name of the organization EDUCATION SUCCESS	SUCCESS	FOUNDATION,	INC.				Employer identification number $16-1557039$
Part General Information on Grants and Assistance	ind Assistance						
)	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use or grant tunds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	toring the use of grant zations and Domesti	c Governments. C	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addit	ional space is need	led.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORMAN HOWARD SCHOOL			1		,		
275 PINNACLE ROAD							
ROCHESTER, NY 14623	11-9904502	501(C)(3)	252,884.	0.	PMV		GENERAL SUPPORT
ENCOMPASS: RESOURCES FOR LEARNING,							
ROCHESTER, NY 14623	20-1612594	501(C)(3)	385,356.	0.	FMV		GENERAL SUPPORT
					!		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	ne line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

Page 2 (f) Description of noncash assistance 16-1557039 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I (Form 990) (2016) EDUCATION SUCCESS FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. FOUNDATION REVIEWS THE BUDGET OF THE NORMAN HOWARD SCHOOL AND ENCOMPASS: (d) Amount of non-cash assistance RESOURCES FOR LEARNING, INC., WHICH INCLUDES BOARD APPROVAL. (c) Amount of cash grant EDUCATION SUCCESS FOUNDATION, (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

Compensated Employees

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

► Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization

EDUCATION SUCCESS FOUNDATION, INC. Employer identification number 16-1557039

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	\ \ \		S
	First-class or charter travel			Į
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1 1		Í
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		1	i
	establish compensation of the CEO/Executive Director, but explain in Part III			ļ
	Compensation committee Written employment contract		İ	
	Independent compensation consultant Compensation survey or study	ì	ł	
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	1	ŀ	1
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	Į I		
	contingent on the revenues of	l i	i	1
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III		ļ	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1	1	}
	contingent on the net earnings of:	-	İ	
а	The organization?	6a	L	X
þ	Any related organization?	6b	<u> </u>	X
	If "Yes" on line 6a or 6b, describe in Part III.	-	1]
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	{	ł	l
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	 	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		İ	
	Regulations section 53.4958-6(c)?	9	<u> </u>	
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	J (Forr	n <mark>99</mark> 0	2016

Schedule J (Form 990) 2016

16-1557039

Page 2

INC. EDUCATION SUCCESS FOUNDATION,

Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation	1-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		ın column (B) reported as deferred on prior Form 990
(1) JOSEPH M. MARTINO	€		0	0	0	0.		0
CEO/SECRETARY	⊞	161,767.	0	0.	9,636.	9,148.	180,551.	0
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization EDUCATION SUCCESS FOUNDATION, INC.	Employer identification number 16-1557039
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
ORGANIZATIONS, THE NORMAN HOWARD SCHOOL AND ENCOMPASS: R	ESOURCES FOR
LEARNING, INC.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE DRAFT 990 IS E-MAILED TO ALL BOARD MEMBERS. THE MEMB	ERS THEN HAVE THE
OPPORTUNITY TO RESPOND AT THE FOLLOWING BOARD MEETING PR	IOR TO FILING WITH
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY	THE AUDIT
COMMITTEE. A REPORT, DISCUSSING ALL CONFLICTS, IS PRESEN	TED TO AND APPROVED
BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF OFFICERS OF EDUCATION SUCCESS FOUNDA	TION, INC. AND
OTHER KEY EMPLOYEES IS REVIEWED BY THE HR COMMITTEE. THI	S COMMITTEE REVIEWS
COMPARATIVE SALARY INFORMATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
A COPY OF THE 990 IS AVAILABLE AT EACH LOCATION. A COPYL	NG FEE IS CHARGED
FOR EACH REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	370,437.

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization EDUCATION SUCCESS FOUNDATION, INC.	Employer identification number 16-1557039
MANAGEMENT AND GENERAL EXPENSES	153,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	523,437.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	523,437.
FORM 990, PART XII, LINE 2C	
NO CHANGES HAVE BEEN MADE TO THE OVERSIGHT PROCESS IN THE	CURRENT YEAR.

2016	Inspection	Employer identification number 16-1557039
Related Organizations and Unrelated Partnerships ► Complete If the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.	▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.	EDUCATION SUCCESS FOUNDATION, INC.
SCHEDULE R (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a)	(g)	9	<u>©</u>	(e)	£
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
133 HOOVER DRIVE, LLC - 16-1557039	SUPPORT THE CHARITABLE AND				
275 PINNACLE RD	EDUCATIONAL ACTIVITIES OF				EDUCATION SUCCESS
ROCHESTER, NY 14623	THE FOUNDATION	NEW YORK	693,063.	3,102,799.	3,102,799.FOUNDATION, INC.
E2 CHARTER PROPERTIES, LLC - 16-1557039	SUPPORT THE CHARITABLE AND				
275 PINNACLE RD	EDUCATIONAL ACTIVITIES OF				EDUCATION SUCCESS
ROCHESTER, NY 14623	THE FOUNDATION	NEW YORK	130,601.	533,155.	533,155.FOUNDATION, INC.
1001 LAKE AVENUE, LLC - 16-1557039	SUPPORT THE CHARITABLE AND				
275 PINNACLE RD	EDUCATIONAL ACTIVITIES OF				EDUCATION SUCCESS
ROCHESTER, NY 14623	THE FOUNDATION	NEW YORK	172,936.	2,093,393.	2,093,393.FOUNDATION, INC.
			•		
Identification of Belated Tax-Exempt Organizations, Compl	ations Complete if the organization ar	ate if the organization answered "Yes" on Form 990. Part IV line 34 because it had one or more related tax-exempt	d IV line 34 because	it had one or more	related tax-exempt

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(a)	(q)	(c)	Ð	(0)	(1)	(g)	, PAX13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(C) Yo)
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	Ŷ
THE NORMAN HOWARD SCHOOL - 11-9904502							
275 PINNACLE ROAD	EDUCATION SUPPORT AND				EDUCATION SUCCESS		
ROCHESTER, NY 14623	SERVICES	NEW YORK	501(C)	LINE 2	NETWORK, INC.		×
EDUCATION SUCCESS NETWORK, INC 26-0181589	-						
275 PINNACLE ROAD	EDUCATION SUPPORT AND						
ROCHESTER, NY 14623	SERVICES	NEW YORK	501(C)	LINE 12B, II N/A	N/A		×
ENCOMPASS: RESOURCES FOR LEARNING, INC							
20-1612594, 275 PINNACLE ROAD, ROCHESTER, NY	EDUCATION SUPPORT AND				EDUCATION SUCCESS	_	
14623	SERVICES	NEW YORK	501(C)	LINE 7	NETWORK, INC.		×
						_	

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

Schedule R (Form 990) 2016

16-1557039

Schedule R (Form 990) 2016 EDUCATION SUCCESS FOUNDATION, INC.

16-1557039

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

organizations treated as a partnership duning the tax year	Thership duning the ta	хуваг					-	;		<u></u>	
(a)	<u> </u>	છ]	<u>ම</u>	e		_	(B)	Ē	3	3	8,
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	e Share of total income der		~ <u>`</u> ğ	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General of Percentage managing ownership pertner? Yes No
											
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	janizations Taxable a poration or trust durin	is a Corp	oration or Trust. Co	omplete if the organi	zation answered	"Yes" on Fon	m 990, Part IV	/, line 34	because it had	one or m	ore related
(a) Name, address, and EIN of related organization	Z c	Print	(b) Primary activity	(c) Legal domicile Direct or (state or foreign country)	(d) Direct controlling Tyre entity	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income		(g) Share of Peend-of-year o	(h) Percentage ownership	Section 512(bX13) controlled entity?
				_							
										ļ	
632162 09-06-18				37					Schedu	le R (For	Schedule R (Form 990) 2016

Page 3

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

				ľ	_	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	4			1	Yes	2
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty	ממופח סוממיוובמווטווא וואופת	ווירמוט וויש נ	1a	1	×
b Gift, grant, or capital contribution to related organization(s)				1b	X	
c Gift, grant, or capital contribution from related organization(s)				1c		×
d Loans or loan guarantees to or for related organization(s)				14	_	×
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				¥	-	×
g Sale of assets to related organization(s)				19	_	×
h Purchase of assets from related organization(s)				를	7	×
 Exchange of assets with related organization(s) 				;=	-	×
July Lease of facilities, equipment, or other assets to related organization(s)				=	×	
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
l Performance of services or membership or fundraising solicitations for related organization(s)	Janization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			13		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			12	Н	×
 Sharing of paid employees with related organization(s) 				9	×	
					_	:
 Reimbursement paid to related organization(s) for expenses 			_	=	1	∡ :
 Reimbursement paid by related organization(s) for expenses 				루	\dagger	×
r Other transfer of cash or property to related programmetron(s)				÷		×
				= 4	\dagger	ı ×
If the answer to any of the above is "Yes." see the instructions for	who must complete the	is line including covered	information on who must complete this line including covered relationships and transaction thresholds		1	
	ווייים ווייים ווייים ווייים ווייים ווייים ווייים ווייים ווייים ווייים ווייים ווייים ווייים ווייים ווייים ווייים	Dologo Billionoli II (oli il	orangi si ilba and transaction tingsi oras.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	plved		
(1) ENCOMPASS: RESOURCES FOR LEARNING, INC.	В	385,356. FMV	FMV			
(2) THE NORMAN HOWARD SCHOOL	ф	252,884.FMV	FMV			1
(3) THE NORMAN HOWARD SCHOOL	D	360,000.FMV	FMV]
(4) EDUCATION SUCCESS NETWORK, INC.	0	522,900.	522,900.CONTRACT			
(6) ENCOMPASS: RESOURCES FOR LEARNING, INC.	J.	151,098. FMV	FMV			
(9)						I
632163 09-06-16	38	i	Schedule R (Form 990) 2016	(Form	990) 2	919

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

	(k) Percentage ownership							İ																						Schedule R (Form 990) 2016
Ī	(j) neral or naging rtner?	Yes No			I																									Form
Ì	O Gen	اقرا			 ╀		_	_		_	_	_		_	_	-	_	_	Ļ		_	괵			 	-	_	_	4	e R (
	(i) (ii) (k) Code V-UBI General or Percentage amount in box 20 managing of charling k2 partners ownership	(Form 1065)																							 					Schedu
	Dispropor- tionate	Yes No			 Ļ				_			_	_						 _			_			 	_			_	
ł		ع			 ╁		_	-	-				_			 -			 -				-		 	-				
	(g) Share of end-of-year	assets		- ,																										
	(f) Share of total	income																								 				
	(3) Sec	2	_		 +				-	_			-			 \vdash			 ┢	_	-			-	 _	\vdash	_	_		
	(e) Are all partners sec 501(c)(3)	Yes No				_																						_		
stment partnerships	Predominant income (related, for the particular decominant income particular decominant production for the particular d	sections 512-514)																												
sion for certain inve	(c) Legal domicile (state or foreign	country)												_				, -		-										
nuctions regarding exclus	(b) Pnmary activity																													
that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity																													

Schedule R	(Form 990) 2016	EDUCATION	SUCCESS	FOUNDATION,	, INC.	16~1557039 _F	Page 5
Part VII	(Form 990) 2016 Supplemental Info	rmation.					
	Provide additional inform	nation for responses t	to auestions on S	Schedule R. See instruc	ctions		
							
							
							
							
							
							
							
							-
							
	 						
		 				 	
							
							