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EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Ar	or the	2014 calendar year, or tax year beginning	and	enaing						
Bo	heck if	C Name of organization		-	D Employe	er identificati	on number			
	Addre:									
	Name chang	Doing business as		-		02-6007881				
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telepho	ne number				
	Final return/	P.O. BOX 213	·			603-64	6-9651			
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross rece	pts \$	198,	149.		
	Ameno				H(a) Is this	a group return	n			
	Applic	F Name and address of principal officer PET	ER COWAN			oordinates?		X No		
	pendir	P.O. BOX 213, HANOVER,	NH 03755-0213		H(b) Are all s	ubordinates includ	led? Yes	□ No		
IT	ax-exe	empt status: X 501(c)(3) 501(c) ()	✓ (insert no.) 4947(a)(1)	or 527	If "No,	" attach a list.	. (see instructi	ons)		
Jν	Vebsit	e: ► N/A			H(c) Group	exemption nu	umber 🕨			
			sociation Other	L Year	of formation:	2006 m St	ate of legal dom	ıcıle: NH		
		Summary								
_		Bnefly describe the organization's mission or most	significant activities: SEE	SCHEDU	JLE O					
Governance		,								
rua	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	e than 25% o	f its net asset	s.			
S e		Number of voting members of the governing body	•			3		17		
		Number of independent voting members of the go	•			4		17		
Activities &		Total number of individuals employed in calendary				5		0		
/itie		Total number of volunteers (estimate if necessary)	,			6		0		
cţi		Fotal unrelated business revenue from Part VIII, co	• • • • • • • • •			7a		0.		
4		Net unrelated business taxable income from Form		· · · · · · · · · · · · · · · · · · ·		7b		0.		
nue Activi					Prior Ye	ar	Current Ye	ar		
6	8	Contributions and grants (Part VIII, line 1h)			218	,878.		941.		
֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		Program service revenue (Part VIII, line 2g)			80	,350.	80,	159.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4				277.	14,	241.		
ď.		Other revenue (Part VIII, column (A), lines 5, 6d, 8d				0.		0.		
	1	Fotal revenue - add lines 8 through 11 (must equal		··· ··	299	,505.	193,	341.		
		Grants and similar amounts paid (Part IX, column (0.		0.		
		Benefits paid to or for members (Part IX, column (*	·	_	0.		0.		
ý		Salaries, other compensation, employee benefits (0.		0.		
Expenses	1	Professional fundraising fees (Part IX, column (A),	• • • • • • • • • • • • • • • • • • • •		3	,086.	3,	800.		
(bei		Total fundraising expenses (Part IX, column (D), lin	100	49.	A STATE OF THE STA					
û		Other expenses (Part IX, column (A), lines 11a-11d				,658.	144,	782.		
		Total expenses. Add lines 13-17 (must equal Part I		•	150	,744.	148,	582.		
		Revenue less expenses. Subtract line 18 from line	**************************************	Total Control	148	,761.	44,	759.		
ets or lances			HECEIVED	В	ginning of Cu		End of Yea	ar		
sets	20	Fotal assets (Part X, line 16)		701	2,057	,155.	2,117,	821.		
Net Asse Fund Balt		Total liabilities (Part X, line 26)	₩ NOV I 9 2015			0.		0.		
Per		Net assets or fund balances. Subtract line 21 from	<i>a</i> -	191 -	2,057	,155.	2,117,	821.		
		Signature Block		Ιčέ						
Unde	er pena	ties of perjury, Leclare that I have examined this return,	including accompanying schedule	es and statem	nents, and to th	e best of my kn	owledge and be	lief, it is		
true,	correc	ities of perjury, Lecclare that I have examined this return, t, and complete. Declaration of prepare r (9the r than offici	r) is based on all information of w	hich prepare	r has any know	ledge.				
		Jagn Lum				NOV 1	2 20			
Sigr	1	Signature of officer			Dat	е				
Her	e	PETER COWAN, PRESIDENT	JAAN LUI	Mi	TREAS	SUSER	_			
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid	I					self-employed				
Preparer Firm's name Firm's EIN										
Use	Only	Firm's address				_				
					Pho	one_no.				
May	the IF	S discuss this return with the preparer shown abo	ove? (see instructions)				Yes	No		
		7-14 LHA For Paperwork Reduction Act Notic		ions.			Form 99	0 (2014)		

	n 990 (2014) SPHINX FOUNDATION rt III Statement of Program Service Accomplishments		6007881 Page 2
	Check if Schedule O contains a response or note to any line in th	nis Part III	X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during	the year which were not listed on	·
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in	how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the		totai experises, and
4a	revenue, if any, for each program service reported. (Code) (Expenses \$ 55,620 • including grants	of \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	35,488.)
-1 a	SEE SCHEDULE O	01\$) (Revenue 3	3371000
	DEE OCHEDOLE O		
	1 A 1/2		-
			00 004
4b		of \$) (Revenue \$	22,384.
	SEE SCHEDULE O		
			 -
			
	-		
4c	(Code) (Expenses \$ 34,930. including grants	of \$) (Revenue \$	22,287.
	SEE SCHEDULE O		
			U= 0*
4d	Other program services (Describe in Schedule O.)	<u> </u>	
4U	(Expenses \$ including grants of \$) (Revenue \$)
	105 (00	/ Viovolide @	
4e	Total program service expenses \(\) 125,632.		

Form 990 (2014) SPHINX FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			110
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	'		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10		1
••	as applicable.		'	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	 -	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
h	Schedule D, Parts XI and XII Was the organization included in consolidated independent sudited financial statements for the tax year?	12a	 	X
U	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	12h		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	125	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	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	<u> </u>	1	ŀ
	Or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	 -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
20	Complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	 	^
	100 to mio 200, dio trie diganization attach a copy of its addited financial statements to tris fetuff:		990	(001.4)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		ļ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	i		
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		х
ь	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		X
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,"		l	1
	Sampleta Sahadula I. Bart II.	26	ļ	х
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		<u> </u>
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	x	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	non-temporal (6 NV-s II non-model Control of the	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	<u> </u>	
٠.	If "Yes," complete Schedule N, Part I	31		_x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	\vdash	
U.	Sahadula N. Dark II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	-22
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34		33	 	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
250	Part V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	 ^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		🕶
27	If "Yes," complete Schedule R, Part V, line 2	36	+	X.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	000	v	
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	X 990	L

	Check if Schedule O contains a response or note to any line in this Part V		
	Check if ochequie o contains a response of note to any line in this fact v		
	5.11. 11. 11. 11. 11. 12. 12. 12. 12. 12.	Ye	s No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
D	Enter the humber of forms with the far Enter of thot applicable	İ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	c	
0-	(3-1-1-1)		
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 2a 0		
		.b	
D			+
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	a	X
3a		b	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	"	+-
4a		a	X
.		-	+
U	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5.	No. 10 10 10 10 10 10 10 10 10 10 10 10 10	ia	x
5a		ib	$\frac{x}{x}$
		ic	+**
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u></u>	+-
Va		ia	x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	a	
J		ь	
7	Organizations that may receive deductible contributions under section 170(c).		+
a		a	X_
		b	<u> </u>
			+-
		'c	х
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е		'e	
f		7f	
g		'g	
h		'h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
		в	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
а	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.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	2a	
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.	\perp	
а	Is the organization licensed to issue qualified health plans in more than one state?	3a	
	Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		
	organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand	_	
		4a	<u> </u>
<u>b</u>	**	4b	
	F	orm 9 9	(2 014)

02-6007881

Form 990 (2014)

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}
Sec	tion 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 17	3.5 25		, ` }
	If there are material differences in voting rights among members of the governing body, or if the governing	, š,	` -	. }
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		3	٠.٠
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 4	. (*	
_	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			_
	and the second s	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		-
	persons other than the governing body?	7ь		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		1
а	The governing body?	8a	X	-1. a c i 778a
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
,	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Test District (Fine decicion di requesto internazion about periode net required by the international decicion		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		l	35. 5.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		,	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		٠	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			''
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ł	1	i
_	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	*		47.7
_	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1, -		* ,
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	-		
17	List the states with which a copy of this Form 990 is required to be filed ►NH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole	
-	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	icial	
	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:			
	JAAN LUMI - 206-419-3468			
	P.O. BOX 213, HANOVER, NH 03755-0213			

432006 11-07-14

<u>PartVII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization n	or any related	orga	ıniza	tion	cor	nper	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)	l (C) l					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person		erson is both an		h an	compensation	compensation	amount of	
	week	_	officer and a dire		recto	ector/trustee)		from	from related	other
	(list any	director .						the	organizations	compensation
	hours for related	ordi	82			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ustee	nsttutional trustee		影	uadu		(44-271099-141130)		and related
	below	dualt	itiona	ا ـ ا	튙	st col	<u>.</u>			organizations
	line)	individual trustee or	髰	Officer	Кеу етріоуее	Highest compensated employee	Former			
(1) PHILIP HARRISON	0.00									
BOARD MEMBER		x						0.	0.	0.
(2) JERRY BIRD	0.00									_
BOARD MEMBER		X						0.	0.	0.
(3) DAVID HARRISON	0.00								_	_
BOARD MEMBER		X	L					0.	0.	0.
(4) RALPH MANUEL	0.00									_
BOARD MEMBER		Х	<u> </u>	Ш		_		0.	0.	0.
(5) PAUL KILLEBREW	0.00									_
BOARD MEMBER		X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(6) JIM TRUNCELLITO	0.00	١					1			_
BOARD MEMBER		X	<u> </u>		_	_	<u> </u>	0.	0.	0.
(7) DENO MOKAS	0.00					1				_
BOARD MEMBER		X	ļ			<u> </u>		0.	0.	0.
(8) JON MERRIMAN	0.00									_
BOARD MEMBER		X	<u> </u>			_	<u> </u>	0.	0.	0.
(9) MARTY MILLIGAN	0.00	۱	1			}			,	۸ ا
BOARD MEMBER	0.00	X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(10) DIMITRI GERAKARIS	0.00	١.,						0.	0.	0.
BOARD MEMBER	0 00	Х	├ —	_		-	<u> </u>		0.	· ·
(11) ETHAN PRECHETTE	0.00	x	}					0.	0.	0.
BOARD MEMBER	0.00	≏	├	\vdash	-	-	┝	<u> </u>	- 0.	
(12) TED NEWHOUSE BOARD MEMBER	0.00	x						0.	0.	0.
(13) TOM SLOSBERG	0.00	^	-	┢	┢	├	┢		· · · · · · · · · · · · · · · · · · ·	
BOARD MEMBER	0.00	x		l				0.	0.	0.
(14) PETER COWAN	0.00	 -		-	\vdash	-	1			
PRESIDENT		1		x	İ	İ	ļ	0.	0.	0.
(15) JAAN LUMI	0.00	1	十			T	t			
TREASURER		1		Х				0.	0.	0.
(16) MATT LEBLANC	0.00									
SECRETARY		L	L	X	L			0.	0.	0.
(17) PETER FREDERICK	0.00	$\lceil \rceil$			_				_	
VICE PRESIDENT		<u>L</u>	<u> </u>	Х	L	_		0.	0.	0.

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Form 990 (2014)

اكوا	Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	1			
	(A)	(B)			•	C)			(D)	(E)		(F)
	Name and title	Average		not c		more	than		Reportable	Reportable		Estimated
		hours per week	box	, unte	ss pe	rson	ıs bot	h an	1	compensatio		amount of
		(list any	├-	П	Ī		Π	Ė	from the	from related organization		other compensation
		hours for	giect						organization	(W-2/1099-MIS		from the
		related	ige or	器	l		nsate		(W-2/1099-MISC)	`		organization
		organizations	l tus	를	1	aye	E E					and related
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Бугтег		ļ	1	organizations
		11110)	트	뽈	튭	ş	풀통	훈				
			{									
		 	⊢	├	├	⊢	├—	\vdash		 		
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			1									
				•								
		<u> </u>		ļ		<u> </u>	_	<u> </u>				
			┈	⊢	\vdash	├	┼	-				
		 -	1	l	ĺ							
		1	\vdash	 	\vdash		一	t				
			1	İ								_
				L.		<u> </u>	l					
	Sub-total							ightharpoons	0.		0.	0.
	Total from continuation sheets to Part V	II, Section A							0.		0.	0.
_									<u> </u>			0.
2	Total number of individuals (including but r	ot limited to tr	ose	liste	ed a	bov	e) wi	no r	eceived more than \$100	0,000 of reportab	le	0
	compensation from the organization								· · · · · · · · · · · · · · · · · · ·			Yes No
3	Did the organization list any former officer	director, or tru	ıste	e. ke	ev er	nolo	ovee	. or	highest compensated e	mplovee on		
	line 1a? If "Yes," complete Schedule J for s							•				3 X
4	For any individual listed on line 1a, is the si	um of reportab	le c					d ot		the organization		
	and related organizations greater than \$15	0,000? If "Yes,	. co	mpl	ete S	Sche	edul	e J i	for such individual		İ	4 X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services		
	rendered to the organization? If "Yes," con	plete Schedul	e J i	for s	uch	per	son		·			5 X
	tion B. Independent Contractors									<u> </u>		., ,
1	Complete this table for your five highest co										pens	ation from
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	VILI	Or W	1	(B)	year.		(C)
	Name and business	address	N	INC	E			Ì	Description of s	services	С	compensation
				_				ヿ				
								_				
								ļ				
					_			-				
								_ [
2	Total number of independent contractors (including but n	ot lı	mite	d to	tho	se li	stec	d above) who received n	nore than		
	\$100,000 of compensation from the organi	ization 🕨				(0					
												Form 990 (2014)

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Form 990 (2014) SPHINX FOUNDATION Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		,		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ĺ			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	75.		75.	
c	Accounting	10,413.		10,413.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	3,800.			3,800
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A) amount, list line 11g expenses on Sch 0.)		ľ		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	23,572.	23,572.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,120.	38,120.		
23	Insurance	8,840.	8,840.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EDUCATIONAL PROGRAMS	20,691.	20,691.		
b	SUPPLIES	17,340.	13,905.	1,513.	1,922
c	REAL ESTATE TAXES	14,623.	14,623.		
d	POSTAGE	6,243.	1,016.		5,227
е	All other expenses	4,865.	4,865.		
25	Total functional expenses. Add lines 1 through 24e	148,582.	125,632.	12,001.	10,949
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ	ļ		

Part X	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part X	(A)		
		Beginning of year	- 1	End of year
1	Cash - non-interest-bearing	450,754.	_1	264,305.
2	Savings and temporary cash investments	747,805.	2	1,030,701.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	<u>- </u>
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			<u>. </u>
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7			7	
			8	
` 8	Inventories for sale or use		9	
9	Prepaid expenses and deferred charges			
108	a Land, buildings, and equipment: cost or other		!	
١.	basis. Complete Part VI of Schedule D 10a 1,121,361. Less: accumulated depreciation 10b 298,546.	858,596.	10c	822,815.
	Less: accumulated depreciation 10b 290, 340.	030,330.	11	022,013
11	Investments - publicly traded securities		12	
12	Investments - other securities. See Part IV, line 11		13	
13	Investments · program-related. See Part IV, line 11		14	
14	Intangible assets			 .
15	Other assets. See Part IV, line 11	2,057,155.	15	2,117,821
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,057,155.	16	2,117,021
17	Accounts payable and accrued expenses		17 18	
18	Grants payable		19	
19	Deferred revenue			
20	Tax-exempt bond liabilities		20	· <u>-</u>
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	····
22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities 5	key employees, highest compensated employees, and disqualified persons.		_	
5 5	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	_,
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
ł	parties, and other liabilities not included on lines 17-24) Complete Part X of		_	
	Schedule D		25	0
26_	Total liabilities. Add lines 17 through 25	0.	26	
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se	complete lines 27 through 29, and lines 33 and 34.	1 664 060		1 724 725
	Unrestricted net assets	1,664,069.	27	1,724,735 125,149
ra 28	Temporarily restricted net assets	125,149. 267,937.	28	267,937
29 29	Permanently restricted net assets	401,931.	29	201,931
27 28 29 20 Linux palances 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.		_	
30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	2 057 155	32	2 117 021
33	Total net assets or fund balances	2,057,155.	33	2,117,821
34	Total liabilities and net assets/fund balances .	2,057,155.	34	2,117,821 Form 990 (2014

Form **990** (2014)

_	990 (2014) SPHINX FOUNDATION	02-60	07881	Page 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> L</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,341.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,582.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,759.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,155 <u>.</u>
5	Net unrealized gains (losses) on investments	5	15	<u>,907.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	2,117	7,821.
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. </u>
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			ľ
b	Were the organization's financial statements audited by an independent accountant?		2b	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-133?	_	3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	
			Form	990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		SPHI	NX FOUNDAT:	ION			0	2-6007881					
Pa	rt I	Reason for Public (mplete thi	s part) Se	e instructions						
he	organi	zation is not a private found	ation because it is: (I	For lines 1 through 11, c	heck only	one box)							
1		A church, convention of ch	urches, or associatio	n of churches described	ın sectio	n 170(b)(1)(A)(i).						
2		A school described in secti											
3		A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	i).						
4	一	A medical research organiz						the hospital's name,					
		city, and state:	•	•									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
•	_	section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	$\overline{\mathbf{x}}$	An organization that norma	•					public described in					
•	لبخف	=		miai part of its support i	ioni a gov	ommonia	and or norm the general	,					
		section 170(b)(1)(A)(vi). (C	•	4VAVvi) (Complete Part	• II V								
8	뭄	A community trust describe					ana mambarahin faac a	nd arose receipts from					
9		An organization that norma											
		activities related to its exen											
		income and unrelated busin		(less section 5 i i tax) fro	om busine	sses acqu	ired by the organization	alter Julie 30, 1975					
		See section 509(a)(2). (Cor	•		(-1. 0		20(-)(4)						
10	뭐	An organization organized a	•	•	-								
11	Ш	An organization organized a											
		more publicly supported or						neck the box in					
		lines 11a through 11d that											
а	L	Type I. A supporting orga											
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or trustees of the s	upporting					
		organization. You must o	•										
b		Type II. A supporting org											
		control or management o	f the supporting orga	anızatıon vested in the s	ame perso	ons that co	entrol or manage the sup	ported					
		organization(s). You mus	-										
C	L_	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,					
		its supported organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	y i <mark>ntegrated.</mark> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a disti	ribution re	quirement and an attent	iveness					
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or											
f	Ente	r the number of supported of	organizations		_		• •						
g	Prov	ride the following information	about the supporte	ed organization(s).									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the o		(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9 above or IRC section	listed i governing (document?	support (see	other support (see					
				(see instructions))	Yes	No	Instructions)	Instructions)					
		_											
						1							
						 							
					1								
- -	si le												
ota	21			<u> </u>	<u> </u>	·	<u>. </u>						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 SPHINX FOUNDATION 02-60078

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants.")	266,765.	127,028.	150,940.	170,188.	168,499.	883,420.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to			1				
	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	266,765.	127,028.	150,940.	170,188.	168,499.	883,420.	
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)						12,184.	
6	Public support. Subtract line 5 from line 4						871,236.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	266,765.	127,028.	150,940.	170,188.	168,499.	883,420.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	7,723.	446.	1,773.	277.	14,242.	24,461.	
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.)							
11	Total support. Add lines 7 through 10						907,881.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	300.	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stor		·	.			▶ □	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			<u> </u>		
14	Public support percentage for 2014 (ine 6, column (f) di	ivided by line 11, o	olumn (f))		14	95.96 %	
	Public support percentage from 2013		•		•	15	<u>91.04 %</u>	
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ [X]	
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qual	•						
17a	17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶	
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ci	neck this box and	stop here. Explair	ı ın Part VI how the	•	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	. ▶Щ	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t		-		
					Scho	dule A (Form 990	or 990-F71 2014	

6663_001

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in				}		
	any activity that is related to the organization's tax-exempt purpose				1		
3	Gross receipts from activities that				· · · · · · · · · · · · · · · · · · ·	 	
3	are not an unrelated trade or bus-						
	iness under section 513						
						 	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			 		 	
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
8	Public support (Subtract line 7c from line 6)				<u> </u>		
<u>Se</u>	ction B. Total Support						- //-
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties			,			
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)	·			<u> </u>		
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the executation?	a first assemd the	d fourth or fifth t	av voor oo o oost	on 501(a)(3) organiz	ation
14	-	tile organization	s iirst, second, triii	ia, iouriii, or iiitii t	ax year as a secu	on so ricits organiz	ation,
Sac	check this box and stop here ction C. Computation of Publi	ic Support Pe	rcentage	· · ·	*		
	Public support percentage for 2014 (I			column (fl)		15	%
	Public support percentage for 2014 (in Public support percentage from 2013					16	%
	ction D. Computation of Inves				• •	1101	
						17	%
	Investment income percentage for 20			ne ro, column (I))			%
	Investment income percentage from 2				0 15 10 mars the=	18 33 1/3% and line 1	
198	33 1/3% support tests - 2014. If the						/ IS HOL
	more than 33 1/3%, check this box at	-	•	•			₽
t	33 1/3% support tests - 2013. If the						and 🛌
	line 18 is not more than 33 1/3%, che			•		-	₹
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ii	nstructions	▶∟

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 and C. If you checked 11c of Part I, complete Sections A. D. and F. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

_	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations		, 	ı
			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_1_	ļ	_
2	Did the organization have any supported organization that does not have an IRS determination of status			İ
	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	 -	-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	 	
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	۱		-
	organization made the determination.	3b	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		ł	ł
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1 40		ļ
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a_	+	
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		
	despite being controlled or supervised by or in connection with its supported organizations.	46_	+	
С	Did the organization support any foreign supported organization that does not have an IRS determination			ļ
	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)			İ
		4c		
E a	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1	1	
Ja	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			İ
	was accomplished (such as by amendment to the organizing document).	5a		
h	Type I only. Was any added or substituted supported organization part of a class already	94	i	†···
	designated in the organization's organizing document?	5b		
С	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	ľ		1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	1	<u> </u>
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	İ		
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	ļ	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	1
	If "Yes," complete Part I of Schedule L (Form 990).	8	_	<u> </u>
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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	 	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	—	-
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	j		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	-
10a	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	-	-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	- 1	1	1

determine whether the organization had excess business holdings.)

☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Schedule A (Form 990 or 990-EZ) 2014

and 4c.

8 a b Breakdown of line 7:

d Excess from 2013 e Excess from 2014

Schedule A	A (Form 990 or 990-EZ) 2014 SPHINX FOUNDATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	02-6007881	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	17a or 17b; and Part III, line 1	12.
	Also complete this part for any additional information. (See instructions)		
			
			
			

SCHEDULE D

Department of the Treasury

(Form 990)

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.

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

Name of the organization

Employer identification number

Inspection

02-6007881 SPHINX FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Schedule D (Form 990) 2014

		FOUNDATION		 		011-			07881	
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, check	cany of the	following tha	it are a sig	Inificant	use of its	collection if	tems
	(check all that apply).									
а	Public exhibition				hange progra					
b	Scholarly research	•	• —	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ose in Pan	XIII.	
5	During the year, did the organization solicit o					er sımılar	assets	Γ	٦	
	to be sold to raise funds rather than to be ma								Yes	L No_
Pai	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered '	"Yes" to F	orm 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets not i	ncluded		7	<u> </u>
	on Form 990, Part X?							∟	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:						
									Amount	
	Beginning balance					•	1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	€ 21, for e	escrow or co	ustodial acco	ount liabili	ty?	. ∟	Yes	Щ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has been	provided in	Part XIII				
Pai	t V Endowment Funds. Complete i	f the organization a	nswered	"Yes" to Fo	rm 990, Part	IV, line 10).			
		(a) Current year	(b) P	nor year	(c) Two year	rs back (d) Three y	years back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships			,						
e	Other expenditures for facilities									
•	and programs		ļ		1					
f	Administrative expenses									
g	End of year balance		1		†					
2	Provide the estimated percentage of the curr	rent year end halan	ce (line 1	a column (s	a)) beid as					
_	Board designated or quasi-endowment	-	%	g, coluini (c	ajj neid as.					
a h	Permanent endowment	%								
										
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should be a sh					4 41				
3a	Are there endowment funds not in the posse	ssion of the organia	zation tha	at are neid a	na aaministe	erea for th	e organi	zauon	L.	
	by:									es No
	(i) unrelated organizations		-	-				• • •	3a(i)	
_	(ii) related organizations						•		3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	·		-					3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par										
	Complete if the organization answered			 						
	Description of property	(a) Cost or			or other		cumulate		(d) Book v	/alue
		basis (invest	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings			1,09	6,891.	2	76,3	18.	820	<u>,573.</u>
С	Leasehold improvements									
d	Equipment			2	4,470.		22,2	28.	2	,242.
е	Other									
Γotal	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line 1	10c)			>	822	,815.

Schedule D (Form 990) 2014

16001110 310548 6663.000

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII L

Schedule D (Form 990) 2014

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No 1545-0047

Open To Public Inspection

Name of the	organization										identi		on nu	mber
			OUNDATION								<u>078</u>	81_		
Part I						on 501(c)(4), and 50								
	Complete if the o	organization ans	swered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25	b, or	Form 990-EZ, Pa	art V, I	ıne 40	b.			
			Relationship between disqualified person and organization			rfied (c) De	escription of tran	sactio	ction			(d) Corrected?	
(4) 114411			person and o	rganiza	ation		(O) Boson priori or indirection				_ Y€	s	No	
												-		
												+	-+	
				-								+		
					_							+	_	
2 Enter t	he amount of tax i	ncurred by the	organization mar	nagers	or disc	qualified persons du	ırina	the vear under	-			!	<u> </u>	
section	1050					,				> \$				
	he amount of tax,			ed by	the or	ganization								
Part II			terested Per											
	·	_				, Part V, line 38a or	Forn	n 990, Part IV, lin	e 26,	or if th	e orga	nızatı	on	
	reported an amo						1 .		· .		(h) Apr	roved	en 14	
	Name of ested person	(b) Relationship with organization	Trom the		l by boa	oproved (i) Writter board or agreemen		ritten ment?						
intere	sted person	With Organizatio	or loan		zation?	principal amount					Yes	No	Yes	No
		 	1	1-10	From				Yes	No	res	NO	res	NO
				1	 		╁┈	٠		<u> </u>				
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Fotal Part III	Grants or As	eistanoo Bo	nofiting Into	rocto	d Do	reone \$			<u> </u>				l	
-art III			_											
(a) No	Complete if the came of interested p		swered "Yes" on			(c) Amount of		(d) Type	of		(e) Puro	ose o	
(a) No	anie or interested p	person				Purpose of ssistance								
			the organiz	ation										
								·		-				
			-1-					 						
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	···					 		-						

Schedule L (Form 990 or 990-EZ) 2014

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

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (c) Amount of (a) Name of interested person (d) Description of organization's person and the organization transaction transaction revenues? Yes No 250 THE FOUNDAT X DAVE HARRISON BOARD MEMBER PETE COWAN BOARD PRESIDENT 75. THE FOUNDAT Х Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: DAVE HARRISON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER AMOUNT OF TRANSACTION \$ 250. (D) DESCRIPTION OF TRANSACTION: THE FOUNDATION USED THE SERVICES OF TRUMBULL-NELSON TO PERFORM MAINTENANCE ON THE FACILITY. DAVE HARRISON IS A BOARD MEMBER AND AN EMPLOYEE/MANAGER OF TRUMBULL-NELSON (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: PETE COWAN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD PRESIDENT (C) AMOUNT OF TRANSACTION \$ 75. (D) DESCRIPTION OF TRANSACTION: THE FOUNDATION USED THE SERVICES OF SHEEHAN, PHINNEY, BASS & GREEN TO PERFORM LEGAL SERVICES. PETE COWAN IS AN OFFICER AND AN OWNER OF SHEEHAN, PHINNEY, BASS & GREEN. (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number 02-6007881 SPHINX FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SPHINX FOUNDATION (THE FOUNDATION) PROMOTES CERTAIN EDUCATIONAL AND
CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(C) (3) OF THE
INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE). MORE
SPECIFICALLY, THE PURPOSES FOR WHICH THE CORPORATION IS FORMED INCLUDE:
A)TO EDUCATE THE STUDENTS OF DARTMOUTH COLLEGE ('DARTMOUTH' OR THE
'COLLEGE') AND MEMBERS OF THE COLLEGE COMMUNITY AND MEMBERS OF THE
GENERAL PUBLIC WITH THE PURPOSE OF FURTHERING KNOWLEDGE OF THE HISTORY
AND TRADITIONS OF DARTMOUTH
B)TO PRESERVE AND CARRY ON THE EDUCATIONAL AND CHARITABLE TRADITIONS
AND CEREMONIES OF THE SPHINX ORGANIZATION WHICH SINCE ITS FOUNDING IN
1885 HAS PROMOTED THE IDEALS OF ACADEMIC EXCELLENCE, COMMUNITY SERVICE,
HIGH MORAL PURPOSE AND RESPECT FOR THE TRADITIONS AT THE COLLEGE, AND
TRAINED AND EDUCATED SELECTED UNDERGRADUATE MEMBERS OF THE COLLEGE TO
BECOME PROSPECTIVE LEADERS OF THE COLLEGE, LOCAL, NATIONAL AND GLOBAL
COMMUNITY.
C)TO BE A RESERVOIR OF DARTMOUTH'S TRADITIONS
PART III -STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
A) EDUCATION
DURING 2014 THE FOUNDATION CONDUCTED ITS FORMAL ANNUAL COURSE ON
DARTMOUTH AND SPHINX HISTORY AND TRADITIONS FOR THE CLASS OF 2015
UNDERGRADUATE MEMBERS. THE COURSE WAS CONDUCTED IN THE SPHINX BUILDING
AND OVERSEEN BY ALUMNI MEMBERS. THE COURSE COMBINED LECTURES, ORAL
REVIEW SESSIONS WITH READING ASSIGNMENTS. THERE WERE THREE SESSIONS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

02-6007881 SPHINX FOUNDATION PER ACADEMIC QUARTER (EXCLUDING SUMMER) AND INCLUDED GUEST LECTURES. UNDERGRADUATE MEMBERS SUCCESSFULLY PASSED THE ORAL EXAM IN MAY 2014. UNDERGRADUATE MEMBERS MADE EXTENSIVE USE OF THE SPHINX FACILITIES WHICH INCLUDE THE LIBRARY AND STUDY STATIONS). THE FOUNDATION MAINTAINS THE BUILDING'S WIRELESS AND HIGH SPEED CONDUCTIVITY TO ENSURE THE SPHINX BUILDING PROVIDES THE STRONGEST SUPPORT FOR UNDERGRADUATE ACADEMIC ACTIVITIES. GENERAL ACTIVITIES OF UNDERGRADUATE MEMBERSHIP IN SPHINX INCLUDE EXTENSIVE PEER DRIVEN LEARNING EXPERIENCES THAT TAKE PLACE IN THE SPHINX BUILDING. THESE INCLUDE INFORMAL ACADEMIC DEBATE AND DISCOURSE, FULFILLMENT OF GROUP LEADERSHIP ROLE, GROUP GOAL SETTING AND PLANNED ACTIVITIES, BASIC BUDGET MANAGEMENT, AND INTERACTION WITH COLLEGE OFFICIALS. THE SPHINX FOUNDATION ORGANIZES AND SUPPORTS PUBLIC LECTURES AND PARTNERS WITH THE COLLEGE'S CONTINUING ALUMNI EDUCATION PROGRAMS WHEN REQUESTED AND APPROPRIATE. IN 2014 THE FOUNDATION CONTINUED ITS SUPPORT OF THE 'HILL WINDS SOCIETY', A DIVERSE GROUP OF UNDERGRADUATES SELECTED TO BE 'AMBASSADORS' TO THE VISITING ALUMNI BODY. THE HILL WINDS SOCIETY WAS FOUNDED IN 2008 AND CONSISTS OF MEMBERS SELECTED ON THE BASIS OF CAMPUS INVOLVEMENT, COMMUNICATION SKILLS, LEADERSHIP POTENTIAL AND AN INFECTIOUS DARTMOUTH SPIRIT. THE FOUNDATION FURTHER FULFILLS ITS EDUCATIONAL MISSION BY FUNDING THE COST OF PURCHASING AND DISTRIBUTING COPIES OF THE FIRST YEAR READING PROGRAM BOOK TO THE INCOMING UNDERGRADUATE CLASS. THE BOOK IS SELECTED BY MEMBERS OF THE FACULTY OF DARTMOUTH TO BE READ BY THE ENTIRE 'FRESHMAN' CLASS OF OVER 1,100 STUDENTS DURING THE SUMMER PRIOR TO THEIR MATRICULATION AT THE COLLEGE. BY DOING SO, THE SPHINX FOUNDATION PROVIDES AN IMPORTANT AND COMMON FOUNDATION FOR THE RIGOROUS ACADEMIC CURRICULUM TO FOLLOW FOR EVERY DARTMOUTH STUDENT

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Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART VI, SECTION A, LINE 2: