

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calenda	ar year, or tax year beginning January 1 , 2014, a	nd ending	Dec	ember 31	, 20	14
Bo	Check if ap	pplicable	C Name of organization		D Empl	oyer identificat	ion numbe	r
	Address c	Kids Interested in Technology, Engineering, and Science (KITES), Inc.					147	
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telep	hone number		
_	initial retu	i	1710 Tyler Green Trail			678) 571-	9352	
=	Final retur Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou	p Exemption		
		n pending	Smyrna, GA 30080		Num	nber ▶		
G A	Account	ting Method:	Cash	Н	Check I	► If the or	nanization	is not
	Vebsite	•	d.org			to attach Sch		.0 ,,,,,
J T	ax-exen	npt status (che	ock only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947(a)(1) or	<u>□527</u>	(Form 9	90, 990-EZ, oi	990-PF).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other					
LA	dd line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if total	assets			
(Par	t II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	10	098.51
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instruc	tions for P		
		Check if	the organization used Schedule O to respond to any question in	this Part I				. 🗸
	1	Contribution	ns, gifts, grants, and similar-amounts received:			1	10	098.51
	2		ervice revenue including government fees and contracts			2		0
	3	Membersh	ip dues and assessments of			3		0
	4	Investment			[4		0
	5a	Gross amo	unt from sale of assets other than inventory		o			
	b	Less: cost	or other basis and sales expenses		0			
	6		ss) from sale of assets other than inventory (Subtract line 5b from lin d fundraising events	e 5a)		5c		0
<u>o</u>	a	_	ome from gaming (attach Schedule G if greater than					
Revenue	ь	•	<u> </u>	contribution		.		
ě	-		alsing events reported on line 1) (attach Schedule G if the		'S			
Œ			h gross income and contributions exceeds \$15,000) 6b		ا			
	С		t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and sub	otract			
		line 6c) .	· · · · · · · · · · · · · · · · · · ·			6d		0
	7a	Gross sales	s of inventory, less returns and allowances		0			
	b		of goods sold		0]		
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c		0
	8		nue (describe in Schedule O)			8		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	. 🕨	9	10	<u> </u>
	10		similar amounts paid (list in Schedule O)			10	. <u> </u>	0
	11	•	tid to or for members		· ·	11		0
ses	12		her compensation, and employee benefits		٠ ٠ إ	12		0
Ë	13		al fees and other payments to independent contractors			13		0
Expense	14		r, rent, utilities, and maintenance			14		0
Ш	15		ublications, postage, and shipping			15		28.38
	16		nses (describe in Schedule O)			16	12	<u> 239.38</u>
	17	i otal expe	nses. Add lines 10 through 16	<u></u>	. ▶	17		<u> 267.76</u>
ş	18		deficit) for the year (Subtract line 17 from line 9)			18	1	<u>169.25</u>
SSE	19	and of year	or fund balances at beginning of year (from line 27, column (A)) (must agree	with			
Net Assets	000		r figure reported on prior year's return)			19	22	<u> 283.61</u>
Ne	20		ges in net assets or fund balances (explain in Schedule O)			20		0
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .	<u> </u>	. ▶	21	21	114.36

	The state of the state of					
Ра	Ralance Sheets (see the instructions			D-4 II		—
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings			2283.61 0	23	2114.36
24	Other assets (describe in Schedule O)					}
25	Total assets			2283.61		2114.36
26	Total liabilities (describe in Schedule O)			0		2114.50
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	2283.61		2114.36
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for			
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲	_	Expenses
Wha	t is the organization's primary exempt purpose?	Provide STEM educa	tion to underserved	students		quired for section (c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea Third Annual KITES Engineering Festival (4/4/14) - 3	nanner, describe the ach program title.	e services provide	d, the number of		inizations; optional for
	full day of hands on fun science and engineering act		ers and 40 voluntee	a		
	(Grants \$) If this amount	includes foreign gra	ints check here	▶ □	28a	600.87
29	Bio Eyes Workshop (9/22/14 to 9/29/14) - 44 students		into, oncor noro	· · · · · ·		000.07
	Students observed, studied and tracked the stages of		enesis over a five da	av period using		
	laboratory grade microscopes and other instruments		0110313 040. 4 1140 41	y portod dailig		
		ıncludes foreign gra	ints, check here .	▶ 🗆	29a	248.51
30	Renewable Energy Workshop (6/11/14 to 6/13/14) - 22	students, 2 voluntee	ers			1
	Students learned about wind energy and constructed					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	47.59
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	31a	74.39
	Total program service expenses (add lines 28a t				32	971.36
Par	List of Officers, Directors, Trustees, and Key				nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar				<u></u> . 🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)		0	Estimated amount of other compensation
	na Bell Callan Drive, Indianapolis, IN 46254	Director, 4 hrs per week			0	0
Ndidi	lke	Director, Secretary				
3160	Justice Mill Court, Kennesaw GA 30144	4 hrs per week		<u> </u>	0	0
	ck Malcom	Director, 4 hrs per			1	
<u> 2272</u>	Scotts Parkway, Marietta GA 30062	week)	0	0
	Mitchell	Director, Vice Pres.				
	/irginia Avenue, Suite #301, Indianapolis, IN 46203	4 hrs per week)	<u> </u>	0
	ene Reynolds	Director, President	_			_
	Tyler Green Trail, Smyrna GA 30080 se Wilkins	14 hrs per week)	<u> </u>	0
	Carmon on Wesley, Atlanta GA 30327	Director, Treasurer 4 hrs per week	l c		0	0
_,,,,	Samon on Wesley, Addita OA 30027	4 III 3 per week		<u>'</u>	+	0
					+	
					\top	
				<u></u>		
					\perp	
					4	
				1	1	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	_	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved]		ĺ
39	Section 501(c)(7) organizations. Enter:			ľ
a	Initiation fees and capital contributions included on line 9	-		l
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			l
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Georgia			
42a		404) 3	55-662	3
.	Located at ► 2790 Carmon on Wesley, Atlanta GA 30327 ZIP + 4 ►		T 1	
b	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	\ \
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		▼
C	Did the organization receive any payments for indoor tanning services during the year?	44c		7
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-		
	Form 990-EZ (see instructions)	45b		1

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Name of the organization

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

	Interested in Technology, Engineerin			oomalo	to this n		08447		
	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions. a organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1	<u>~</u>				_	-			
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3	A hospital or a cooperative hos		·	n section	170(b)(1)(A)(iii).			
4	A medical research organization	on operated in co	onjunction with a hosp	pital desc	nbed in s	ection 170(b)(1)(A)	(iii). Enter the		
	hospital's name, city, and state	e							
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in		
6 7	☐ A federal, state, or local govern ☐ An organization that normally						the general public		
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)		_				
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)					
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt int income and	functions—subject to unrelated business	certain taxable ii	exception ncome (l	ns, and (2) no more	than 331/3% of its		
10	☐ An organization organized and		•			· ·			
11	An organization organized and	•		-			out the purposes of		
••	one or more publicly supported the box in lines 11a through 11a	l organizations d	escribed in section 5	09(a)(1) o	section	509(a)(2). See secti	i on 509(a)(3). Check		
а	☐ Type I. A supporting organize the supported organization(s) the power to re	gularly appoint or ele			• • • • •			
_	organization. You must com	•							
b	Type II. A supporting organize control or management of the organization(s). You must co	e supporting org	anization vested in th			•			
С	Type III functionally integra	rted. A supportin	ng organization operat				y integrated with,		
d	Type III non-functionally integrated that is not functionally integral.								
	requirement (see instructions	•	•						
е	Check this box if the organiz functionally integrated, or Ty						I, Type III		
	· -	•		Joi tillig Oil	yai iizalio	14.	F		
f g	Enter the number of supported or Provide the following information								
9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of		
		,,	(described on lines 1-9	listed in you docui	r governing	support (see	other support (see		
			above or IRC section (see instructions))			instructions)	instructions)		
				Yes	No				
A)									
B)									
C)									
D)									
E)			····						
				 					

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	r		1	T		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and			İ			}
	membership fees received. (Do not include any "unusual grants.")		ţ				
_	· · · · · · · · · · · · · · · · · · ·		 		 	<u> </u>	
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf		1		1	}	1
3	The value of services or facilities				 		
v	furnished by a governmental unit to the				1	ļ	
	organization without charge	ļ		1		1	
4	Total. Add lines 1 through 3						† · · · · · · · · · · · · · · · · · · ·
5	The portion of total contributions by						
•	each person (other than a						ļ
	governmental unit or publicly						
	supported organization) included on		ļ	ł	}	1	ļ
	line 1 that exceeds 2% of the amount		1	i			
	shown on line 11, column (f)		<u> </u>	<u> </u>			
6	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>		<u> </u>	<u> </u>
	on B. Total Support	T		1	1	1	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		 	ļ			
8	Gross income from interest, dividends,]			j	<u> </u>	
	payments received on securities loans, rents, royalties and income from similar						ŀ
	sources	\		1			
9	Net income from unrelated business	<u> </u>	+		 		
•	activities, whether or not the business	Ì			1	İ	
	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		[
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u></u>	· · · · ·	<u> </u>	<u>.</u> 🟲 📋
	on C. Computation of Public Suppo				 -	1 : - 1	
14	Public support percentage for 2014 (line	6, column (t) d	livided by line	11, column (t))		14	<u>%</u>
15 18a	Public support percentage from 2013 Sci 331/3% support test—2014. If the organi	nedule A, Part zation did not	II, IITE 14 .		 d line 1 <i>t</i> ie 331	15 nove more o	%
100	box and stop here. The organization qua						
b	331/3% support test—2013. If the organ	-		-			_
_	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test - 2	014. If the ora	anization did n	ot check a box	c on line 13, 16	ia. or 16b. and	
., .	10% or more, and if the organization me	_			-		
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						.``. ▶ 🗖
ь	10%-facts-and-circumstances test-2	013. If the org	anization did n	ot check a box	x on line 13, 16	Sa, 16b, or 17a	
	15 is 10% or more, and if the organiza	tion meets the	e "facts-and-c	ircumstances°	test, check th	nis box and st	top here.
	Explain in Part VI how the organization in				_	-	a publicly
	supported organization						· · ▶ 🗆
18	Private foundation. If the organization d	id not check a	box on line 13	s, 16a, 16b, 17a	a, or 17b, chec	k this box and	
	instructions						🕨 🗖

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.)

Secti	on A. Public Support		010 110100 0010	, p			
Calen	dar 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 include any "unusual grants.")		2424.56	4660.15	1580.23	1098.51	9763.45
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		0.00	0.00	0.00	0.00	0.00
3	Gross receipts from activities that are not an unrelated trade or business under section 513		0.00	0.00	0.00	0.00	0.00
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0 00	0.00	0.00	0.00	0 00
5	The value of services or facilities furnished by a governmental unit to the organization without charge		0.00	0.00	0.00	0.00	0 00
6	Total. Add lines 1 through 5		2424.56	4660.15	1580.23	1098.51	9763.45
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		0.00	0.00	0.00	0.00	0.00
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						
_	*		0.00	0.00	0.00		0.00
8	Add lines 7a and 7b		0.00	0.00	0.00		0.00
Secti	on B. Total Support					L	9763 45
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(-)	2424.56	4660.15	1580.23	1098.51	9763 45
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0.00	0.00	0.00	0.00	0.00
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0.00	0.00	0.00	0.00	0.00
С	Add lines 10a and 10b		0.00	0.00	0.00	0.00	0.00
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		0.00	0.00	0.00	0.00	0 00
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1100.20	0.00	0.00	0.00	1100.20
13	Total support. (Add lines 9, 10c, 11, and 12.)		3524.76	4660.15	1580.23	1098.51	10863.65
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth,	, or fifth tax ye	ear as a section	
Secti	on C. Computation of Public Suppor				-		
15	Public support percentage for 2014 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sch			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (• • • • • • • • • • • • • • • • • • • •			17	%_
18	Investment income percentage from 2013					18	<u> %</u>
19a	331/s% support tests—2014. If the organ						
b	17 is not more than 331,3%, check this box 331,3% support tests—2013. If the organization 18 is not more than 331,3% check this land.	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	s is more than 3	31/3%, and
20	line 18 is not more than 33½%, check this I Private foundation. If the organization di						
20	ato roundadir. ii tile organization ti	a not oneon a	55x 5n mic 14,	13a, 01 13D, C	A IOOK II IIO DOX	a. 10 366 11 13 II U	7.10113 F

Supporting Organizations Part IV

(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.)

Section A. All Supporting Organiz	zations
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organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

	·		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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	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 organization made the determination.	3ь		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9 a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
<u>Secti</u>	on B. Type I Supporting Organizations			,
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	İ		
	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.			
•	Did the average for the bonesis of any summer of average at the standard	1_		<u> </u>
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	İ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	i		
	supervised, or controlled the supporting organization.	2	l	
Secti	on C. Type II Supporting Organizations			
50011	or or type it deporting 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		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		-	
	- · · · · · · · · · · · · · · · · · · ·	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations	3	I	
			•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	cuons	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	TUCTION	υris).
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		1	
	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,		i	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
_		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
		3a		
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		
	or its supported organizations: if res, describe in Fart VI the role played by the organization in this regard.	JD		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or	ì		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u>. </u>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	1	,	
a Average monthly value of securities	18		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	ļ		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		1
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	-	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Γ		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III support	ing organization (see
instructions).	•	3 7/ · · · · · · · · · · · · · · · · · ·	3 3 (333

Part	V Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex			
	organizations, in excess of income from activity			
3		poses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions		·	
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount			_,
	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b_				
<u>c</u> _				
<u>d</u>			<u></u>	
<u>e</u>	From 2013			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u></u>	Applied to 2014 distributable amount			
<u>i</u> _	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
<u>a_</u>	Applied to underdistributions of prior years Applied to 2014 distributable amount		· · ·	
	Remainder. Subtract lines 4a and 4b from 4.	-		
5	Remaining underdistributions for years prior to 2014, if			
3	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
8				
b				
c				
d				
е	Excess from 2014			

Schedule A (F	Form 990 or 990-EZ) 2014 P	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)	ind
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

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