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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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.

□

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	e 2014 cale	ndar year, or tax year beginning , 2014, and ending		, 20	
8	Check	f applicable	C Name of organization Engine, Inc.	D Employe	er identification nu	ımber
	Address	s change	Doing business as	27-2463118		
	Name o	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number		
	Initial re	-	P.O. Box 1681		207.229.3560	
一		um/terminated				
		ed return	City or town, state or province, country, and ZIP or foreign postal code Biddeford, Maine 04005	G Gross re	, ceints \$	216,383
	i	tion pending		subordinates? Ves		
<u> </u>	Applica	non pending		subordinates? Yes		
-					Included / Yes	
· ·		mpt status				113)
7	Websit		v.feedtheengine.org H(c) Group			
K			✓ Corporation Trust Association Other L Year of formation. 2010	M State	of legal domicile.	ME_
Į.	Part I	Summ				
	1		scribe the organization's mission or most significant activities: Promotion of comm		*	s, arts
Anti-iting & solitivities	}	driven pro	gramming, cultural development and sustainable creative activity as a civic priority in E	Biddeford		
Š						
Š	2	Check th	is box ▶☑ if the organization discontinued its operations or disposed of more than	25% of	its net assets.	
Č	3	Number	of voting members of the governing body (Part VI, line 1a)	3		9
o	4	Number	of independent voting members of the governing body (Part VI, line 1b)	4		9
Š	5	Total nur	nber of individuals employed in calendar year 2014 (Part V, line 2a)	5		3
1	6		nber of volunteers (estimate if necessary)	6		25
3	7a		elated business revenue from Part VIII, column (C), line 12	7a		0
	Ь		ated business taxable income from Form 990-T, line 34	7b		
			Prior Ye		Current Ye	ar
2015 ::5	, В	Contribu	tions and grants (Part VIII, line 1h)			172188
\sim	i _					
භ ල	10	_	· · · · · · · · · · · · · · · · · · ·			44195
	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			
<u>م</u>	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
꽁-	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3)			216383
	13				0	
SCANNED	14		paid to or for members (Part IX, column (A), line 380-881			. 0
Ž	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)			72805
CANIN	16a	Profession	nal fundraising fees (Part IX, column (A), Ine 1e) 🚆 📜			0
~	6 b	Total fun	draising expenses (Part IX, column (D), line 25)			}
S i	^j 17	Other ex	penses (Part IX, column (A), lines 11a-11d, 134-24e) co			106802
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A); line 25)			179607
	19	Revenue	less expenses. Subtract line 18 from line 12			36776
-	8		Beginning of Cu	rrent Year	End of Ye	ar
ssets or	[20	Total ass	ets (Part X, line 16)	354202		101034
Ass	B 21		ilities (Part X, line 26)	3877		10505
X	일 21 일 22		ts or fund balances. Subtract line 21 from line 20	350325		90529
_	art II		ture Block	555524		00020
_	_		ry, I declare that I have examined this return, including accompanying schedules and statements, and to t	he best of s	ny kaoviodoo and	boliof it in
			ete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		ny knombago ana	Delier, It is
_	-		Alle Sheetser.	8/1	4/15	
c	ign		ature of officer Da		4//5	
	ere		The second secon			
п	ere	1				
_			or print hame and title		DTN	
P	aid	Printly	pe preparer's name Preparer's signature Date	Check [
Р	repar	er		self-emp	oloyed	
	se Or		ame ▶ Fim	n's EIN ▶		
		Firm's a		ne no		
N	ay the l	RS discus	s this return with the preparer shown above? (see instructions)		🔲 Yes	i ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Cat No 11282Y

	990 (21-2	46311	3 P	age z
Par	t III	Statement of P	•							
		Check if Schedule C	contains a respon	nse or note to any	line in this Part I	<u> </u>	<u>.</u> <u>.</u> . <u></u> .		· · · · · ·	· ∐
1	Briefly	describe the organiz	ation's mission:							
`	Pro	motion of com	munitv-base	d creative	arts.					
		s driven prog				nd sustain	able creative			
		ivity as as s								
	<u>acc.</u>	INTER TO TE TO	naratuante	CTAIC FILE		agerora				
	0.44				d					
2		e organization underta			• .		•	_	🗂	
		990 or 990-EZ?				• • • • • • • •		· · []	Yes X	No
		s,' describe these new							_	
3	Did th	e organization cease	conducting, or ma	ke significant char	iges in how it co	nducts, any progr	am services?]	Yes X	No
	If 'Yes	s,' describe these char	nges on Schedule	Ο.					_	
4	Section	ibe the organization's on 501(c)(3) and 501(devenue, if any, for eac	c)(4) organizations	are required to re	or each of its thr port the amount	ee largest program of grants and allo	n services, as measucations to others, the	red by ex total expe	penses enses,	
4 a	(Code	: 611,420)(Expe	enses S	5,422. incli	iding grants of	\$	0.)(Revenue	\$	10,22	
74								Ÿ	10,22	<u>. 6 .</u>)
		ne_Fab_Lab								
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4 1	· (C- d-		¢	4 000 :			0 \/D=======	<u> </u>		
40	-	: <u>611,600</u>)(Expe		4,208 incl		\$	0. (Revenue	→	11,12	<u>:0.</u>)
	Arts	s_Education_P	<u>rogram - ir</u>	icinatud fü	e Friday A	rt Club an	<u>a</u> _ 		-	· — — —
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4 0		e: <u>711,130</u>)(Expe					0. (Revenue	۶	3,07	<u>/1.</u>)
		<u>organization</u>								. _
	sum	<u>mer Nature Ca</u>	mp_(an_expl	<u>loration</u> of	<u>the art i</u>	<u>n nature a</u>	<u>nd</u>		- -	
	the	creation of	unique work	s_using_it	ems found	in nature)	<u>.</u>			
	Sum	mer Makers Ca	mp - a liv	ely, fun a	nd educati	onal week	of			
		and design b								
										· -
										. – – –
4 0	d Other	program services. (D	escnbe in Schedu	le O.)						
	(Expe	enses \$	in	cluding grants of	\$) (F	Revenue \$)	
4 6	Total	program service expe	enses ►	11,07	5.					
BAA	,				EA0102 05/28/14				Form 990 (2014)

Form 990 (2014) Engine, Inc. Part IV Checklist of Required Schedules

			Yes	NO
. 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
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		х
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		х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	,	4	
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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	11 b		х
(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	11 c	- - -	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	11 d		х
,	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
ı	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	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		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		Х
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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes,' complete Schedule G, Part II	18		х
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		х
	a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х 21 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Х column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 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 Х 23 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24d Х 25a 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 25b Х 26 Х 27 Х 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) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Х 28c Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Χ Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a 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 Х 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 Х 36 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2014)

	Check if Schedule O contains a response or note to any line in this Part V			. \Box
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	$\neg \neg$		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	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)?	4 a		х
b	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 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 2	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	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?	6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	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 services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		L
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	88		ļ
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter] }
	Initiation fees and capital contributions included on Part VIII, line 12			
_	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			i
а	Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			Ī .
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	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			1
	which the organization is licensed to issue qualified health plans	Ì		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
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Pai	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
	Check if Schedule O contains a response or note to any line in this Part VI	· · ·		. X
Sec	ction A. Governing Body and Management			
1 a	a Enter the number of voting members of the governing body at the end of the tax year		Yes	No
2	b Enter the number of voting members included in line 1a, above, who are independent	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		х
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 7 a	Did the organization have members or stockholders?	7 a		x
ı	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?b.combehalf of the governing body?b	8 a	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Rever		ode	
<u> </u>	Ston B. 1 didies (This decision B requeste information about policies not required by the internal rever		Yes	No
10:	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		х
•	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	Х	
13		13		Х
14		14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a		X
١	b Other officers or key employees of the organization	15 b		Х
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		- x
	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?	16 b		
	ction C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed		- 	
18	for public inspection. Indicate how you made these available. Check all that apply.	availab	ole	
19	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available.	le to		
20	the public during the tax year			
	·	(07)	358-	4878

Form 990 (2014) Engine, Inc.	27-2463118	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employed	es, and
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 Compensa	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	g with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), recompensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	regardless of amount of	
• List all of the organization's current key employees, if any. See instructions for definition of 'key employees,	yee.'	
• List the organization's five current highest compensated employees (other than an officer, director, trus who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$ organization and any related organizations.		
• List all of the organization's former officers, key employees, and highest compensated employees who	received more than \$100,000	

of reportable compensation from the organization and any related organizations

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C)						
(A) Name and Title	(B) Average hours per	Average is both an officer and a hours director/trustee)					ก	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional fustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Tammy Ackerman	69.00									
Executive Director	L	Х			L_	Х	L	41,154.	0.	0.
(2) Caleb Johnson President/Director	_1.00	х		Х				0.	0.	0.
(3) Donna McNeil	2.00									
Director		Х						0.	0.	0.
_(4)_Gabrielle_Gallucci	1.00	x						0.	0.	0.
(5) Scot Arthur	3.00									
Director		X						0.	0.	0.
	3.00	х					ļ }	0.	0.	0.
(7) Stephen Burt Director	1.00	х						0.	0.	0.
(8) Irvin Serrano Director	1.00	х						0.	0.	0.
(9) Renee O'Neil Director	1.00	х						0.	0.	0.
(10) Don Furman Treasurer/Director	1.00	х						0.	0.	0.
(11)								_		
(12)										
(13)										
(14)										

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Form 990 (2014)

Sec	tion B. independent Contractors		
1	Complete this table for your five highest compensated independent contractors to compensation from the organization. Report compensation for the calendar year	hat received more than \$100,000 of ending with or within the organization's to	ax year.
	(A) Name and business address	(B) Description of services	(C) Compensation
			L
			<u></u>
		<u> </u>	<u></u>
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		
BAA	TEFA0108 03/09/15		Form 990 (2014)

Corn	, 200 (2014) - Francisco - Toro			27 2462110	Page 9
	1 990 (2014) Engine, Inc. t VIII Statement of Revenue			27-2463118	raye:
<u> ai</u>	Check if Schedule O contains a response or note to any lin	ne in this Part VIII			
-	Check in Concedure & contains a response of viole to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a 0.				
हूं डू	b Membership dues 1 b 0 .				1
8. E	c Fundraising events 1 c 0.				
Sift lar	d Related organizations 1 d 0.				
in.	e Government grants (contributions) 1 e 0 .	1			1
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1f 172,188.				
E O	g Noncash contributions included in lines 1a-1f \$ 0.		}		
<u>ලු ළ</u>	h Total. Add lines 1a-1f	172,188.			
흁	Business Code				
eke	2a FabLab611600	10,226.	10,226.	0.	0.
ä	b Education 611600	11,120.	11,120.	0.	0.
Program Service Revenue	Special Events 711130	3,071.	3,071.	0.	0.
	<u> </u>				
gran	f All other program service revenue	10 770	10 770	0.	0.
ĕ	g Total. Add lines 2a-2f	19,778. 44,195.	19,778.		
<u> </u>	3 Investment income (including dividends, interest and	44,190.			
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds >				
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including \$ 0 . of contributions reported on line 1c).				
æ	See Part IV, line 18 a				
Ē	b Less direct expenses b				
ठ	c Net income or (loss) from fundraising events ▶				
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory]			

BAA

d All other revenue

e Total. Add lines 11a-11d

0.

0_

0.

44,195.

Business Code

0.

Form 990 (2014) Engine, Inc. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	oot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.1	0.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 · · · · · · · ·	0.1	0.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	41,154.	0.	41,154.	0.
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.	0.	0.	0.
7	Other salaries and wages	19,133.	19,133.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0.		0.	0.
9	Other employee benefits	0.	0.	0.	0.
10	Payroll taxes	12,518.	2,246.	10,272.	0.
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting	5,139.	0.	5,139.	0.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,476.	7,476.	0.	0.
12	Advertising and promotion		,		
13	Office expenses	15,996.	0.	15,996.	0.
14	Information technology				
15	Royalties				
16	Occupancy	48,940.	0.	48,940.	0.
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	• • • •				
23 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.)				
a	Gen'l program expense	26,784.	26,784.	0.	0.
	Subscriptions	1.146.	0.	1,146.	0.
	Sales_tax_expense	1.321.	1,321.	0.	0.
c	_				
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	179,607.	56,960.	122,647.	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 Infollowing SOP 98-2 (ASC 958-720).				

Balances

Fund

늄

BAA

27

lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

Temporarily restricted net assets

Capital stock or trust principal, or current funds

Organizations that do not follow SFAS 117 (ASC 958), check here | X

Form 990 (2014) Engine, 27-2463118 Part X **Balance Sheet** (B) (A) End of year Beginning of year 85,760. 1 49,634. 2 2 Savings and temporary cash investments 3 3,667. 4 2,910. Loans and other receivables from current and former officers, directors 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 6 7 4ssets 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. 10 a Complete Part VI of Schedule D 10 a 19.272 10 c 300,901 12,364. 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 <u>354,202</u> 101,034 <u>3,8</u>77 17 17 10,505 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 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 \dots 25 25 Total liabilities. Add lines 17 through 25.......... 3,877 26 10,505 Organizations that follow SFAS 117 (ASC 958), check here ► and complete

Assets Paid-in or capital surplus, or land, building, or equipment fund 350,325 31 Retained earnings, endowment, accumulated income, or other funds . . . 32 ž Š 33 350,325 34 354,202

101,034. Form 990 (2014)

90,529.

90,529.

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Form	990 (2014) Engine, Inc. 27-2	2463118		Pa	ge 12
Par					_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	<u>. X</u>
. 1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	16,3	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	79,6	<u> 107.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		36 <u>,7</u>	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	50,3	25.
5	Net unrealized gains (losses) on investments	5			
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	-2	96,5	72.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)).	10		90,5	29.
Par	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·		<u>.</u>	<u>. []</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				į
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		_X
	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				_ 1
]]		
t	Were the organization's financial statements audited by an independent accountant?	• • • • •	2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis) !		ļ
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	•			
•	review, or compilation of its financial statements and selection of an independent accountant?		2 c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
	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?		3 a		х
ı	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdıt			ļ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3 b		L
BAA			Form	990 ((2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Engi	ne, Inc.					27-2463118			
Part	I Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	S.		
The or	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box)								
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization						e hospital's		
- 1	name, city, and state:								
5									
6	A federal, state, or local gover	nment or governmenta	I unit described in sectio	n 170(b)(1)(A)(v	').			
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	nental ur	nit or from the general pu	blic described		
8	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)						
9	An organization that normally from activities related to its exinvestment income and unrela June 30, 1975. See section 5	empt functions — subje ted business taxable in 09(a)(2). (Complete Pa	ct to certain exceptions, icome (less section 511 irt III)	and (2) i tax) from	no more i busines	than 33-1/3% of its supposes acquired by the org	ort from gross		
10	An organization organized and	•				· · · · ·			
11	An organization organized and or more publicly supported organizes 11a through 11d that des	janizations described ir	n section 509(a)(1) or se	ection 50	09(a)(2).	See section 509(a)(3).	rposes of one Check the box in		
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elec	ed, or controlled by its so t a majority of the director	upported ors or tru	organız stees of	ation(s), typically by giving the supporting organization.	ng the supported non. You must		
b	Type II. A supporting organiza management of the supporting must complete Part IV, Section	organization vested in	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having te the supported organiz	control or ation(s). You		
С	Type III functionally integrat organization(s) (see instruction	ed. A supporting organes) You must comple	ization operated in conn te Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	ith, its supported		
d	Type III non-functionally integrated The on instructions). You must comp	ganization generally mi	ust satisfy a distribution i	connecti requirem	on with ent and	its supported organizatio an attentiveness require	n(s) that is not ment (see		
е	Check this box if the organization integrated, or Type III non-fundamental control of the contro			RS that is	з а Туре	I, Type II, Type III functi	onally		
f	Enter the number of supported or	ganizations							
g	Provide the following information	about the supported or	ganızatıon(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 organizati in your go docun	on listed everning	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)		
				Yes	No				
(A)									
3-7									
(B)									
(C)				ļ			l		
(D)			1				_		
<u> </u>					}				
<u>(E)</u>									
Total							000 000 573 000		
BAA	For Paperwork Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (For	n 990 or 990-EZ) 2014		

27-2463118 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	tion A. Public Support	,					
Cale	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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			 			
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on secunties 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 10						
12	Gross receipts from related activiti	ies, etc (see instru	ctions)				2
13	First five years. If the Form 990 is organization, check this box and s	top here	<u> </u>				
Sec	tion C. Computation of Pu	blic Support F	ercentage	 			
14	Public support percentage for 201	4 (line 6, column (i	f) divided by line 1	1, column (f))		1	
	Public support percentage from 20						
	a 33-1/3% support test — 2014. If and stop here. The organization of	qualifies as a publi	cly supported orga	nization			▶ ∐
ı	o 33-1/3% support test — 2013. If t and stop here. The organization	the organization di qualifies as a publi	d not check a box cly supported orga	on line 13 or 16a, anization	and line 15 is 33-1/ 	3% or more, che	eck this box
17 8	a 10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	l-circumstances' te	st, check this box	and stop here. Exp	olain in Part VI h	ow
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and -circumstances' tes	l-circumstances' te st. The organizatio	st, check this box n qualifies as a pul	and stop here. Exp blicly supported org	olaın ın Part VI h janization	ow the □
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instru	ctions ►

27-2463118

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 fa	ailed to qualify under Part II	If the organization fails
to qualify under the tests listed bel	ow, please complete Part II.)		

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees	· [
	received. (Do not include		10 505	00 400			011 066
2	any 'unusùal grants.') Gross receipts from admis-	32,043.	42,525.	22,402.	114,996.		211,966.
_	sions, merchandise sold or		ĺ				
	services performed, or facilities	}	}				-
	furnished in any activity that is related to the organization's	}	ļ				j
	tax-exempt purpose				12,871.		12,871.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513 .					,	
4	Tax revenues levied for the						
	organization'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			l l			
	organization without charge						
	Total. Add lines 1 through 5	32,043.	42,525.	22,402.	127,867.		224,837.
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						}
	exceed the greater of \$5,000 or]
	1% of the amount on line 13 for the year						
_	Add lines 7a and 7b					l	
-	Public support (Subtract line						-
•	7c from line 6.)						224,837.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	32,043.	42,525.	22,402.	127,867.		224,837.
10 a	Gross income from interest, dividends,						•
	payments received on securities loans, rents, royallies and income from						
	sımılar sources						
b	income (less section 511				}		
	taxes) from businesses				}		
_	acquired after June 30, 1975						-+
11							
٠.	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 assets (Explain in Part VI)	}			}		
13	Total support. (Add lines 9,						
44	10c, 11 and 12)	32,043.	42,525.			tion 501(a)(3)	1 224,837.
14	First five years. If the Form 990 is organization, check this box and s	top here	on s iirst, second, t		i lax year as a seci		▶ [X]
Sec	tion C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 201	4 (line 8, column (f	divided by line 13	3, column (f))		1	5 %
16	Public support percentage from 20	13 Schedule A, Pa	rt III, line 15	. <u> </u>	<u></u>	1	6 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for						
18	Investment income percentage fro	m 2013 Schedule	A, Part III, line 17			<u>[1</u>	8 %
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check to	the organization di	d not check the bo	ox on line 14, and l	ine 15 is more tha	n 33-1/3%, and	line 17
t	33-1/3% support tests – 2013. If	-	-			-	
	line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organiza	ıtion · · · · · ▶ 📘
20	Private foundation. If the organiz	ation 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 and C. If you checked 11c 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.)

	tion A. All Supporting Organizations		Yes	No
_	Annual City Control of the Control o			<u> </u>
י	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		
				<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status under section	}		1
	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		_
	described in Section 500(a)(1) or (2)	-		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below	3a		
	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	l		
	made the determination	36	1	ł
(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			
	purposes in res, explain in Part VI what controls the organization put in place to ensure such use	3c		├
Α.	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and	ł ,		
70	If you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ł	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		
	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	<u></u>		
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
_				
5 a	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	ţ		1
	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		
	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	}	
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		1	ł
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one			ł
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of	6		
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	·		├—
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			ł
	(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		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'	1	_	1
O	complete Part I of Schedule L (Form 990)	8	1	}
9 8	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))?			l l
	If Yes, provide detail in Part VI	9a		l
		<u> </u>	-	
1	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	96	-	-
	Supporting organization ridu an interest: in 165, provide detail in Fart VI	1 30	 	
(Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,		1	
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
40.	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding	1	\	
107	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes.'	_	1	
	answer (b) below	10a		
	- Did the conscinution have any average hypinass heldings in the towns 2 (Los Cabadyla C. Farm 1700 to determine		ļ	
,	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	10b]	

Sche	edule A (Form 990 or 990-EZ) 2014 Engine, Inc. 27~24	63118	F	Page :
Pàr	t IV Supporting Organizations (continued)			
44	Has the organization accepted a gift or contribution from any of the following persons?	<u></u>	Yes	No
-	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		-
b	o A family member of a person described in (a) above?			_
	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	1		f
	tion B. Type I Supporting Organizations		<u>. </u>	
			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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion 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		-
Sec	tion 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		<u> </u>	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below	·		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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		
t	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	Parent of Supported Organizations. Answer (a) and (b) below.			
ā	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? Provide details in Part VI	3a		
ŧ	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6		6	
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Ty	pe III supporting organization

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Schedule A (Form 990 or 990-EZ) 2014

	_					
Schedule	АΙ	(Form	990	or 990	-EZ)	2014

Page 7

Part V	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Section	D - Distributions			Current Year
1 Am	ounts paid to supported organizations to accomplish exempt purpose	es		
2 Am	ounts paid to perform activity that directly furthers exempt purposes of income from activity	of supported organization	ons,	
3 Adı	ministrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
4 Am	ounts paid to acquire exempt-use assets			
5 Qu	alified set-aside amounts (prior IRS approval required)			
6 Oth	ner distributions (describe in Part VI). See instructions			
7 To	tal annual distributions. Add lines 1 through 6			
8 Dis	tributions to attentive supported organizations to which the organizations to which the organizations.	ion is responsive (provi	de details	
9 Dis	tributable amount for 2014 from Section C, line 6	<u></u> <u></u>	<u>.</u>	
10 Lin	e 8 amount divided by Line 9 amount			
Section	n E — Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Dis	tnbutable amount for 2014 from Section C, line 6			
	derdistributions, if any, for years prior to 2014 (reasonable use required — see instructions)			
3 Exc	cess distributions carryover, if any, to 2014:			
a i				
b.				
С				
ď				
e Fro	m 2013	 		
f To	tal of lines 3a through e			
g Ap	plied to underdistributions of prior years			
h Ap	plied to 2014 distributable amount			
i Ca	rryover from 2009 not applied (see instructions)			
j Re	mainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Dis	etributions for 2014 from Section D,			
а Ар	plied to underdistributions of prior years			
b Ap	plied to 2014 distributable amount			
c Re	mainder. Subtract lines 4a and 4b from 4			
Su	maining underdistributions for years prior to 2014, if any. btract lines 3g and 4a from line 2 (if amount greater than o, see instructions)			
	maining underdistributions for 2014 Subtract lines 3h and 4b m line 1 (if amount greater than zero, see instructions)			
7 Ex	cess distributions carryover to 2015. Add lines 3j and 4c			
	eakdown of line 7			
a				
b	· · · · · · · · · · · · · · · · · · ·			
c	······································			
d Ex	cess from 2013	· · · · · ·		
e Ex	cess from 2014			 -

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public inspection

Engine, Inc. 27-2463118 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 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? . . No 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 conferning impermissible private benefit? 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 2 a 2 b 2 c 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 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, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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: ▶ \$ 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: **►** \$

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	52,300.	0.	STATE OF THE PARTY	52,300.
b Buildings	432,900.	0.	19,272.	413,628.
c Leasehold improvements				
d Equipment	6,629.	0.		6,629.
e Other				
stal. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part X colum	nn (B) line 10c)		472 557

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Schedule D (Form 990) 2014

Complete if the organization answered	Yes' to Form 990, F	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial derivatives		
) Closely-held equity interests		
Other		
<u>)</u>		
) -		
<u> </u>		
) 	<u> </u>	
<u> </u>	<u> </u>	
) 		
<u>'</u>		
` - 		
tal. (Column (b) must equal Form 990, Part X, column (B) line 12) >		
art VIII Investments - Program Related.		
(a) Description of investment type	Yes' to Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value.
1)	(b) Book value	(c) Method of Valuation. Cost of end-of-year market value
2)		
3)		
4)		
(5)		
(6)		
(7)		
8)	<u> </u>	
(9)		
10)		
ntal (Column (b) must equal Form 990, Part X, column (B) line 13)► Part IX Other Assets.	L	
Other Assets. Complete if the organization answered	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
	escription	
(1)	escription	
(1) (2)	escription	
(1) (2) (3)	escription	
(1) (2) (3) (4)	escription	(b) Book value
(1) (2) (3) (4) (5)	escription	
(1) (2) (3) (4) (5) (6) (7)	escription	
(1) (2) (3) (4) (5) (6) (7) (8)	escription	
1) 2) 3) 4) 5) 6) 7) 8)	escription	
(1) (2) (3) (4) (5) (6) (7) (8) (9)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B),		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (0) otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities.	line 15.)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B),	line 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (0) Otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	line 15.)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) (0) Intal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2)	line 15.)	(b) Book value
1) 2) 3) 4) 5) 6) 77 8) 99 00 stal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3)	line 15.)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4)	line 15.)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) total. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	line 15.)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	line 15.)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) ctal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	line 15.)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) cotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	line 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	line 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) 10) cotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	line 15.)	(b) Book value

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

Part XIII | Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

SCHEDULE L (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, 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

OMB No 1545-0047

2014

Department of the Treasury

Open to Public

Internal Reve	nue Service			at 1	www.irs	.gov/fo	rm990.						Inspe	ction	
Name of the	organization	_							Emp	loyer i	dentifica	ation nu	mber		
Engine	e, Inc.								27-	-24	6311	8			
Part I		Benefit Transathe the organization	actions (sec	ction 50	01(c)(3) and	section 50	1(c)(4) organ							
	Complete if	the organization	answered 'Yes'	on Fom	n 990, Pa	árt IV, li	ne 25a or 25	b,`oŕ Form 990-	-EZ, Par	t V, I	ine 401	b			
	(a) Name of disqu	alified person	(b) R		between di			(c) Des	scription of	transa	action			(d) Con	ected?
1			Ì	person ar	nd organizal	uon								Yes	No
(1)		<u> </u>	- 					·							
(2)			<u> </u>												
(3)							·								
(4)					•										
(5)											•				
(6)	-											-			
sect	tion 4958 er the amount o	of tax incurred by of tax, if any, on li and/or From	ne 2, above, re	mburse Perso	d by the	organiz	ation	· · · · · · · · · · · · · · · · · · ·			. ►\$				
	organization	the organization reported an am	ount on Form	990, Par	t X, line	Z, Page 5, 6, or	22.	or Form 990, P	aπ IV, II	ine 2	6; or ir	tne		_	
(a) Name o	of interested person	(b) Relationship with organization	(c) Purpose of loan	` from	an to or the zation?) Onginal pal amount	(f) Balance d	lue	(g) In (default?	(h) App by box comm	ard or	(i) Wn agreen	tten nent?
				То	From	1			Ī	Yes	No	Yes	No	Yes	No
(1)															-
(2)															
(3)															
(4)											1				
(5)	-								i		T				
(6)															
(7)										_	1		<u> </u>		_
(8)															
(9)															
(10)									l						
Total			<u></u>				▶\$		ĺ						
Part III		r Assistance the organization						- -							
	(a) Name of Intere	ested person	(b) Relationship and	between in the organi	nterested po ization	erson	(c) Amount	of assistance	(d) Type	of Ass	istance	(e)	Purpose	of assis	tance
(1)			<u> </u>									\perp			
(2)												\perp		<u> </u>	
(3)			<u> </u>								·····				
(4)					-										
(5)															
(6)															
(7)															
(8)												\bot			
(9)			L												
(10)															

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L	(Form 990 or 990-EZ)	2014	Engine,	Tnc
	(· o ooo o. ooo <u></u> ,		DIIGING,	T110

27-2463118

Page 2

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) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ring of ation's ues?
				Yes	No
(1) Caleb Johnson	Fmr president/director	\$8,000	architect services		Х
(2)					
(3)					
(4)		<u> </u>			
(5)					
(6)					
(7)					
(8)					
(9)					1
(10)					

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

Engine, Inc.

Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Part II, Line 2e

Greg Tarbox, Tammy Ackerman Renee O'Neil and Donna McNeil are current board members of Engine and are also board members for the transferred exempt entity

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.

OMB No 1545-0047 2014

Open to Public

Name of the organization	Employer Identification number
Engine, Inc.	27-2463118
Pt VI, Line 19	The organization upon written request or oral request produces its reporting information to the requestor
	A draft was forwarded to the President and Executive Director requesting comments, revisions, and any changes that may be required to comport
Pt VI, Line 11b	with the facts The organization and its governing body is so intimately connected with the daily activities that monitoring of the conflict's policy is broached at every meeting of the Board in which a member perceives an
Pt VI, Line 12c Pt XI	issue Line 9 - divestiture of land and buildings gifted to organization

Schedule N (Form 990 or 990-EZ) (2014) (g) IRC section of recipient(s) (if tax-exempt) or type of entity ŝ Open to Public Inspection Yes Liquidation, Termination, or Dissolution. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ, Employer Identification number 2 b 2 C 2 a d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? 27-2463118 (f) Name and address of recipient Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 Attach certified copies of any articles of dissolution, resolutions, or plans.
 Attach to Form 990 or 990-EZ.
 Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. e If the organization answered Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III TEEA4701 05/28/14 (e) EIN of recipient determining FMV for asset(s) distributed or transaction expenses b Become an employee of, or independent contractor for, a successor or transferee organization? BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. (d) Method of ine 36. Part I can be duplicated if additional space is needed (c) Fair market value of asset(s) distributed or amount of transaction expenses Did or will any officer, director, trustee, or key employee of the organization a Become a director or trustee of a successor or transferee organization? (b) Date of distribution (a) Description of asset(s) distributed or transaction expenses paid (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization Parti

OMB Nd 1545-0047

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

SCHEDULE N

(g) IRC section of recipient(s) (if tax-exempt) or type of entity Schedule N (Form 990 or 990-EZ) (2014) 501(c)(3) ş × ŝ Greq Tarbox, Tammy Ackerman, Renee O'Neill, Donna McNeill Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed. Yes **9** 2 d 2 a 2 b **4** a 4 b 6 a 2 C 2 Corp b If Yes', did the organization provide such notice?............................. 6 a Did the organization have any tax-exempt bonds outstanding during the year? b Become an employee of, or independent contractor for, a successor or transferee organization? Marble Block Redevelopment (f) Name and address of recipient 215 Main Street d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? Biddeford, ME e if the organization answered Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-. 4 a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? c If Yes,' to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No' to line 6b, (e) EIN of recipient assessed value 47-1795188 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III TEEA4702 05/28/14 (d) Method of determining FMV for asset(s) distributed or transaction expenses c Become a direct or indirect owner of a successor or transferee organization? 200. Did or will any officer, director, trustee, or key employee of the organization (c) Fair market value of asset(s) distributed or amount of transaction expenses Part I Liquidation, Termination, or Dissolution (continued) a Become a director or trustee of a successor or transferee organization? 485, 2014 Engine, (b) Date of distribution August (a) Description of asset(s) distributed or transaction expenses paid and building explain in Part III. Part II land A A

Page 2

27-2463118

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

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2014 ŝ (f)
Direct controlling
entity OMB No 1545-0047, **Open to Public** 2014 Inspection Yes × Part II 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. Employer identification number (f)
Direct controlling
entity 27-2463118 (e) End-of-year assets Engine, (e)
Public charity status
(if section 501(c)(3)) 501103(3) Charit Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. 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. Public (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001 08/22/14 501 (c) (3) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity developing property Contating commun detacionation by depressed area In economica Ny (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity __c/o_Gnecco_Law_Office_215_Main_St_ (1) Marble Block Redevelopment Corp (a) Name, address, and EIN of related organization - Biddeford, ME_04005 47-1795188 Department of the Treasury Internal Revenue Service Inc. Name of the organization SCHEDULE R Engine, (Form 990) 1 8 ଟ୍ର **€**¦ € ₹

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ingin h Rek	Schedule R (Form 990) 2014 F
	nedule R (Form 990) 2014 Engine, art V Transactions With Related

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No	اہ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	isted in Parts II-IV?				- }
a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			. 1a	×	ار
b Gift, grant, or capital contribution to related organization(s)			1 p	×	
c Giff grant or capital contribution from related organization(s)			1c	×	۱.,
			19	×	١.,
			-	>	1.
e Loans of loan guarantees by related organization(s)			:	< !	' اہ
f Dividends from related organization(s)				×	
q Sale of assets to related organization(s)			19	×	ا ہے ا
			÷	×	ر ا
			=	×	ر ا
Lease of facilities, equipment, or other assets to related organization(s)			=	×	ا ا
					[
k Lease of facilities, equipment, or other assets from related organization(s)			÷	×	1
Performance of services or membership or fundraising solicitations for related organization(s)			= :	×	
m Performance of services or membership or fundraising solicitations by related organization(s)			E	×	انيا
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- 1	×	اہ ا
o Sharing of paid employees with related organization(s)			10	×	اہے
p Reimbursement paid to related organization(s) for expenses			1 p	×	اہے
q Reimbursement paid by related organization(s) for expenses			19	×	اہا
					-7
r Other transfer of cash or property to related organization(s)			1r	×	اہ
s Other transfer of cash or property from related organization(s)			18	×	اہے ا
ormation on who must complete this line, including	covered relationships and transaction thresholds.				1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved) stermining ivolved	-
(1) Marble Block Redevelopment Corporation	1 (b)	450,110.	real estate tax records	ax records	اد
(2)					1
(3)					I
(4)					1
(5)					į
(9)					
BAA TEEA5003 08/22/14		Scheo	Schedule R (Form 990) 2014	990) 2014	4