

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
 benefit trust or private foundation)

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

**A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> FOUNDATION FOR ECONOMIC EDUCATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 SOUTH BROADWAY City or town, state or country, and ZIP + 4 IRVINGTON, NY 10533 <b>F Name and address of principal officer:</b> CARL OBERG 30 SOUTH BROADWAY, IRVINGTON, NY 10533	<b>D Employer identification number</b> 13-6006960 <b>E Telephone number</b> (914) 591-7230 <b>G Gross receipts \$</b> 5,656,862. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L Year of formation:</b> 1946 <b>M State of legal domicile:</b> NY
<b>J Website:</b> WWW.FEE.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO OFFER THE MOST CONSISTENT CASE FOR THE "FIRST PRINCIPLES" OF FREEDOM: THE SANCTITY OF PRIVATE</b> 2 Check this box <input type="checkbox"/> 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) ..... <b>3</b> <span style="float:right">11</span> 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right">0</span> 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... <b>5</b> <span style="float:right">16</span> 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right">0</span> 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right">24,654.</span> b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <span style="float:right">0.</span>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... <b>2,430,003.</b> <span style="float:right"><b>Prior Year</b></span> 9 Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <span style="float:right"><b>3,706,000.</b></span> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>76,093.</b> <span style="float:right"><b>0.</b></span> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>10,636.</b> <span style="float:right"><b>54,032.</b></span> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>2,516,732.</b> <span style="float:right"><b>55,377.</b></span>	<b>Current Year</b>	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>47,076.</b> 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>983,428.</b> 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>212,239.</b> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <b>1,800,705.</b> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>1,895,594.</b> 19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>2,831,209.</b> <span style="float:right"><b>2,848,435.</b></span> <span style="float:right"><b>&lt;314,477.&gt;</b></span> <span style="float:right"><b>966,974.</b></span>		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... <b>4,778,165.</b> <span style="float:right"><b>Beginning of Current Year</b></span> 21 Total liabilities (Part X, line 26) ..... <b>309,433.</b> <span style="float:right"><b>End of Year</b></span> 22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>4,468,732.</b> <span style="float:right"><b>6,256,963.</b></span> <span style="float:right"><b>5,811,970.</b></span>		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer CARL OBERG, EXECUTIVE DIRECTOR Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name GEORGE P. PRISTOURIS Preparer's signature Firm's name ▶ KASS & JAFFE, CPA'S, PC Firm's address ▶ 1025 WESTCHESTER AVE. WHITE PLAINS, NY 10604	Date	Check if self-employed <input type="checkbox"/> PTIN Firm's EIN ▶ Phone no. 914-948-7800

COPY

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: NONE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,307,958. including grants of \$ 4,993. ) (Revenue \$ ) SEMINARS & LECTURES - PROMOTING THE PHILOSOPHY OF FREE MARKET ECONOMICS AND THE IMPORTING OF GENERAL EDUCATION RELATING TO ECONOMIC FREEDOM.

4b (Code: ) (Expenses \$ 599,584. including grants of \$ ) (Revenue \$ ) BOOKS & PUBLICATIONS - THE DISSEMINATION OF THE RESULTS OF RESEARCH AND STUDY IN THE FIELD OF ECONOMICS AND THE RELATED BRANCHES OF SOCIAL SCIENCE.

4c (Code: ) (Expenses \$ 343,592. including grants of \$ ) (Revenue \$ ) WEBSITE OUTREACH - PROMOTING THE PHILOSOPHY OF FREE MARKET ECONOMICS AND EDUCATION.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,251,134.



**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11			
b Enter the number of voting members included in line 1a, above, who are independent		0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Does the organization have members or stockholders?				X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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				X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NY, NJ**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE FOUNDATION FOR ECONOMIC EDUCATI - 914-591-7230**  
**30 SOUTH BROADWAY, IRVINGTON, NEW YORK, IRVINGTON, NY 10533**

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

Check if Schedule O contains a response to any question 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HARRY LANGENBERG VICE CHAIRMAN, TRUSTEE	2.00	X						0.	0.	0.
WAYNE OLSON CHAIRMAN, TRUSTEE	10.00	X						0.	0.	0.
EDWARD KOPKO TRUSTEE	1.00	X						0.	0.	0.
FRAYDA LEVY TRUSTEE	1.00	X						0.	0.	0.
ROGER REAM SECRETARY, TRUSTEE	2.00	X		X				0.	0.	0.
DON SMITH TRUSTEE	1.00	X						0.	0.	0.
JEFFREY GIESEA TREASURER, TRUSTEE	4.00	X		X				0.	0.	0.
WILLIAM DUNN TRUSTEE	1.00	X						0.	0.	0.
ETHELMAE HUMPHREYS TRUSTEE	1.00	X						0.	0.	0.
PETER BOETTKE TRUSTEE	1.00	X						0.	0.	0.
KRIS ALAN MAUREN TRUSTEE	1.00	X						0.	0.	0.
CARL OBERG EXECUTIVE DIRECTOR(CURRENT)	40.00			X	X			61,166.	0.	0.
LARRY REED PRESIDENT	40.00			X	X	X		147,339.	0.	0.
LEE CURRIE EXECUTIVE DIRECTOR (FORMER)	40.00						X	55,162.	0.	0.





**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a					
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d					
	e	Government grants (contributions) .....	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	3706000.				
	g	Noncash contributions included in lines 1a-1f \$ .....		31,768.				
	h	<b>Total.</b> Add lines 1a-1f .....		3706000.				
Program Service Revenue	2 a	.....	Business Code					
	b	.....						
	c	.....						
	d	.....						
	e	.....						
	f	All other program service revenue .....						
	g	<b>Total.</b> Add lines 2a-2f .....						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		60,148.			60,148.	
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a	Gross Rents .....	(i) Real	(ii) Personal				
		b	Less: rental expenses .....					
		c	Rental income or (loss) .....					
		d	Net rental income or (loss) .....					
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses .....					
		c	Gain or (loss) .....					
		d	Net gain or (loss) .....			<6,116.>	<6,116.>	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
		b	Less: direct expenses .....	b				
		c	Net income or (loss) from fundraising events .....					
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a					
b		Less: direct expenses .....	b					
c		Net income or (loss) from gaming activities .....						
10 a	Gross sales of inventory, less returns and allowances .....	a						
	b	Less: cost of goods sold .....	b					
	c	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue			Business Code					
11 a	S-CORPORATION K-1, NET	310000		24,654.		24,654.		
b	BOOK ROYALTIES	900099		24,315.			24,315.	
c	MISCELLANEOUS	900099		5,890.	5,890.			
d	All other revenue .....	900099		518.	518.			
e	<b>Total.</b> Add lines 11a-11d .....			55,377.				
12	<b>Total revenue.</b> See instructions .....			3815409.	292.	24,654.	84,463.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21	4,993.	4,993.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	489,024.	395,427.	61,071.	32,526.
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 salaries and wages	298,704.	232,708.	12,581.	53,415.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	160,120.	127,680.	14,971.	17,469.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	7,042.	6,867.	175.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	138,447.	110,397.	12,946.	15,104.
17 Travel	148,477.	91,086.	47,582.	9,809.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,070.	64,645.	7,579.	8,846.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a STUDENT SEMINARS	476,802.	476,802.		
b PROFESSIONAL FEES	333,750.	225,156.	107,299.	1,295.
c OUTSIDE SERVICES	332,576.	243,117.	53,402.	36,057.
d REPAIRS & MAINTENANCE	124,803.	99,518.	11,669.	13,616.
e POSTAGE & SHIPPING	53,110.	34,062.	12,898.	6,150.
f All other expenses	199,517.	138,676.	42,889.	17,952.
25 Total functional expenses. Add lines 1 through 24f	2,848,435.	2,251,134.	385,062.	212,239.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	46,548.	1	338,122.
	2	Savings and temporary cash investments .....	129,524.	2	269,677.
	3	Pledges and grants receivable, net .....	73,219.	3	301,495.
	4	Accounts receivable, net .....		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	30,146.	8	32,812.
	9	Prepaid expenses and deferred charges .....	113,490.	9	126,181.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,028,696.		
	10b	Less: accumulated depreciation .....	1,750,039.		
	10c		341,486.	10c	278,657.
	11	Investments - publicly traded securities .....	3,058,725.	11	3,439,546.
	12	Investments - other securities. See Part IV, line 11 .....	891,600.	12	1,015,800.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	93,427.	15	454,673.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,778,165.	16	6,256,963.	
Liabilities	17	Accounts payable and accrued expenses .....	87,661.	17	141,464.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	221,772.	25	303,529.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	309,433.	26	444,993.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	2,745,818.	27	3,812,340.
	28	Temporarily restricted net assets .....	248,203.	28	514,530.
	29	Permanently restricted net assets .....	1,474,711.	29	1,485,100.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	4,468,732.	33	5,811,970.	
34	<b>Total liabilities and net assets/fund balances</b> .....	4,778,165.	34	6,256,963.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,815,409.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,848,435.
3	Revenue less expenses. Subtract line 2 from line 1	3	966,974.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,468,732.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	376,264.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,811,970.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

# 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. ▶ See separate instructions.

**2010**

Open to Public Inspection

Name of the organization: **FOUNDATION FOR ECONOMIC EDUCATION, INC.** Employer identification number: **13-6006960**

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

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

- 1  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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) A family member of a person described in (i) above?		
11g(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,189,343.	1,843,849.	1,698,467.	2,430,003.	3,706,000.	11,867,662.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	2,189,343.	1,843,849.	1,698,467.	2,430,003.	3,706,000.	11,867,662.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,868,380.
6 <b>Public support.</b> Subtract line 5 from line 4.						9,999,282.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,189,343.	1,843,849.	1,698,467.	2,430,003.	3,706,000.	11,867,662.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	229,027.	184,333.	181,777.	130,968.	102,168.	828,273.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	156,828.	169,521.	137,857.	<47,227.>	24,654.	441,633.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						13,137,568.
12 Gross receipts from related activities, etc. (see instructions)					12	96,202.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	76.11 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	83.48 %
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

FOUNDATION FOR ECONOMIC EDUCATION, INC.

Employer identification number

13-6006960

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: Purpose(s) of conservation easements, Number of conservation easements, Number of states where property is located, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions about reporting works of art, historical treasures, or other similar assets, including revenue and asset reporting requirements.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_%
  - b** Permanent endowment  \_\_\_\_\_%
  - c** Term endowment  \_\_\_\_\_%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		9,122.		9,122.
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		2,019,574.	1,750,039.	269,535.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				278,657.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) 20,000 SH METALCRAFT, INC	1,015,800.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,015,800.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENTS HELD IN TRUST	353,591.
(2) SECURITY DEPOSIT	1,046.
(3) DEPOSIT HELD IN ESCROW	100,036.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	454,673.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) FUNDS HELD IN TRUST	133,542.
(3) CHARITABLE ANNUITY TRUST	52,854.
(4) CAPITAL LEASE	17,097.
(5) ESCROW DEPOSIT PAYABLE	100,036.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	303,529.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2010**

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

FOUNDATION FOR ECONOMIC EDUCATION, INC.

Employer identification number

13-6006960

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LEE CURRIE	(i) 55,162.	(ii) 0.	(iii) 0.	0.	0.	55,162.	0.
2	(i)	(ii)	(iii)				0.
3	(i)	(ii)	(iii)				0.
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **FOUNDATION FOR ECONOMIC EDUCATION, INC.** Employer identification number **13-6006960**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	3	16,316.	FMV ON DATE OF DONAT
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....	X	3	139.	FMV ON DATE OF DONAT
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( SERVICES ) .....	X	4	15,313.	COST OF SERVICE
26 Other ▶ ( ) .....				
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

Open to Public  
Inspection

Name of the organization

FOUNDATION FOR ECONOMIC EDUCATION, INC.

Employer identification number

13-6006960

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROPERTY, INDIVIDUAL LIBERTY, THE RULE OF LAW, THE FREE MARKET, AND THE  
MORAL SUPERIORITY OF INDIVIDUAL CHOICE AND RESPONSIBILITIES OVER  
COERCION.

FORM 990, PART VI, SECTION B, LINE 11: COPY IS PROVIDED TO ORGANIZATION  
AND GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 15A: REVIEWED, DELIBERATED AND DECIDED  
BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 134,071.

PRIOR PERIOD ADJUSTMENTS: 242,193.

TOTAL TO FORM 990, PART XI, LINE 5 376,264.

990 PART XI, LINE 2C

THE EXPLANATION HAS NOT CHANGES FROM THE PRIOR YEAR. THE ORGANIZATION  
HAS AN AUDIT COMMITTEE TO MAKE SUCH DECISIONS.





UNION PURCHASING EDUCATION INC  
Fixed Asset Schedule

3/31/2011

Land	Description	Date Acq	Cost	Method	Life	Mo Dep	Accum. Dep - FY 10		Accum. Dep - FY 11		NBV 3/31/11
							Dep. - FY 10	3/31/2010	Dep. - 3.31.11	3/31/2011	
	30 So Broadway	11/30/1965	9,122.00	S/L	N/A	N/A	-	-	-	-	9,122.00
			9,122.00								9,122.00
	<b>Builds. &amp; Imp.</b>										
	Building	11/30/1965	527,229.00	S/L	33.3		-	527,229.00	-	527,229.00	-
	P/Y Improvements	3/31/1989	131,427.00	S/L	33.3	328.90	3,946.76	-	3,946.76	-	127,480.24
	1994 Improvements	9/30/1993	2,500.00	S/L	10	21.67	-	2,600.00	-	2,600.00	-
	1995 Improvements	9/30/1994	600.00	S/L	10	5.00	-	600.00	-	600.00	-
	1996 Improvements	10/1/1995	4,900.00	S/L	10	40.83	-	4,900.00	-	4,900.00	-
	1999 Improvements	9/30/1998	12,023.00	S/L	10	100.19	-	12,023.00	-	12,023.00	-
	2000 Additions	9/30/1999	31,301.00	S/L	10	260.84	1,563.30	-	1,563.30	-	29,737.70
	Annex Roof Replacemnt	4/1/2000	5,450.00	S/L	10	45.42	-	5,450.00	-	5,450.00	-
	Conference Room Imp	3/1/2001	1,194.00	S/L	10	9.95	-	1,194.00	-	1,194.00	-
	Conference Room Imp(elec)	4/1/2001	744.01	S/L	10	6.20	-	744.00	-	744.01	0.00
	New Roof President's House	10/1/2001	15,528.00	S/L	10	129.40	1,552.80	16,889.20	1,552.80	18,442.00	7,086.00
	Foyer Floor Restoration	12/1/2001	2,870.00	S/L	10	23.92	287.00	2,391.67	287.00	2,678.67	191.33
	Install new Fire Suppression Sys	2/1/2003	2,100.00	S/L	10	17.50	-	2,100.00	-	2,100.00	-
	Improvements to Shanty/Pres House	18/7/2003	16,874.60	S/L	10	155.62	1,867.46	18,742.06	1,867.46	20,609.52	3,850.00
	Oriental Rug (Donated)	12/31/2004	1,300.00	S/L	10	10.83	-	1,300.00	-	1,300.00	-
	3 Carpets	4/2/2004	2,050.15	S/L	10	17.08	-	2,050.15	-	2,050.15	-
	Vinyl Windows-Carriage House	5/20/2004	3,180.00	S/L	10	26.50	-	3,180.00	-	3,180.00	-
	2 New A/C Condensers	6/10/2004	5,800.00	S/L	10	48.33	-	5,800.00	-	5,800.00	-
	Pergo Floor in Shanty	3/18/2006	2,418.71	S/L	10	20.16	-	2,418.71	-	2,418.71	-
	Roof Replacement IT Office and Library	various	21,500.00	S/L	10	179.17	2,150.00	9,585.42	2,150.00	11,735.42	9,764.58
	FYE 06-07 additions	various	7,400.50	S/L	10	61.67	7,400.50	2,590.10	7,400.50	3,330.15	4,070.35
	Wood Flooring	5/1/2007	29,500.00	S/L	10	245.83	2,950.00	8,604.00	2,950.00	11,554.00	17,946.00
	2nd Floor Renovation	5/1/2007	7,350.00	S/L	10	61.25	7,350.00	2,144.00	7,350.00	2,875.00	4,475.00
	Carpelng	6/1/2007	4,197.45	S/L	10	34.98	-	4,197.45	-	4,197.45	-
	Misc Other	10/1/2008	8,686.01	S/L	10	72.38	-	8,686.01	-	8,686.01	-
	Barn Roof	11/1/2008	3,500.00	S/L	10	29.17	-	3,500.00	-	3,500.00	-
	Improvements	4/28/2008	17,650.87	S/L	10	147.09	1,765.09	3,383.08	1,765.09	5,148.17	12,502.70
	Improvements	3/30/2008	4,435.65	S/L	10	36.96	443.57	776.24	443.57	1,219.80	3,215.85
	Painted Cabin	9/1/2008	3,580.00	S/L	10	29.83	358.00	566.83	358.00	924.83	2,655.17
	Sprinkler System	10/1/2008	3,855.00	S/L	10	32.46	-	3,855.00	-	3,855.00	-
	Kitchen Improvement	11/1/2008	5,050.97	S/L	10	42.09	505.10	694.51	505.10	1,199.61	2,951.37
	Windows Improvements	2/18/2009	2,966.67	S/L	10	24.72	296.67	333.75	296.67	630.42	2,336.25
			891,103.59				199.50	199.50	399.00	1,596.00	1,007.00
	A/C Improvement	4/6/2009	1,995.00	S/L	10	16.63	-	1,995.00	-	1,995.00	-
	Windows Improvements	4/22/2009	2,690.04	S/L	10	22.16	249.29	249.29	265.90	615.19	2,143.85
	Windows Improvements	6/1/2009	1,494.41	S/L	10	12.45	124.53	124.53	149.44	273.98	1,220.43
	Windows Improvements	7/31/2009	1,433.92	S/L	10	11.95	95.59	95.59	143.39	238.99	1,194.93
	Windows Improvements	9/15/2009	4,198.00	S/L	10	34.66	225.28	225.28	415.90	641.18	3,517.82
	New Shop Roof & Annex Carpelng	11/1/2009	7,316.63	S/L	10	60.97	274.37	274.37	731.66	1,006.03	6,310.60
	Window Replacements - 2nd Floor	12/8/2009	8,626.00	S/L	10	71.88	269.56	269.56	862.50	1,132.16	7,493.84
	Improvements	1/15/2010	4,759.88	S/L	10	39.67	99.16	99.16	475.99	575.15	4,184.73
	Window Improvements	2/15/2010	9,597.85	S/L	10	79.98	119.97	119.97	959.79	1,079.76	8,518.09
		AS OF 3/31/2010	933,145.32				-	-	-	-	-
	A/C Improvement	6/4/2010	3,975.00	S/L	10	33.13	-	-	331.25	331.25	3,643.75
	A/C Improvement	12/31/2010	3,600.00	S/L	10	30.00	-	-	90.00	90.00	3,510.00
			940,728.32				25,271.68	741,271.09	26,121.19	767,392.28	173,328.04
	<b>Total Buildings &amp; Improvements</b>						28,056.83	744,056.24	(2,785.15)	(2,785.15)	
	<b>Furn. &amp; Equip.</b>										
	P/Y Equipment	9/30/1982	350,008.00	S/L	16.6	-	-	350,008.00	-	350,008.00	-
	1994 Equipment	9/30/1993	78,671.00	S/L	5	-	-	78,671.00	-	78,671.00	-
	1995 Equipment	9/30/1994	8,426.00	S/L	5	-	-	8,426.00	-	8,426.00	-
	1996 Equipment - 5 yr	9/30/1995	12,882.00	S/L	5	214.70	-	12,882.00	-	12,882.00	-
	1996 Equipment - 7 yr	9/30/1995	9,203.00	S/L	7	109.56	-	9,203.00	-	9,203.00	-
	1997 Equipment - 5 yr	9/30/1996	18,645.00	S/L	5	310.75	-	18,645.00	-	18,645.00	-
	1997 Equipment - 7 yr	9/30/1996	2,541.00	S/L	7	30.25	-	2,541.00	-	2,541.00	-
	1998 Equipment - 5 yr	9/30/1997	8,803.00	S/L	5	146.72	-	8,803.00	-	8,803.00	-
	1998 Equipment - 7 yr	9/30/1997	3,315.00	S/L	7	39.61	-	3,315.00	-	3,315.00	-
	1999 Equipment - 5 yr	9/30/1998	24,520.00	S/L	5	498.67	-	24,520.00	-	24,520.00	-
	1999 Equipment - 7 yr	9/30/1998	6,575.00	S/L	7	78.27	-	6,575.00	-	6,575.00	-
	1999-00 Equipment - 5 yr	9/30/1999	10,345.41	S/L	5	172.42	-	10,345.41	-	10,345.41	-
	1999-00 Equipment - 7 yr	9/30/1999	1,488.17	S/L	7	17.72	-	1,488.17	-	1,488.17	-
	Norstar Phone System	10/16/2003	5,100.00	S/L	5	85.00	-	5,100.00	-	5,100.00	-
	Appliances for Shanty	7/31/2003	4,597.00	S/L	7	59.49	713.86	-	4,759.33	237.67	4,997.00
	Binding Machine	6/20/2004	1,417.30	S/L	5	23.62	46.16	1,417.30	-	1,417.30	-
	Relief Shanty	7/23/2004	2,239.94	S/L	7	26.67	319.59	1,839.97	319.99	2,159.96	79.98
	Digital Camera	6/30/2004	999.99	S/L	5	16.67	50.00	999.99	-	999.99	-
	CD Duplicating Machine	9/20/2004	3,454.00	S/L	5	57.73	346.00	3,454.00	-	3,454.00	-
	Audio Equipment	9/30/2004	1,120.96	S/L	5	18.68	131.16	1,139.64	-	1,139.64	-
	Piano	2/7/2005	19,000.00	S/L	7	226.19	2,714.29	14,023.24	2,714.29	16,737.52	2,262.48
	Furniture-Main House	4/20/2004	5,960.87	S/L	7	70.96	5,039.25	651.55	5,890.80	651.55	70.07
	Digital Camera	3/14/2006	1,124.97	S/L	5	18.75	224.99	909.36	215.60	1,124.97	-
	FYE 06-07 additions	various	32,706.05	S/L	7	389.36	4,672.29	6,672.29	4,672.29	21,024.88	11,681.17
	Phone System	5/1/2007	23,320.00	S/L	7	277.62	3,331.43	9,715.86	3,331.43	13,048.29	10,271.71
	Equipment - Other	5/1/2007	5,671.95	S/L	7	67.62	810.28	2,363.56	810.28	3,173.64	2,498.11
	Relief Operator & Broiler	8/1/2007	3,755.73	S/L	7	44.71	616.28	536.53	616.28	1,967.60	1,788.13
	Equipment - Other	9/1/2007	2,126.26	S/L	7	25.31	303.75	784.50	303.75	1,088.25	1,038.01
	Relief Operator - Digital Camera - 7yr	6/16/2008	1,495.41	S/L	7	17.80	213.63	400.56	213.63	614.19	881.22
	JCPennys- furniture	8/15/2008	824.90	S/L	7	9.82	117.84	196.40	117.84	314.25	510.65
	JCPennys- furniture	9/15/2008	2,658.23	S/L	7	32.48	477.34	253.75	477.34	771.09	1,285.14
	Sears- mattress	9/23/2008	999.99	S/L	7	11.90	142.86	226.19	142.86	369.04	630.95
	Presidents treadmill	9/29/2008	956.77	S/L	7	11.39	136.68	222.11	136.68	358.79	597.98
	Apple online	10/23/2008	1,448.49	S/L	5	24.14	289.70	447.24	289.70	736.94	711.55
	3 A/C Units	4/6/2009	7,875.00	S/L	7	91.37	1,096.43	1,096.43	1,096.43	2,192.86	5,682.14
	Apple Online - A/V Equipment	4/24/2009	3,659.35	S/L	7	43.56	479.20	479.20	479.20	1,001.36	2,657.39
	Beach Camera - A/V Equipment	5/1/2009	3,390.03	S/L	7	423.75	423.75	484.29	423.75	908.04	2,481.99
	Sonikst- Fire Alarm	5/15/2009	4,400.00	S/L	7	52.38	550.00	550.00	628.57	1,178.57	3,221.43
	BH Photo- A/V Equipment	5/26/2009	1,535.24	S/L	7	18.28	182.77	182.77	219.32	402.09	1,133.15
	Hertz Furniture	7/8/2009	813.80	S/L	7	9.69	87.19	87.19	116.26	203.45	610.35
	Desk Chairs	9/15/2009	2,120.40	S/L	7	25.24	164.08	164.08	302.91	466.99	1,653.41
	Ice Maker	3/1/2010	1,800.00	S							

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

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization <b>FOUNDATION FOR ECONOMIC EDUCATION, INC.</b>	Employer identification number <b>13-6006960</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>30 SOUTH BROADWAY</b>	
File by the extended due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>IRVINGTON, NY 10533</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**  
**THE FOUNDATION FOR ECONOMIC EDUCATI - 30 SOUTH BROADWAY,**

• The books are in the care of  **IRVINGTON, NEW YORK - IRVINGTON, NY 10533**  
 Telephone No.  **914-591-7230** FAX No.

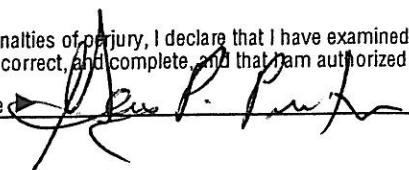
• If the organization does not have an office or place of business in the United States, check this box   
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box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

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2012.**  
 5 For calendar year , or other tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**.  
 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period  
 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NECESSARY TO COMPLETE THE REQUIRED ANNUAL AUDIT AND FILE THE INFORMATIONAL RETURNS PROPERLY.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	<b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CPA** Date  **4/14/2011**