DLN: 93493317001235

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	endar year, or tax year beginni	ng 01-01-2014 , and ending 12	2-31-2014						
B Ch	eck if	applicable	C Name of organization FOUNDATION FOR A GREATER OPI	PORTUNITY			D Employ	er iden	tification number		
☐ Ad	dress o	change	C/O ICAHN ASSOCIATES HOLDING % GAIL C ICAHN				13-391	13393			
Г№	me ch	ange	Doing business as								
☐ Inr	tıal ret	urn					E Telephon	e numb	ner		
Fir	al	rmınated	Number and street (or P O box if 767 FIFTH AVENUE 4700	mail is not delivered to street address)	Room/suite		· ·				
_				1770			(212)7	702-4.	300		
_		l return	NEW YORK, NY 10153	untry, and ZIP or foreign postal code			G Gross red	ceipts \$	4,273,737		
j Ap	plicatio	on pending							<u> </u>		
			F Name and address of pr Edward J Shanahan	incipal officer		H(a) Is th	ıs a group r rdınates?	eturn	for ┌Yes ┌ No		
			767 FIFTH AVENUE 47TH	FL		5000	iumates.		1 1651 110		
			NEWYORK, NY 10153			H(b) Are a		ates	Γ Y es Γ No		
— Та	ıx-exe	mpt status	<u> </u>	(insert no)	527	ınclu If "N		alıst (see instructions)		
		<u>·</u> : e: ► N//		(
						1	up exemptio				
			Corporation Trust Associat	on Other 🕨		L Year of fo	rmation 199	6 M 9	State of legal domicile DE		
Pa	rt I		imary								
	1			ion or most significant activitie R ASSISTANCE AND SUPPOR		STUDENTS	CHILDREN		DARENTS AND		
				WITH EDUCATIONAL OPPOR			,		•		
ž											
層											
Governance	2	Check t	his box 🚩 if the organization o	liscontinued its operations or di	sposed of	more than 2	25% of its r	net ass	ets		
			,								
Activities &	1			ning body (Part VI, line 1a) .				3	7		
JH 6	1			of the governing body (Part VI			• •	4	2		
Ę	1			r calendar year 2014 (Part V, li				5	2		
4	1			necessary)				6			
				Part VIII, column (C), line 12 from Form 990-T, line 34 .			• •	7a 7b	0		
	- ا	- NCC UIIIC	Traced business taxable meome	Hom Form 550 T, mic 54 T	<u> </u>	Pric	r Year		Current Year		
	8	Contr	butions and grants (Part VIII.	line 1h)			1,480,6	7 3	1,295,897		
≅			am service revenue (Part VIII,		50,0		50,000				
Rayenue	10						2,927,8	3 5	2,927,840		
芒	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	1e)		70,2	4 5	0		
	12			1 (must equal Part VIII, colum			4,528,7	E 2	4 272 727		
	13			t IX, column (A), lines 1–3).			21,383,89	_	4,273,737 907,932		
	14			IX, column (A), line 4)			21,303,0	0	0		
	15			vee benefits (Part IX, column (A			630.0				
8		5-10			,,		639,00	71	647,323		
Expenses	16a	Profes	ssional fundraising fees (Part I)	(, column (A), line 11e)				0	0		
ਨੰ	Ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) 🕨 0							
_	17	Other	expenses (Part IX, column (A)	, lınes 11a-11d, 11f-24e) .			2,862,10	0 2	2,844,253		
	18	Total	expenses Add lines 13–17 (m	ust equal Part IX, column (A), l	ne 25)		24,885,0	01	4,399,508		
	19	Rever	ue less expenses Subtract line	e 18 from line 12			-20,356,2	_	-125,771		
Not Assets or Fund Balances							g of Current Tear	t	End of Year		
Set afan	20	Total	assets (Part X, line 16)				203,781,50	0.3	200,120,467		
A A	21						42,070,6	_	37,900,180		
25	22			t line 21 from line 20					162,220,287		
Pa	rt II		nature Block					ı	· · · · ·		
my k	nowle	edge and		xamined this return, including a mplete Declaration of preparer							
		****	***			20	015-11-15				
Sigr	1	IB	ature of officer				ate				
Her			goodyear secretary								
			e or print name and title								
_			Print/Type preparer's name QI WEN LIANG	Preparer's signature QI WEN LIANG	Date	I CITE		PTIN P012702	 238		
Paid		h	Firm's name F GRANT THORNTON L		1		-employed n's EIN ►				
Pre	•		Firm's address ► 757 THIRD AVENUE 4	TH FLOOR		Pho	one no (212)	599-01	00		
Use	Or	ily	NEW YORK, NY 100:				(212)	UI			
		1	INITAN TURK, INT. 100.	4 6 3 1 1 1							

┌Yes ┌No

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

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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? If "Yes," complete Schedule L, Part I	25b		No
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," complete Schedule L, Part II	26	Yes	
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

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>		厂_
1-	Enter the number reported in Roy 2 of Form 1006 Enter, 0 if not applicable 1 to 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N o
	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	 7a		No
	services provided to the payor?	7a 7b		140
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	\vdash		
	file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No_
g	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			_
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	 14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI							.I

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2	Yes	
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
 - Own website Another's website Vupon 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 financial 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 ►GAIL C ICAHN

767 FIFTH AVENUE 47TH FL

NEW YORK, NY 10153 (212) 702-4300

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) HAROLD SHAPIRO	1 0	Х						0	431,467	13,716
DIRECTOR (2) EDWARD J SHANAHAN	39 0 1 0									
		х		х				0	0	0
PRESIDENT, DIRector (3) DIANE FELLOWS	10									
DIRECTOR	0 0	х						0	0	0
(4) EDUARDO LA GUERRE	1 0	,,							24.4.200	
DIRECTOR	39 0	Х						0	214,208	0
(5) CARL C ICAHN	1 0	x						0	0	0
DIRECTOR	0 0	^						0	0	
(6) GAIL GOLDEN-ICAHN	1 0	х		x				0	0	0
VP, TREASURER, DIRector	0 0	^						0	0	0
(7) SEYMOUR FLIEGEL	1 0	х		х				0	240,050	0
DIRECTOR, VICE PRESIDENT	39 0	^						0	240,030	0
(8) JULIE CLARK GOODYEAR	40 0			V				207 202	0	15.032
SECRETARY	20 0			Х				287,302	O	15,923
(9) SUSAN GORDON	1 0			х				0	0	0
ASSISTANT SECRETARY	0 0			^				0	0	0
(10) BAILEY HECK	40 0					х		195,835	0	28,481
DIRector OF DEVELOPment	0 0							193,633	U	20,481

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	483,137	885,725	58,120

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2

			Yes	No	_
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo	_
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	4 🛊 🛊 1	Statement of Revenue					
		Check if Schedule O contains a respons	se or note to any lir				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တည	1a	Federated campaigns 1a					
s, Grants Amounts	ь	Membership dues 1b					
وَ وَ	С	Fundraising events 1c					
Giffs, iilar Aı	d	Related organizations 1d					
ons, Giffe Similar	e	Government grants (contributions) 1e	351,751				
Contributions, and Other Sim	f	All other contributions, gifts, grants, and 1f	944,146				
tributio Other		similar amounts not included above Noncash contributions included in lines					
a di	g	1a-1f \$					
Conjand	h	Total. Add lines 1a-1f	· · · •	1,295,897			
			Business Code				
Ye TI	2a	ICAHN CHARTER SCHOOL	532000	50,000	50,000		
<u>æ</u>	Ь						
¥ Çé	C						
Š	d						
ran	e f	All other program service revenue					
Program Serwce Revenue							
	g 3	Total. Add lines 2a-2f		50,000			
		and other similar amounts)	🟲 📗	2,927,840			2,927,840
	4	Income from investment of tax-exempt bond pr	roceeds	0			
	5	Royalties	(II) Personal	0			
	6a	Gross rents	(II) Personal				
	ь	Less rental					
	c	expenses Rental income 0	0				
	d	or (loss) Net rental income or (loss)		0			
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising					
ıne		events (not including \$					
Other Revenue		of contributions reported on line 1c)					
ά		See Part IV, line 18					
E E	ь	Less direct expenses b					
Ö	С	Net income or (loss) from fundraising e	vents 🛌	0			
	9a	Gross income from gaming activities See Part IV, line 19					
		a _					
	ь	Less direct expenses b					
		Net income or (loss) from gaming activity	ities	0			
	TOa	Gross sales of inventory, less returns and allowances .					
		a					
	Ь	Less cost of goods sold b	atory :	0			
		Net income or (loss) from sales of inver Miscellaneous Revenue	Business Code	<u> </u>			
	11a						
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶ [0			
	12	Total revenue. See Instructions	· · · •	4,273,737	50,000		2,927,840

Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
_	Check if Schedule O contains a response or note to any line in this		(B)		<u> </u> (D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	907,932	907,932		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	·		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	303,225	303,225		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	317,633	317,633		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,462	3,462		
9	Other employee benefits	1,075	1,075		
10	Payroll taxes	21,928	21,928		
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	7,638		7,638	
c	Accounting	32,224		32,224	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,528		2,528	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	4,083		4,083	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,647,789	2,647,789		
23	Insurance	71,821		71,821	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FILING FEES	62		62	
b	OTHER FEES AND TAXES	1,650		1,650	
c	REPAIRS AND MAINTENANCE	76,443	76,443		
d	POSTAGE	15		15	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,399,508	4,279,487	120,021	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		-		
				Г.	rm 990 (2014)

Part X Balance Sheet

Cash-mon-interest-bearing Beginning of year 1,663,801 1,663,601 1,6	Par	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 25,076,1720 2 27,037,599			,	(A)		(B)
3 Fledges and grants receivable, net 16.667 4 16.667 4 16.667 4 16.667 4 16.667 4 16.667 4 16.667 5 16.667 4		1	Cash-non-interest-bearing	1,953,901	1	64,585
4		2	Savings and temporary cash investments	25,078,120	2	27,037,559
4		3	Pledges and grants receivable, net	0	3	0
### Part II of Schedule L Complete Part II of Schedule L Com		4	Accounts receivable, net	16,667	4	16,667
Compared Part Compared Pa		5	employees, and highest compensated employees Complete Part II of			440 707 570
Prepared expenses and deferred charges 0 9 0 0 0 0 0 0 0 0	ts	6	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'			
Prepared expenses and deferred charges 0 9 0 0 0 0 0 0 0 0	8	, ,	Niches and Issue vessivable was			
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D. 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal innown tax, payables to related third parties, and other liability included on lines 17-24) Complete Part X of Schedule 26 Total liabilities. Add lines 17 through 25 27 Total liabilities not included on lines 17-24) Complete Part X of Schedule 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Total liabilities, Add lines 17 through 25 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 31 Paid-in or capital surplus, or land, building or equipment fund 31 Paid-in or capital surplus, or land, building or equipment fund 32 Estamed earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total net assets or fund balances 35 Total net assets or fund balances 36 Total net assets or fund balances 37 Total net assets or fund balances 38 Total net assets or fund balances 39 Total net assets or fund balances 40 Total net assets or fund balances 41 Total net assets or fund balances 42 T	Æ					
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		_				
b Less accumulated depreciation 10b 9.067,803 45,988,466 10c 43,892,097 11 Investments—publicity traded securities 0 11 0 0 12 Investments—publicity traded securities 9,269,056 12 9,904,288 13 Investments—program-related See Part IV, line 11 0 0 13 0 0 14 0 0 14 0 0 14 1 0 0 14 1 0 0 14 1 0 0 14 1 0 0 14 0 0 14 0 0 14 0 0 14 0 0 14 0 0 14 0 0 0 14 0 0 0 0 0 0 0 0 0		-	Land, buildings, and equipment cost or other basis		9	
11 Investments—publicly traded securities 9 11 9.00		h	demplete Full Of General B	45 988 466	100	43 892 097
12 Investments—other securities See Part IV, line 11 9,269,056 12 9,904,288 13 Investments—program-related See Part IV, line 11 0 13 0 0 14 0 0 14 0 0 14 0 0 15 0 0 14 0 0 15 0 0 15 0 0 0 0 0 0 0 0 0						<u> </u>
13 Investments—program-related See Part IV, line 11 0 13 0 0 14 0 0 15 15 0 14 0 0 15 0 14 0 0 15 0 14 0 0 15 0 14 0 0 15 0 15 0 14 0 0 15 0 15 0 14 0 0 15 0 15 0 14 0 0 15 0 15 0 14 0 0 15 0 0 15 0 15 0 15 0 15 0 15 0 15 0 15 0 15 0 15 0 15 0 15 0 15 0 15 0 15 0			•			
14				· · · · ·		· · ·
15						
16 Total assets. Add lines 1 through 15 (must equal line 34) 203,781,503 16 200,120,487						
17						<u> </u>
18 Grants payable 18 16,492,230 18 16,492,230 19 Deferred revenue 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 10 0 10 0 10 0						<u> </u>
19 Deferred revenue 0 19				· · · · ·		<u> </u>
Tax-exempt bond liabilities 0 20 0 0 0 0 0 0 0			• /	· ' '		
21 Escrow or custodial account liability Complete Part IV of Schedule D						
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			·			
Unsecured notes and loans payable to unrelated third parties			Loans and other payables to current and former officers, directors, trustees,		21	
Unsecured notes and loans payable to unrelated third parties	졅			o	22	0
24 Unsecured notes and loans payable to unrelated third parties	ï	23		0	23	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	0	24	0
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule			
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets						<u> </u>
lines 27 through 29, and lines 33 and 34. 161,710,848 27 162,220,287		26		42,070,655	26	37,900,180
30 Capital stock or trust principal, or current funds	ces		lines 27 through 29, and lines 33 and 34.			
30 Capital stock or trust principal, or current funds	lan	27	Unrestricted net assets	161,710,848	27	162,220,287
30 Capital stock or trust principal, or current funds	<u> </u>	28	Temporarily restricted net assets			0
30 Capital stock or trust principal, or current funds	핃	29	·	0	29	0
30 Capital stock or trust principal, or current funds	or Fu		- · · · · · · · · · · · · · · · · · · ·			
33 Total net assets or fund balances	9	30	Capital stock or trust principal, or current funds		30	
33 Total net assets or fund balances	र्ड	31	Paid-in or capital surplus, or land, building or equipment fund		31	
정 Total net assets or fund balances	As	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances 203,781,503 34 200,120,467	单	33	Total net assets or fund balances	161,710,848	33	162,220,287
Form 990 (2014)		34	Total liabilities and net assets/fund balances	203,781,503	34	200,120,467

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,;	273,737
2	Total expenses (must equal Part IX, column (A), line 25)	2			399,508
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				125,771
5	Net unrealized gains (losses) on investments	5			710,848
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		162,	220,287
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits and to required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 13-3913393

Name: FOUNDATION FOR A GREATER OPPORTUNITY

C/O ICAHN ASSOCIATES HOLDING LLC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	520,482	including grants of \$	110,425) (Revenue \$)
EDUCATIONALPR	OGRAMS				

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317001235

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total 14

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.

Open to Public Inspection

		ne organization I FOR A GREATER OPPORTUN	ITTV				Employer identification	ation number
C/O IO	CAHN A	SSOCIATES HOLDING LLC	111 1				13-3913393	
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p		ons.
The o	rganı	zation is not a private fo						
1	\sqcap	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).	
2	Г	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Г	A hospital or a cooper	ative hospital	service organization of	lescribed in sec	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or	ganızatıon ope	_				i). Enter the
5	_	hospital's name, city, An organization opera	and state	ofit of a collogo or uni	vorcity owned o	r operated by	a governmental unit d	oscribod in
3	'				versity owned t	or operated by a	a governmentar unit u	escribed iii
6	_	section 170(b)(1)(A)(A federal, state, or loc			docaribad in c	ation 170(b)(1	1)(A)(u)	
_	<u>'</u>							namawal muhlia
7	ı	An organization that n described in section 1	•	•		om a governme	ental unit of from the g	Jeneral public
8	Г	A community trust des				tII)		
9		An organization that n					butions, membership	fees, and gross
		receipts from activitie						
		its support from gross						
		acquired by the organi	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pai	rt III)	
10	Г	An organization organ	zed and opera	ited exclusively to tes	t for public safe	ty See sectio i	n 509(a)(4).	
11	▼	An organization organ						
			upported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(irough 11d that describes the type of supporting organization and complete lines 11e, 11f, and 1					
а	<u>~</u>	Type I. A supporting o						
		supported organization				ty of the direct	ors or trustees of the	supporting
	_	organization You mus	-	•				h., h.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	ı	Type II. A supporting management of the su	_	•		• •		
		must complete Part IV			same persons c	inde control of t	nunuge the supported	organization(5)
c	Γ	Type III functionally i	integrated. A	supporting organizatio	•			grated with, its
	_	supported organization						
d	ı	Type III non-function not functionally integral						
		(see instructions) Yo					ement and an attentiv	eness requirement
е	Γ	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						
f		Enter the number of su						1 4
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
		organization		organızatıon	listed in your	governing	monetary support	other support (see
				(described on lines	docume	nt?	(see instructions)	instructions)
				1-9 above or IRC section (see				
				instructions))				
				,,	Yes	No		
See	A ddıtı	ional Data Table						

642,932

Pa	Support Schedule for (Complete only if you c						
	Part III. If the organiza						aamy anao.
S	ection A. Public Support	•	•		, ,	,	
Cal	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(4) 2010	(5) 2022	(3) 23 22	(4) 2010	(0) 2021	(1) otal
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual						
	grants ")						
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	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	•	•	•	•		
Cal	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	in) ►	(4) 2010	(5) 2011	(6) 2012	(4) 2013	(0) 2011	(I) Focus
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI) Total support Add lines 7 through						
11	10						
12	Gross receipts from related activities	s, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is f						
	organization, check this box and sto					<u> </u>	▶ ┌
<u>S</u>	ection C. Computation of Pub Public support percentage for 2014			11 column (f)\			
	· · · · · · · · · · · · · · · · · · ·	•		11, Column (1))		14	
15	Public support percentage for 2013	-	•			15	
16a	33 1/3% support test—2014. If the and stop here. The organization qual				line 14 is 33 1/3%	or more, check	tnis box ▶□
b	33 1/3% support test—2013. If the				, and line 15 is 33	3 1/3% or more, c	. ,
	box and stop here. The organization				,	-, - · · · · · · · · · · · · · · · · · ·	▶ □
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization mee organization	is the lacts-and	u-circumstances"	test The organi	Zacion quanties as	a publicly suppo	orted F
ь	10%-facts-and-circumstances test—	- 2013. If the ora	anızatıon dıd not o	check a box on lu	ne 13, 16a, 16b. d	or 17a, and line	-1
_	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat	ion meets the "f	acts-and-circums	stances" test Th	e organization qua	alıfıes as a publıc	
10	supported organization	ا الما المام المام المام المام	, a hay an line 43	165 165 17-	or 17h obselvelse	hay and	► □
18	Private foundation. If the organization instructions	on ala not check	ca DOX OH HITE 13	, 10a, 10b, 1/a,	or 170, CHECK THIS	S DOX alla See	▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

36	ection A. All Supporting Organizations			
			Yes	No
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.	1		No
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) .	2		No
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	3a		No
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.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		No
Ь	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	4b		
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 $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
Ь	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).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		Νo
ь	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Νo

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)		165	
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2	Yes	
_	ection C. Type II Supporting Organizations			
	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	les	140
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity.			
2	instructions) Activities Test_Answer (a) and (b) below.	ı	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		1 63	140
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a cubstantial degree of direction over the policies, programs and activities of each	. '	l .	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 1	THE FOUNDATION SUPPORTS NON-DESIGNATED PUBLICLY SUPPORTED ORGANIZATIONS
SCHEDULE A, PART IV, SECTION B, LINE 2	The Foundation provides support for organizations within a charitable

Schedule A (Form 990 or 990-EZ) 2014

Software ID: Software Version:

EIN: 13-3913393

Name: FOUNDATION FOR A GREATER OPPORTUNITY

C/O ICAHN ASSOCIATES HOLDING LLC

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No		
(A) CHOATE ROSEMARY HALL	060910420	02		No	48,308	0
(A) CENTER FOR EDUCATIONAL INNOVATION	134113613	07		No	0	0
(B) ICAHN CHARTER SCHOOL 1	134166657	02		No	0	0
(C) ICAHN CHARTER SCHOOL 2	205846198	02		No	82,689	0
(D) ICAHN CHARTER SCHOOL 3	262271604	0 2		No	79,029	0
(E) ICAHN CHARTER SCHOOL 4	264674992	02		No	121,877	0
(F) ICAHN CHARTER SCHOOL 5	900606791	02		No	68,155	0
(G) NEIGHBORHOOD ASSOC FOR INTER- CULTURAL	132995128	07		No	0	0
(H) PRINCETON UNIVERSITY	210634501	02		No	0	0
(I) NEW YORK UNIVERSITY	135562308	02		No	27,117	0
(J) NATIONAL PHILANTHROPIC TRUST-FUND FOR GLOBAL HEALTH & DEVEL	237825575	07		No	195,757	0
(K) AMERICAN FRIENDS OF BEIT RUTH	455626260	07		No	20,000	0
(L) ICAHN CHARTER SCHOOL 6	453201374	02		No	0	0
(M) ICAHN CHARTER SCHOOL 7	453201480	02		No	0	0
<u></u>	•	•	•	•	<u>, </u>	

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DLN: 93493317001235

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

nal Revenue Service	nation about Schedule D (Form	1 990) and its instructions is at <u>www.ir</u> :	S.gov/i	<u> 07111990</u> .	inspect	ION	
ame of the organization OUNDATION FOR A GREATER OPP			Emp	loyer ident if ica	tion numbe	er	
O ICAHN ASSOCIATES HOLDING				3913393			
	s Maintaining Donor Adv Iswered "Yes" to Form 990	vised Funds or Other Similar F	unds	or Accounts	. Complet	te ıf	the
organization ar	Swered res to rollingso	(a) Donor advised funds		(b) Funds and o	ther accou	ınts	
Total number at end of y	ear						
Aggregate value of contr	ibutions to (during year)						
Aggregate value of grant	s from (during year)						
Aggregate value at end o	of year						
-		ors in writing that the assets held in dor ganization's exclusive legal control?	nor advı	sed	┌ Yes	Γ	No
	purposes and not for the benef	onor advisors in writing that grant funds fit of the donor or donor advisor, or for a			┌ Yes	Г	No
	-	the organization answered "Yes" t	to Form	1 990. Part IV			_
Preservation of land Protection of natural Preservation of open	for public use (e g , recreation habitat space	anization (check all that apply) or education)	certified	d historic struct	ture		
easement on the last da	y of the tax year						
Tatal mount and Carren				Held at the	End of the	Yea	<u>r </u>
Total number of conserv			2a				
	by conservation easements		2b				
	easements on a certified histo	. ,	2c				
historic structure listed	in the National Register	quired after 8/17/06, and not on a	2d				
the tax year -	easements modified, transferr	ed, released, extinguished, or terminate	ea by th	e organization (auring		
Number of states where	property subject to conservat	ion easement is located ►					
Does the organization ha		the periodic monitoring, inspection, han	dling of	violations, and	┌ Yes	Γ	No
Staff and volunteer hour	s devoted to monitoring, inspe	cting, and enforcing conservation easer	ments d	uring the year			
A mount of expenses inc ►\$	urred in monitoring, inspecting	g, and enforcing conservation easement	s during	g the year			
Does each conservation and section 170(h)(4)(E		d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)	┌ Yes	Γ	No
balance sheet, and inclu		nservation easements in its revenue an e footnote to the organization's financia ents					
		s of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Otl	her Similar <i>i</i>	Assets.		
works of art, historical ti	reasures, or other sımılar asse	.16 (ASC 958), not to report in its reve ts held for public exhibition, education, to its financial statements that describe	or rese	arch in furthera			
If the organization elect works of art, historical ti	ed, as permitted under SFAS 1	.16 (ASC 958), to report in its revenue its held for public exhibition, education,	statem	ent and balance		IC	
(i) Revenue included in	Form 990, Part VIII, line 1			► \$			
(ii) Assets included in F	orm 990. Part X						
If the organization recei	ved or held works of art, histor	rical treasures, or other similar assets fo 116 (ASC 958) relating to these items					
Revenue included in For	m 990, Part VIII. line 1			> \$			
Assets included in Form				. ↓ ►\$			_
Wasers included in LOIIII	. J J U , F al L A			F P			

Part	Organizations Maintaining Collections of Art, F	listo	ric	al Treas	sures, or Ot	<u>he</u>	r Similar Asse	ets (c	ontınued)
3	Using the organization's acquisition, accession, and other records, collection items (check all that apply)	, chec	k a	ny of the fo	ollowing that ar	e a	significant use o	fits	
а	Public exhibition	d 「	-	Loan or ex	change progra	ms			
b	Scholarly research	е Г	-	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain Part XIII	how th	iey	further the	e organızatıon's	s ex	empt purpose in		
5	During the year, did the organization solicit or receive donations of							.,	
Par	assets to be sold to raise funds rather than to be maintained as pa LIV Escrow and Custodial Arrangements. Complete							Yes າ	No
rai	Part IV, line 9, or reported an amount on Form 990,				on answered		es to rollings	J,	
1a	Is the organization an agent, trustee, custodian or other intermedian included on Form 990, Part X?	ary for	co	ntribution	s or other asse	ts ı	not	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and complete the fol	llowing	g ta	ible					
							Amo	unt	
с	Beginning balance					LC			
d	Additions during the year				<u> </u>	.d			
e f	Distributions during the year				_	.e			
f	Ending balance				<u> </u>	Lf	la data a		
2a	Did the organization include an amount on Form 990, Part X, line 2	1, for	es	crow or cu	stodial accoun	t lia	bility?	Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII Check here if the ex				-				<u> </u>
Par	Endowment Funds. Complete if the organization a	nswe (b)Prid			Two years back) Four v	ears back
1a	Beginning of year balance	(5): 110	,,,,		jiwo yeurs buck	(4)	Timee years back (c	. , , our ,	cars back
ь	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end balance	(lıne 1	g,	column (a))) held as				
а	Board designated or quasi-endowment ▶								
b	Permanent endowment ►								
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%								
3a	Are there endowment funds not in the possession of the organization	on tha	t a	re held and	dadmınıstered	for	the		T
	organization by (i) unrelated organizations						3a(i)	Yes	No
	(ii) related organizations		•			•	3a(ii)		
ь	If "Yes" to 3a(II), are the related organizations listed as required o	n Sch	ed.	ıle R?			3b		
4	$\label{thm:part XIII} the intended uses of the organization's endowned to the organization of the org$								
Par	11a. See Form 990, Part X, line 10.				_		· · · · · · · · · · · · · · · · · · ·	•	
	Description of property			Cost or other (investment			(c) Accumulated depreciation	(d) Bo	ook value
1 a L	and				1,722,8	347			1,722,847
b E	Buildings				50,212,7	⁷ 53	8,716,135	4	11,496,618
c L	easehold improvements								
	quipment				188,8		85,641		103,203
	Other	<u>L</u>			835,4		266,027		569,429 13,892,097
1010	- μ and upper 13 through 14 M of μ mn M much equal Form 000 Dart Y M	nuun	. , ,				▶		

Part VII Investments—Other Securities. Co	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		+
(2)Closely-held equity interests Other		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete if the organization	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	ription	(b) Book value
Total (Column (b) must equal form 200, Part V, cal (B) line:	(F.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line : Part X Other Liabilities. Complete if the org		to Form 990. Part IV. line 11e or 11f. See
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
DUE FROM NYC SCHOOL CONSTRUCTI	21,120,000	
		-
		-
	<u> </u>	
]
	+	-
		1
	1	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	21,120,000	
2 Labellete for the party of th	la the toyt of the feetrata to	_

Par		nue per Audited Financial Sta d 'Yes' to Form 990, Part IV, line		nts With Revenue բ	er R	eturn Complete If
1		pport per audited financial statements			1	4,908,947
2	A mounts included on line 1 but not	on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on in	vestments	2a	635,210		
b	Donated services and use of facilit	ies	2b			
С	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII) .		2d			
e	Add lines 2a through 2d				2e	635,210
3	Subtract line 2e from line 1				3	4,273,737
4	A mounts included on Form 990, Pa	irt VIII, line 12, but not on line 1				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b .				4c	
5	Total revenue Add lines 3 and 4c.	This must equal Form 990, Part I, line	e 12)		5	4,273,737
Part		nses per Audited Financial St red 'Yes' to Form 990, Part IV, lin			per	Return. Complete
1		ited financial statements			1	4,399,508
2	Amounts included on line 1 but not					.,,,,,,,,,
a		es	. 2a			
b			-			
c	, ,		2c			
d			2d			
e					2e	
3	-				3	4,399,508
4	Amounts included on Form 990, Pa					
а		on Form 990, Part VIII, line 7b	. 4a			
b			4b			
С			-		4c	
5		. (This must equal Form 990, Part I, li			5	4,399,508
Part	XIII Supplemental Inform					, ,
Part		II, lines 3, 5, and 9, Part III, lines 1a s 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
SCHE	POS REL PRO IN T BE STA ANI ACC THE DIS	E FOUNDATION FOLLOWS THE ACC SITIONS TAKEN OR EXPECTED TO ATING TO FINANCIAL STATEMENT OVIDES THAT THE EFFECTS FROM A THE FINANCIAL STATEMENTS ONLOW SUSTAINED IF THE POSITION WER ANDARD ALSO PROVIDES GUIDANCE AND DISCLOSURE AND PENALTIES, AND DISCLOSURE AND COMPANYING FINANCIAL STATEMERE ARE NO MATERIAL UNCERTAINTS CLOSURE IN THE FINANCIAL STATEMERE ARE STILL OPEN TO AUDIT FOR	BE TAK T RECO AN UNC Y IF TH E TO B CE ON I ND HAL ENTS T TAX P	CEN IN A TAX RETURN, GNITION AND MEASU CERTAIN TAX POSITIC IE POSITION IS "MORI E CHALLENGED BY A T MEASUREMENT, CLAS: D NO MATERIAL IMPACE THE FOUNDATION HAP OSITIONS THAT REQ TS THE TAX YEARS EN	INCL REME ON CA E LIKE AXIN SIFIC CT ON S DET UIRE	UDING ISSUES NT THIS STANDARD N BE RECOGNIZED ELY THAN NOT" TO G AUTHORITY THE ATION, INTEREST THE ERMINED THAT RECOGNITION OR 2011,2012,2013 and

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2014

DLN: 93493317001235

OMB No 1545-0047

	Complet		answered "Yes." to Form		22	4	LUIT
Department of the Treasury Internal Revenue Service	-	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .					
Name of the organization		`	•			Employer identificati	Inspection on number
FOUNDATION FOR A GREAT C/O ICAHN ASSOCIATES HO						13-3913393	
Part I General Infor	mation on Grants and	Assistance					
the selection criteria use	aintain records to substantic ed to award the grants or ass irganization's procedures fo	sistance?					▽Yes ┌N
	her Assistance to Dor IV, line 21, for any recip						s" to
(a) Name and address of organization or government	organization if applicable grant cash valuation non-c					(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
SCHEDULE I PART 1, LINE 2	The grants to Icahn Charter School 2, Icahn Charter School 3, Icahn Charter School 4 and Icahn Charter School 5 are distributions of a US Department of Education grant given to Foundation for a Greater Opportunity (FGO) to distribute to the Schools. The Board of Trustees of each Charter School includes four individuals who also are Directors of FGO and one individual who is an employee of FGO. Each Board of Trustees has nine meetings per year where the School's operations are monitored. The grant agreement with each Charter School stipulates how the money is to be spent, and each School reports the expenditures of grant funds and describes how they benefit the School FGO. Board members and the FGO employees also visit each School during the school year. The grant to NYU is for scholarships, and NYU consults with FGO regarding the scholarships and notifies FGO of the scholarship recipients. The grant to CEI-PEA is for general support. The President of CEI-PEA is a Director of FGO, and FGO works closely with CEI-PEA, which benefits FGO and the Charter Schools through their expertise in charter schools. The Grant to National Philanthropic Trust was to support the Trust's efforts to aid in the eradication of Polio through the Polio Eradication Fund of the Bill & Melinda Gates Foundation. FGO got updates on Trust's work and where FGO's grant was spent and has received and reviewed the 2014 annual report of the Polio Eradication Fund. The executive director visits Choate Rosemary Hill (Choate) at least monthly, has dinners with the scholarship recipients and communicates with the staff. The chairman of FGO is a board member at Choate. The Grant to Wings/Sweet Home Chicago is to support it's mission to end domestic violence and homelessness. The Grant was used for its intended purpose. The Grant to Harlem Children's Zone is to support its mission to help children and families and disrupting the cycle of generational poverty in Central Harlem through innovative and effective programs. The Grant was used for its intende							

Additional Data

Software ID:

Software Version:

EIN: 13-3913393

Name: FOUNDATION FOR A GREATER OPPORTUNITY

C/O ICAHN ASSOCIATES HOLDING LLC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOATE ROSEMARY HALL 333 CHRISTIAN STREET WALLINGFORD,CT 06492	06-0910420	501(c)(3)	48,308				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NEW YORK UNIVERSITY DEVELOPMENT OFFICE 25 WEST 4TH ST NEW YORK, NY 10012	13-5562308	501(c)(3)	27,117				EDUCATION PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ICAHN CHARTER SCHOOL 2767 FIFTH AVENUE SUITE 4700 NEW YORK, NY 10153	20-5816198	501(c)(3)	82,689				CONSTRUCTION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ICAHN CHARTER SCHOOL 3767 FIFTH AVENUE SUITE 4700 NEWYORK,NY 10153	26-2271604	501(c)(3)	79,029				CONSTRUCTION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ICAHN CHARTER SCHOOL 4767 FIFTH AVENUE SUITE 4700 NEW YORK, NY 10153	26-4674992	501(c)(3)	121,877				CONSTRUCTION		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ICAHN CHARTER SCHOOL 5767 FIFTH AVENUE SUITE 4700 NEW YORK,NY 10153	90-0606791	501(c)(3)	68,155				CONSTRUCTION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD SUITE 150 JENKINTOWN,PA 19046	23-7825575	501(c)(3)	195,757				POLIO ERADICATION PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMERICAN FRIENDS OF BEIT RUTH315 WEST 70TH STREET 7F NEWYORK,NY 10023	45-5626260	501(C)(3)	20,000				AT-RISK GIRLS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HARLEM CHILDREN'S ZONE 162 WEST 56TH STREET SUITE 405 NEW YORK, NY 10019	23-7112974	501(c)(3)	250,000				EDUCATION PROGRAMS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
WINGSSWEET HOME CHICAGOPO BOX 95615 PALATINE,IL 60095	36-3456061	501(c)(3)	10,000				AT-RISK GIRLS				

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DLN: 93493317001235

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization FOUNDATION FOR A GREATER OPPORTUNITY C/O ICAHN ASSOCIATES HOLDING LLC

Employer identification number

13-3913393

Pai	t 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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	_		
	and states, the states, and the states of the states, regulating the states of the states and the states of the st	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 establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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) 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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 HAROLD SHAPIRO, DIRECTOR	(i) (ii)	0 430,639	0	0 828	0	0 13,716	0 445,183	0
2 JULIE CLARK GOODYEAR, SECRETARY	(i) (ii)	246,540 0	40,000	762 0	1,800	14,123	303,225	0
3 EDUARDO LA GUERRE, DIRECTOR	(i) (ii)	0 214,208	0	0	0	0	0 214,208	0
4 BAILEY HECK, DIRector OF DEVELOPment	(i) (ii)	155,775 0	40,000	60	1,869 0	26,612	224,316	0
5 SEYMOUR FLIEGEL, DIRECTOR, VICE PRESIDENT	(i) (ii)	0 240,050	0	0	0	0	0 240,050	0

Schedule J (Form 990) 2014

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Non-fixed payments	The bonuses paid to Julie Clark Goodyear and Bailey Heck are determined at the discretion of the FGO Board of Directors and therefore are non-fixed
	payments

Schedule J (Form 990) 2014

DLN: 93493317001235

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization	Employer identification number
FOUNDATION FOR A GREATER OPPORTUNITY	
C/O ICAHN ASSOCIATES HOLDING LLC	13-3913393
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29)) organizations only)

1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Corrected?		
		person and organization		Yes	No	

2	Enter the amount of tax incurred	by organization managers or disqua	lified persons during	the year ur	nder section	
	4958				. 🟲 \$	
3	Enter the amount of tax, if any, o	n line 2, above, reimbursed by the o	rganization		► \$	

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e)Original (f)Balance due principal amount		default?		(h) Approved by board or committee?		(i)Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
` '	DISQUALIFIED PERSON	Acquire Shares		Х	100,000,000	90,000,000		No	Yes		Yes	
` '	DISQUALIFIED PERSON	CONTRIBUTION		X	28,727,570	28,727,570		No	Yes		Yes	

otal		▶ \$		118,727,570					
Part III	Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.								
` ,	e of interested person	(b) Relationship between interested person and the organization	,	(d) Type of assistance	(e) Purpose	of assistance			
					•				

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction		(e) Sha of organiz revent	ation's						
				Yes	No						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
NOTES RECEIVABLE	IN DECEMBER 2005, MODAL LLC ("MODAL"), AN AFFILIATE OF MR CARL C ICAHN, ENTERED
	INTO A STOCK PURCHASE AGREEMENT WITH THE FOUNDATION TO ACQUIRE CERTAIN
	SHARES OF AMERICAN RAILCAR INDUSTRIES, INC THAT WERE PREVIOUSLY DONATED TO
	THE FOUNDATION FOR A PURCHASE PRICE EQUAL TO THE GREATER OF \$100 MILLION OR
	THE FAIR MARKET VALUE OF THE SHARES ON THE DATE OF PURCHASE THE FOUNDATION
	COMPLETED THE SALE TO MODAL ON JANUARY 20, 2006, FOR \$100 MILLION CONSISTING
	OF \$10 MILLION IN CASH AND THE BALANCE IN A PROMISSORY NOTE ON MARCH 6, 2006,
	MR CARL C ICAHN, MADE A GIFT TO THE FOUNDATION IN THE FORM OF A NOTE
	RECEIVABLE FROM MODAL TOTALING \$28,727,570 BOTH THE NOTES EARN INTEREST AT
	THE PRIME RATE, WHICH IS PAID MONTHLY, AND ARE SECURED BY THE GUARANTEE OF
	HIGH COAST LIMITED PARTNERSHIP, WHICH IS AN AFFILIATE OF MR ICAHN THE
	PRINCIPAL OF EACH NOTE IS DUE JANUARY 2016

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493317001235

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Name of the organization	Employer identification number
FOUNDATION FOR A GREATER OPPORTUNITY	
C/O ICAHN ASSOCIATES HOLDING LLC	13-3913393

Return Reference	Explanation
DOING BUSINESS WITH	THE FOUNDATION HAS TWO NOTES RECEIVABLE FROM MODAL, LLC WITH BALANCES TOTALING
MODAL, LLC - PART IV, LINE 26	\$118,727,570 AS OF 12/31/14 MODAL, LLC IS 100% OWNED BY CARL C ICAHN, WHO IS A DIRECTOR OF THE FOUNDATION

Return Reference	Explanation
RELATED OFFICERS - PART VI, SECTION A, LINE 2	TWO DIRECTORS, CARL C ICAHN AND GAIL GOLDEN-ICAHN, ARE HUSBAND AND WIFE. SUSAN GORDON (OFFICER) AND GAIL GOLDEN-ICAHN (OFFICER AND DIRECTOR) ARE EMPLOYED BY ENTITIES OWNED BY CARL C ICAHN

Return Reference	Explanation
GOVERNING BODY - PART VI, SECTION A, LINE 7A	THE FOUNDATION'S BY LAWS PROVIDE FOR THREE CLASSES OF DIRECTORS - CLASS A, CLASS B AND CLASS C THE CLASS A DIRECTORS CONSTITUTE A MAJORITY OF THE ENTIRE BOARD OF DIRECTORS AND ARE APPOINTED OR ELECTED EITHER BY THE GOVERNING BODY OR AN OFFICER, ACTING IN HIS OR HER OFFICIAL CAPACITY, OF ONE OR MORE OF THE PUBLICLY SUPPORTED EXEMPT ORGANIZATIONS WITHIN THE CLASS OF ORGANIZATIONS SUPPORTED BY THE FOUNDATION CLASS B CONSISTS OF ONE DIRECTOR NAMED IN THE BY LAWS OR A SUCCESSOR DESIGNATED BY THE CLASS B DIRECTOR THE CLASS C DIRECTORS ARE ELECTED BY THE CLASS B DIRECTOR

Return Reference	Explanation
PROCESS USED TO REVIEW FORM 990 - PART VI, SECTION B, LINE 11	THE FINANCIAL STATEMENTS AND FORM 990 ARE PREPARED BY AN INDEPENDENT ACCOUNTING FIRM PRIOR TO ITS COMPLETION AND FILING FORM 990 IS PROVIDED TO THE DIRECTORS UPON COMPLETION OF THE INDEPENDENT AUDIT AND PRIOR TO THE FILING OF THE TAX RETURN WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
CONFLICT OF INTEREST POLICY - PART VI, SECTION B, LINE 12C	IF THE BOARD OR A COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT WILL INFORM THE INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD HIM OR HER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE RESPONSE AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD DETERMINES THAT THE INTERESTED PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT WILL TAKE APPROPRIATE ACTION WHICH MAY INCLUDE RECOMMENDATION TO THE BOARD FOR REMOVAL FROM THE BOARD OR TERMINATION OF EMPLOYMENT, AS WELL AS RECONSIDERATION OF WHETHER THE TRANSACTION OR ARRANGEMENT WAS IN THE BEST INTERESTS OF AND FAIR AND REASONABLE TO THE FOUNDATION AT THE TIME IT WAS UNDERTAKEN IF IT IS DETERMINED THAT THE TRANSACTION WAS NOT FAIR AND REASONABLE TO THE FOUNDATION, THE FOUNDATION IN ITS DISCRETION, MAY AVOID THE CONTRACT AND/OR REQUIRE THE INTERESTED PERSON TO RESTORE THE FOUNDATION TO THE FINANCIAL POSITION IT WOULD HAVE BEEN IN IF SUCH PERSON HAD BEEN DEALING UNDER THE HIGHEST FIDUCIARY STANDING

Return Reference	Explanation				
PROCESS FOR DETERMINING COMPENSATION - PART VI, SECTION B, LINE 15B	BECAUSE THE COMBINATION OF DUTIES CARRIED OUT BY JULIE CLARK GOODY EAR ARE UNIQUE, IT WOULD BE EXTREMELY DIFFICULT, IF NOT IMPOSSIBLE, TO LOCATE COMPARABILITY DATA DESPITE THE LACK OF SUCH DATA, IT IS BELIEVED THAT THE COMPENSATION PAID tO MS GOODY EAR IS REASONABLE BASED ON THE DUTIES AND RESPONSIBILITIES OF her POSITION, THE TIME SPENT PERFORMING THOSE DUTIES, AND THE PERFORMANCE LEVEL NO OTHER OFFICERS OF THE FOUNDATION ARE COMPENSATED BY THE FOUNDATION				

Return Reference	Explanation					
AVAILABILITY OF FORM 990 - PART VI, SECTION C, LINE 19	FORM 990 IS POSTED ON WWW GUIDESTAR ORG THE FOUNDATION REVIEWS THE WEBSITE TO VERIFY THE PRESENCE AND ACCURATE POSTING OF ITS FORM 990 THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST					

Return Reference	Explanation					
CONTRIBUTION OF INTEREST INCOME - PART VIII, LINE 1F	ON MARCH 6, 2006, CARL C ICAHN, A DIRECTOR OF THE FOUNDATION, MADE A GIFT TO THE FOUNDATION IN THE FORM OF A NOTE RECEIVABLE FROM MODAL, LLC, AN AFFILIATE OF MR ICAHN, TOTALING \$28,727,570 THE NOTE EARNS INTEREST AT THE PRIME RATE, PAYABLE MONTHLY IN ARREARS AND IS SECURED BY THE GUARANTEE OF HIGH COAST LIMITED PARTNERSHIP, WHICH IS AN AFFILIATE OF MR ICAHN THE FOUNDATION RECOGNIZED INTEREST INCOME ON THE FINANCIAL STATEMENTS FROM THE GIFT OF \$933,646 IN 2014 THE \$933,646 WAS CONSIDERED A CONTRIBUTION ON FORM 990, PART VIII, LINE 1F IN 2014					

Return Reference	Explanation
COMPENSATION - PART VII, SECTION A AND SCHEDULE J, PART II	THE FOUNDATION HAS MADE REASONABLE EFFORTS AND EXERCISED DUE CARE AND DILIGENCE REQUESTING COMPENSATION INFORMATION FOR ITS DIRECTORS WHO ARE COMPENSATED BY THE FOUNDATION'S SUPPORTED ORGANIZATIONS HOWEVER, NOT ALL OF THE REQUESTED INFORMATION WAS PROVIDED TO THE FOUNDATION

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

DLN: 93493317001235

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

Name of the organization FOUNDATION FOR A GREATER OPPORTUNITY C/O ICAHN ASSOCIATES HOLDING LLC

Employer identification number

13-3913393

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GREATER OPPORTUNITY LLC 767 FIFTH AVENUE 4700 NEW YORK, NY 10153 13-3913393	SUPPORT	DE	0	3,942	FG0
(2) ADDED OPPORTUNITY LLC 767 FIFTH AVENUE 4700 NEW YORK, NY 10153 13-3913393	SUPPORT	DE	0	299	FG0
(3) ADDITIONAL OPPORTUNITY I LLC 767 FIFTH AVENUE 4700 NEW YORK, NY 10153 13-3913393	SUPPORT	DE	0	671	FG0
(4) INWOOD OPPORTUNITY LLC 767 FIFTH AVENUE 4700 NEW YORK, NY 10153 45-5340936	SUPPORT	DE	0	43,074,763	FG0
(5) BRONX OPPORTUNITY LLC 767 FIFTH AVENUE 4700 NEW YORK, NY 10153 46-0677840	SUPPORT	DE	0	249	FG0

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g Section	
Name, address, and Environmentation	Trimary activity	or foreign country)	Exempt code section	(if section 501(c)(3))	entity	(13) cor	ntrolÌed
						entity?	
						Yes	No
See Additional Data Table							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	' ر	(i)	(j)	,——	(k)
Name, address, and EIN of	Primary activity	y Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate'	Code V-UBI	Genera	al or	Percentage
related organization	· '	domicile	controlling	income(related,	total income	end-of-year	allocat	.ions? '	amount in box	(manac	Jing	ownership
	· '	(state or	entity	unrelated,	1 '	assets	1	,	20 of	partne	.er?	ŗ
	· '	foreign	,	excluded from	1 '	(1	,	Schedule K-1	1		ŀ
	· '	country)	,	tax under	1 '	1	1	ı	(Form 1065)	1		
	· '	1 1	,	sections 512-	1 '	(1	,	1	1		
	· '	1 1	· '	514)	1	(<u> </u>	'	4 '	—	\longrightarrow	
	,	1	, '	1 '	1	(Yes	No	1	Yes I	No	
			($\overline{}$				
								-			—	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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.

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

Part V	Transactions With Related Organizations Complete if the organization ar	nswered "Yes" on For	m 990, Part IV, line	e 34, 35b, or 36.			
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or mor	re related organizations	listed in Parts II-IV?				
a Rec	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift	grant, or capital contribution to related organization(s)			[1	1b	Yes	
c Gıft,	grant, or capital contribution from related organization(s)			[1c		No
d Loa	s or loan guarantees to or for related organization(s)			[1	1d		No
e Loans or loan guarantees by related organization(s)							
f Divi	dends from related organization(s)			:	1f		No
	of assets to related organization(s)				1g		No
_	hase of assets from related organization(s)			<u> </u>	1h		No
	ange of assets with related organization(s)				1i		No
	e of facilities, equipment, or other assets to related organization(s)				1j	Yes	
_							
k Lea	e of facilities, equipment, or other assets from related organization(s)			1	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)							
m Perf	rmance of services or membership or fundraising solicitations by related organization(s)			Ţ:	1m		No
n Shar	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sha	ring of paid employees with related organization(s)			1	10		No
p Reir	nbursement paid to related organization(s) for expenses			[1	1p		No
q Reir	nbursement paid by related organization(s) for expenses			į	1q		No
r Oth	r transfer of cash or property to related organization(s)				1r		No
s Oth	r transfer of cash or property from related organization(s)			<u>[</u> :	1s		No
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including	covered relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	ınt ını	volved	

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

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

4 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	s 50 orgai	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		<u> </u>	514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	1
				\Box	'			,	\Box				ļ

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Software ID: **Software Version:**

EIN: 13-3913393

Name: FOUNDATION FOR A GREATER OPPORTUNITY C/O ICAHN ASSOCIATES HOLDING LLC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of			(4)	(-)	(5)		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(1 contro entit	n 512 13) olled ty?
(1) ICAHN CHARTER SCHOOL 1	scнооL	NY	501(C)(3)	2	NA	Yes	No No
767 FIFTH AVENUE SUITE 4700 NEW YORK, NY 10153 13-4166657							
(1) ICAHN CHARTER SCHOOL 2	SCHOOL	NY	501(C)(3)	2	NA		No
767 FIFTH AVENUE SUITE 4700 NEW YORK, NY 10153 _20-5846198							
(2) ICAHN CHARTER SCHOOL 3	SCHOOL	NY	501(C)(3)	2	NA		No
767 FIFTH AVENUE 4700 NEW YORK, NY 10153 26-2271604							
(3) CENTER FOR EDUCATIONAL INNOVATION	EDUCATION	NY	501(C)(3)	7	NA		No
28 WEST 44TH STREET NEW YORK, NY 10036 13-4113613							
(4) CHOATE ROSEMARY HALL	SCHOOL	СТ	501(C)(3)	2	NA		No
333 CHRISTIAN STREET WALLINGFORD, CT 06492 06-0910420							
(5) NEIGHBORHOOD ASSOC FOR INTER-CULTURAL	HOUSING	NY	501(C)(3)	7	NA		Νo
1055 GRAND CONCOURSE BRONX, NY 10452 13-2995128					_		
(6) PRINCETON UNIVERSITY	UNIVERSITY	NJ	501(C)(3)	2	NA		No
TREASURERS OFFICE BOX 35 PRINCETON, NJ 08543 21-0634501							
(7) ICAHN CHARTER SCHOOL 4	SCHOOL	NY	501(C)(3)	2	NA		Νo
767 FIFTH AVENUE 4700 NEW YORK, NY 10153 26-4674992							
(8) NEW YORK UNIVERSITY	SCHOOL	NY	501(C)(3)	2	NA		No
DEVELOPMENT OFFICE25 W 4TH ST ROO NEW YORK, NY 10012 13-5562308							
(9) ICAHN CHARTER SCHOOL 5	SCHOOL	NY	501(C)(3)	2	NA		No
767 FIFTH AVENUE SUITE 4700 NEW YORK, NY 10153 90-0606791							
(10) ICAHN CHARTER SCHOOL 6	SCHOOL	NY	501(C)(3)	2	NA		No
767 FIFTH AVENUE SUITE 4700 NEW YORK, NY 10153 45-3201374							
(11) ICAHN CHARTER SCHOOL 7	SCHOOL	NY	501(C)(3)	2	NA		Νo
767 FIFTH AVENUE SUITE 4700 NEW YORK, NY 10153 45-3201480							
(12) NATIONAL PHILANTROPIC TRUST	PHILANTHROPY	PA	501(C)(3)	7	NA		No
165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046 23-7825575							
(13) AMERICAN FRIENDS OF BEIT RUTH	PRO GRAMS	NY	501(C)(3)	7	NA		No
315 WEST 70TH STREET 7F NEW YORK, NY 10023 45-5626260							