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CHANGE OF ACCOUNTING PERIOD IN DECEMBER 2013 - SEE SCHEDULE O

Form **990**

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

A F	or the	2014 calendar year, or tax year beginning	and	l ending	s.gov/to/iiisso.	15.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
В	heck if	C Name of organization			D Employer identific	ation number
å	pplicable					
	Addres change	HUNGARY INITIATIVES FOUN	DATION, INC.			
	Name	Doing business as	<u> </u>		46-1	789616
	Initial	Number and street (or P.O. box if mail is not deliver	rod to street address)	I D = = == (= = = +=	 	
	return Final	1100 H STREET, NW	•	Room/suite 915	E Telephone number	
	return/ termin-			1912	1	459-3086
	ated Amend	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	377,812.
	return Apptica	WASHINGTON, DC 20005	103 000 3 00 77 11	707.7	H(a) Is this a group re	
	tion pendin	F Name and address of philospal officer ATDAS	SADOR APRIL H	. FOLE		
		SAME AS C ABOVE			H(b) Are all subordinates inc	
			(insert no.) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)
		WWW.HUNGARYFOUNDATION.OR	·		H(c) Group exemption	
_			ciation Other	L Year	of formation 2012 M	State of legal domicile DC
P	irtil	Summary				
40	1 1	Briefly describe the organization's mission or most sig	nificant activities SEE	SCHEDU	LE O	
Š		· · · · · · · · · · · · · · · · · · ·				
Governance	2 (Check this box 🕨 if the organization discontin	ued its operations or dispo	sed of more	than 25% of its net ass	ets
Š	3 1	Number of voting members of the governing body (Pa	rt VI, line 1a)		3	3
	4 1	Number of independent voting members of the govern	ning body (Part VI, line 1b)		4	
∾ర ഗ	5	Fotal number of individuals employed in calendar year	2014 (Part V, line 2a)		5	4
ctivities	6	Total number of volunteers (estimate if necessary)			. 6	2
ŧ.		Fotal unrelated business revenue from Part VIII, colum	nn_(C), line 12	•	7a	0.
ď		Net unrelated business taxable income from Form 990			7b	0.
					Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		— (\	19,919,248.	0.
Revenue	l	Program service revenue (Part VIII, line 2g)	NOV 2 0 2015	1231	0.	0.
Ver	1	nvestment income (Part VIII, column (A), lines 3, 4, an			17,934.	377,812.
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c	·		0.	0.
	l .	Total revenue - add lines 8 through 11 (must equal Par		;;	19,937,182.	377,812.
		Grants and similar amounts paid (Part IX, column (A)			1,184,455.	1,973,451.
	1	Benefits paid to or for members (Part IX, column (A), li	·		0.	0.
		Salaries, other compensation, employee benefits (Parl	•	<u> </u>	78,987.	266,131.
Expenses		•			0.	0.
ë	1	Professional fundraising fees (Part IX, column (A), line		0.		MARCH CONTRACTOR
ă		Total fundraising expenses (Part IX, column (D), line 25		<u> </u>	307,981.	440,144.
_		Other expenses (Part IX, column (A), lines 11a 11d, 11	·	-	1,571,423.	
	ì	Total expenses Add lines 13-17 (must equal Part IX, o	column (A), line 25)		18,365,759.	2,679,726.
		Revenue less expenses Subtract line 18 from line 12				-2,301,914.
20.5				B	eginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		<u> </u>	18,928,814.	16,973,014.
¥.	į ~ '	Total liabilities (Part X, line 26)		<u> </u>	563,055.	192,422.
چّ		Net assets or fund balances Subtract line 21 from line	e 20 .		18,365,759.	16,780,592.
		Signature Block				<u></u> .
Und	er pena	ties of perjury, I declare that I have examined this return, inc	cluding accompanying scheduli	es and statem	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) i	s based on all information of w	vhich preparei	has any knowledge	
					l	
Sıg	n	Signature of officer			A Date	6.1.
Her	e	AMBASSADOR APRIL H. FOLE	Y, CHAIR OF T	HE BOA	RDT YMIA [.	POGL
		Type or print name and title				/
		Print/Type preparer's name Pr	reparer's signature		Date 1 Check 11-14-15 if	PTIN
Paid	i	DOUGLAS BOEDEKER	Now To H/S	elps.	seit-employ	
Pre	parer	Firm's name TATE AND TRYON	0 '		Firm's EIN ▶	52-1855942
Use	Only	Firm's address 2021 L STREET, NW	SUITE 400			
		WASHINGTON, DC 200	36		Phone no (2	02) 293-2200
Ма	y the IF	S discuss this return with the preparer shown above	? (see instructions)			X Yes No
	01 11-0			ions		Form 990 (2014)

Form	990 (2014) HUNGARY INITIATIVES FOUNDATION, INC.	<u>46-1789616</u>	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	TO BUILD LASTING VALUE BY REVIVING AND STRENGTHENING THE	CULTURAL,	
	EDUCATIONAL, AND EMOTIONAL BONDS BETWEEN THE UNITED STAT	ES AND HUNGA	RY
	AS WELL AS THE LARGE AND DIVERSE HUNGARIAN AMERICAN COMM		S
	MOTHER NATION. WE PROMOTE COOPERATION AND UNDERSTANDING		
2	Did the organization undertake any significant program services during the year which were not listed on	- · · · · · · · · · · · · · · · · ·	
_	the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
·	If "Yes," describe these changes on Schedule O		<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by evnenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	nd
	the state of the s	s, the total expenses, a	nu
	revenue, if any, for each program service reported (Code) (Expenses \$ 960,941. including grants of \$ 739,246.) (Revenue)		
4a	(Code) (Expenses \$ 960,941. including grants of \$ 739,246.) (Reven LEADERSHIP TRAINING- THE FUTURE OF THE HUNGARIAN-AMERICA)
	AS WELL AS THE RELATIONSHIP BETWEEN THE PEOPLES OF HUNGA		<u> </u>
	UNITED STATES OF AMERICA WILL BE SHAPED BY NEW GENERATION		
	PEOPLE. THE LEADERSHIP TRAINING PROGRAMS OF THE FOUNDATION OF THE		<u> </u>
		RSONAL TIES	
	BETWEEN THE TWO COUNTRIES. THE EXCHANGE PROGRAMS ENABLE		
		A BETTER	
	UNDERSTANDING OF EACH OTHER AS WELL AS ACQUIRE NEW EXPER		
	PROFESSIONAL KNOWLEDGE, AND SKILLS THAT CAN BE LATER USE		
	ADVANTAGE OF THEIR OWN COMMUNITIES. THE LEADERSHIP-TRAIN		
	INCLUDES ALL THOSE PROJECTS AND PROGRAMS THAT OFFER INTE		
	SCHOLARSHIP, EXCHANGE, AND CULTURAL IMMERSION OPPORTUNIT		
4b	(Code) (Expenses \$ 578,545. Including grants of \$ 485,610.) (Reven		——
	EDUCATION AND RESEARCH- THE FOUNDATION'S EDUCATION AND R PROGRAMS TARGET TWO MAIN GOALS. ON ONE HAND, THE FOUNDAT		
	OPERATE PROGRAMS AIMED AT EDUCATING HUNGARIAN AMERICANS		
	YOUNGEST TO THE OLDEST ABOUT HUNGARY'S CULTURE, HISTORY,		AS
	WELL AS THE HUNGARIAN LANGUAGE. THE LARGEST HUNGARIAN DI		
	LIVES IN THE UNITED STATES. HOWEVER, AS AN IMPACT OF GLO		THE
	MEMBERS OF THIS DIASPORA, ESPECIALLY THE YOUNGER GENERAT		T
	DIFFICULT TO MAINTAIN THEIR SENSE OF HUNGARIAN IDENTITY		
	CONSTANTLY LOSING THEIR ROOTS. THE FOUNDATION IS COMMITT		
	HUNGARIAN AMERICANS REDISCOVER AND CHERISH THEIR HERITAG		<u> </u>
	THE OLDER GENERATIONS, THE FOUNDATION SEEKS TO LAUNCH PR		<u> </u>
	PROVIDING MEANS TO PRESERVE THE VALUES AND NOBLE HUNGARI		OF
4-	405 451 300 724		<u> </u>
40	(Code) (Expenses \$ 485,451. including grants of \$ 399,734.) (Reven CULTURE AND ART - THE FOUNDATION IS COMMITTED TO FOSTER		·G
	OF THE HUNGARIAN CULTURE IN THE UNITED STATES. IT HOSTS		
	PROGRAMS THAT ILLUMINATE THE UNIQUE ART AND CULTURE OF H		
	PROGRAMS IN THIS CATEGORY ARE AIMED AT INTRODUCING AND P		
	TRADITIONAL AND CONTEMPORARY HUNGARIAN ART AND CULTURE A		
	HUNGARIAN AMERICAN COMMUNITIES AND THE WIDER AMERICAN AU		T.T.
	AS PRESERVING AND PROTECTING THE HUNGARIAN CULTURAL LEGA		ш
	UNITED STATES.	CI IN III	
	UNITED STATES.		
			
			
			
			
4d	- ·	•	
	(Expenses \$\ 390,088. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
<u>4e</u>	Total program service expenses 2,415,025.	Enr. (990 (2014)
432002	SEE SCHEDULE O FOR CONTINUATION (S		(2014)

art IV C	Checklist o	f Required	Schedules

·			Yes	No
	Is the experiention described in eaction E01(a)(2) or 4047(a)(1) (athorithm a private foundation)?		162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1		х
	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			\.
	public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes." complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 -		
8	-	8		x
_	Schedule D, Part III	┝╼		
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?	١.		77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	İ	Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated infancial statements for the tax year include a feeting and the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a	x	
	Schedule D, Parts XI and XII	120	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 -	X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	 	+
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	₩-	X
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		١,,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	├—
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	1
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	X	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5		19	1	Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
zua b		20b	1	
	II 165 to line 20a, and the organization attach a copy of its addited illianolal statements to this reterm		990	(2014
				,,,

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l	3,7	
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l <u>.</u> .		- T
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			}
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)	ļ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b		28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	İ		
	Schedule N, Part II	32	<u></u>	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ŀ		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		🕌	
	Note. All Form 990 filers are required to complete Schedule O	38	S S S	(2014)
		rorm	330	(ZU14)

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	990 (2014) HUNGARY INITIATIVES FOUNDATION, INC.		46-1789	<u>616</u>	P	age 5
Par						_
	Check if Schedule O contains a response or note to any line in this Part V					
			_ 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable	gaming			
	(gambling) winnings to prize winners?			1c	X	<u> </u>
	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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country					ļ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts ((FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organiz	ation solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions or gi	fts			
	were not tax deductible?			6b		
7	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 so	ervices prov	rided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		ļ
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as require	ed			
	to file Form 8282?	1 1		7 <u>c</u>		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		٠,,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f_	NT /	_
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	N/	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		/-	7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	a by the	N/A	١.		
_	sponsoring organization have excess business holdings at any time during the year?			8	\vdash	\vdash
9	Sponsoring organizations maintaining donor advised funds.		N/A		ì	1
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A N/A	9a	\vdash	1
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		14 / 13	9b	 	
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A	10-1				
a	Initiation fees and capital contributions included on Part VIII, line 12 N / A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b	 	1		1
b		Cion I		1]	
11	Section 501(c)(12) organizations. Enter			I	1	1

c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule 0 b Enter the amount of reserves the organization is required to maintain by the states in which the

> 14a Form 990 (2014)

X

12a

N/A

N/A

N/A

11b

13b 13c

a Gross income from members or shareholders

amounts due or received from them.)

	990 (2014) HUNGARY INITIATIVES FOUNDATION, INC. 46-1789			age 6
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI	_		X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	İ		
	If there are material differences in voting rights among members of the governing body, or if the governing		l	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	Ì		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			7.7
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Cast	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40	Did the assessment as have level characters bronches or offlicted?	10a	162	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	In Schedule O how this was done	12c	х]
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?	}		
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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			ļ
	exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)	,		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	iai	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 202-459-3086 1100 H STREET, NW, NO. 915, WASHINGTON, DC 20005			
		Forr	n 990	(2014)
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Page 7

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

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

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

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

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average		Positio (do not check mor box, unless person			nore than one		Reportable	Reportable	Estimated
	hours per week		, unle: cer an					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				- G		organization	(W-2/1099-MISC)	from the
	related	stee o	ruster			beusa		(W-2/1099-MISC)		organization
	organizations below	lal tr	leuo		ploye	L COM	1			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer 0			Organizations
(1) AMBASSADOR APRIL H. FOLEY	1.00	┢▔	-=-	3	<u> </u>	1 0	٣			
CHAIRMAN		х		$ \mathbf{x} $				0.	0.	0.
(2) EDITH K. LAUER	1.00									
TRUSTEE		X						0.	0.	0.
(3) GOVERNOR GEORGE PATAKI (JAN-SEPT	1.00									
CO-CHAIR		X		X			L	0.	0.	0.
(4) DR. JOHN LIPSKY (JAN-NOV)	1.00	1						_	_	_
DIRECTOR		X	ļ			<u> </u>	_	0.	0.	0.
(5) DR. KATRINA LANTOS SWETT (JAN-SE	1.00	ا				ļ				
DIRECTOR	1 00	X	ļ	ļ.,_		<u> </u>		0.	0.	0.
(6) SUSAN HUTCHISON (JAN-SEPT)	1.00	١.,							_	_
DIRECTOR	1 00	X	┢	<u> </u>	-	┢	-	0.	0.	0.
(7) MICHAEL HOROWITZ (JAN-APRIL)	1.00	x						0.	0.	0.
DIRECTOR (8) TAMAS FELLEGI	60.00	12	-	├─	\vdash	╁	-	V •	0.	<u>0</u>
PRESIDENT & CEO	80.00	1		x				201,458.	0.	52,110
(9) ELIZABETH PERCH	30.00	\vdash				├	╁╴	201,450.	•	32,110
CFO CFO	30.00	1		x				60,000.	0.	0
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Form 990 (2014)

Form 990 (2014)

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Section	on 501(c)(3) and 501(c)(4) organizations must comp			plete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in the		(C)	(0)
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,412,670.	1,412,670.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	11,700.	11,700.		
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	549,081.	549,081.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	219,461.	90,085.	129,376.	
_	Compensation not included above, to disqualified	223,1011	3070031	125/5/01	
6	· · · · · · · · · · · · · · · · · · ·			j	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	22 604	20 225	2 260	
7	Other salaries and wages	33,694.	30,325.	3,369.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,976.		12,976.	
11	Fees for services (non-employees)				
а	Management	765.		765.	
b	Legal	131,334.		131,334.	-
	Accounting	101,888.	30,000.	71,888.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,810.	 	20,810.	· · · · · · · · · · · · · · · · · · ·
	Other (If line 11g amount exceeds 10% of line 25,	2070201			
g	•	6,066.	5,950.	116.	
	column (A) amount, list line 11g expenses on Sch 0)	150.	3,330.	150.	
12	Advertising and promotion	13,099.	530.	12,569.	
13	Office expenses		330.	50,769.	
14	Information technology	50,769.		50,769.	
15	Royalties	21 652	4 - 1	21 201	
16	Occupancy	31,652.	451.	31,201.	
17	Travel	48,772.	5,296.	43,476.	<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,977.	6,863.	3,114.	··- v
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,732.		13,732.	
23	Insurance	2,805.		2,805.	
24	Other expenses. Itemize expenses not covered			,	· · · · · · · · · · · · · · · · · · ·
4	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.)				
_	MISCELLANEOUS	8,325.	314.	8,011.	
a	ORGANIZATIONAL EXPENSES	0,323.	271,760.	-271,760.	
b			2/1,/00.	271,700.	
С					
d		·		-	
е	All other expenses	0 600 506	0 415 005	264 701	
25	Total functional expenses. Add lines 1 through 24e	2,679,726.	2,415,025.	264,701.	0.
26	$\ensuremath{\text{\textbf{Joint costs}}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
42201	0 11-07-14				Form 990 (2014

	t X	Check if Schedule O contains a response or note to any line in this Part X	·		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	872,347.	1	359,323.
l	2	Savings and temporary cash investments	18,002,329.	2	1,004,313.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,574.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		j	
		Part II of Schedule L		5	
	6	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			
ς l		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,160.	9	7,341
	10 a	Land, buildings, and equipment cost or other			<u> </u>
		basis Complete Part VI of Schedule D 10a 44, 262	•		
	b	Less accumulated depreciation 10b 17,068	. 39,905.	10c	27,194
	11	Investments - publicly traded securities		11	27,194 11,045,780
	12	Investments - other securities See Part IV, line 11		12	4,524,049
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	6,499.	15	5,014
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,928,814.	16	16,973,014
	17	Accounts payable and accrued expenses	35,726.	17	22,686
	18	Grants payable	527,212.	18	169,519
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
iţi		key employees, highest compensated employees, and disqualified persons			I
Liabilities		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	117.	25	217
	26	Total liabilities. Add lines 17 through 25	563,055.	26	192,422
		Organizations that follow SFAS 117 (ASC 958), check here X and			
ý		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	15,551,402.	27	16,381,260
ala	28	Temporarily restricted net assets	2,814,357.	28	399,332
D D	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			,
ets	30	Capital stock or trust principal, or current funds		30	
1556	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	18,365,759.	33	16,780,592
	34	Total liabilities and net assets/fund balances	18,928,814.	34	16,973,014

Form	990 (2014) HUNGARY INITIATIVES FOUNDATION, INC.	46-	<u> 178961</u>	6 1	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			812.
2	Total expenses (must equal Part IX, column (A), line 25)	2			726.
3	Revenue less expenses Subtract line 2 from line 1	3			914.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			759.
5	Net unrealized gains (losses) on investments	5	7	<u>16,</u>	747.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		46.5	~ ~	500
	column (B))	10	16,/	80,	<u>592.</u>
Par	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Ύє	s No
			_	16	SINO
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		—		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O			x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	- ^-
	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			1	
	Separate basis Consolidated basis Both consolidated and separate basis			ь	-
b	Were the organization's financial statements audited by an independent accountant?		2	ь	`
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both			-	'
	X Separate basis Consolidated basis Both consolidated and separate basis	a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a audit,	٫ ا		x
	review, or compilation of its financial statements and selection of an independent accountant?	adula O	-	<u>:c </u>	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igie Audi	II.		x
	Act and OMB Circular A-133?	rod aude	— —	a	+
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits and the organization did not undergo the required audit or audits.	rea audi		ь	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				90 (2014)
			FU		- (20 14)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number Name of the organization HUNGARY INITIATIVES FOUNDATION, INC. 46-1789616 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s), You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) Is the organization (v) Amount of monetary (vi) Amount of (III) Type of organization (i) Name of supported (ii) EIN listed in your (described on lines 19 support (see other support (see organization governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2014 HUNGARY INITIATIVES FOUNDATION, INC. 46-1789616 Page 2

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 beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received (Do not			1	j ,	1	ļ
	ınclude any "unusual grants ")				19919248.		19919248.
2	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to		ĺ				
	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			1	19919248.		19919248.
	The portion of total contributions						
•	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	1	}	1			
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4			 			19919248.
	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4			<u> </u>	19919248.		19919248.
-	Gross income from interest,						
Ū	dividends, payments received on		1	1	1		}
	securities loans, rents, royalties						
	and income from similar sources				17,934.	377,812.	395,746.
۵	Net income from unrelated business						1
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				· · · · · · · · · · · · · · · · · · ·		
10	or loss from the sale of capital						
	assets (Explain in Part VI)						
4.4	Total support. Add lines 7 through 10						20314994.
		oto (soe instructi		<u>-L. — — — — — — — — — — — — — — — — — — —</u>		12	<u> </u>
12	First five years. If the Form 990 is fo	•	•	rd fourth or fifth	tay waar as a section		
13	organization, check this box and sto	-	s mat, second, tra	ia, ioarai, or iiiai	tax year as a section	1 30 1 (0)(0)	►X
Sec	ction C. Computation of Publi	c Support Per	rcentage			····	
	Public support percentage for 2014 (column (f))		14	%
	Public support percentage from 2013			' ("		15	%
	33 1/3% support test - 2014. If the			on line 13, and lin	e 14 is 33 1/3% or m		
.00	stop here. The organization qualifies					.,	▶□
۲	33 1/3% support test - 2013. If the		-		nd line 15 is 33 1/3%	or more, check th	
_	and stop here. The organization qua					,	▶□
17:	1 10% -facts-and-circumstances test				ine 13, 16a, or 16b, a	and line 14 is 10%	or more.
116	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						>
L	10% -facts-and-circumstances test		•			17a and line 15 is	10% or
E	more, and if the organization meets t						
	organization meets the "facts-and-cire						_
18	Private foundation. If the organization		•	•			, I
-10	1 THATE TOURISHER IT THE ORGANIZATIO	ni did not check a	DOX OF INTO TO, TO	ou, 100, 174, 01 1			0 or 990-EZ) 2014

432022 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 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

Sec	tion A. Public Support	now, picade comp	ioto i ait ii j		 		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")		- · · · · · · · · · · · · · · · · · · ·				
2	Gross receipts from admissions,]		
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose			ļ			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				Ì		
_	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf		Į		1		
E	' '			 			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge					1	
6	Total, Add lines 1 through 5		 		1		
_	Amounts included on lines 1, 2, and			1			
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year		ļ		ļ		
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	<u> </u>	L	I	<u> </u>	L	
	ction B. Total Support		T	1	1 (1) 0010	T	(0 T : 1 : 1
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on					ļ	
	securities loans, rents, royalties and income from similar sources						
	o Unrelated business taxable income						*
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b		l				
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on				<u> </u>		
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)			<u> </u>	<u> </u>	ļ	
13	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
_	check this box and stop here						<u> </u>
	ction C. Computation of Publ					145	
	Public support percentage for 2014 (column (f))		15	<u>%</u>
16	Public support percentage from 2013 ction D. Computation of Investigation					1 10 1	%
				ine 13. column /fi)		17	%
17				ine 15, Column (I))		18	<u> </u>
18	a 33 1/3% support tests - 2014. If the			on line 14 and lin	e 15 is more than :		
19	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2013. If the						%, and
	line 18 is not more than 33 1/3%, che	eck this box and	stop here. The org	ganization qualifies	as a publicly supp	oorted organizat	ion
20							▶□
_							

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)

Section A. A	All Supporting	Organizations
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- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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
- 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
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- 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)
- 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)
- 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
- 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
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c_		
5a		
5b		
5c		<u> </u>
6		<u></u>
}		
7		
8		
9a_		
9b_		
9c	-	-
1		
10a		
10b		<u></u>
90 or 99	90-EZ)	2014

		- / 0 9 0 1	U Pa	ige 5
L <u>Pai</u>	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	_No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	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		
	tion B. Type I Supporting Organizations			
		· · · ·	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
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 carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2	<u></u>	
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	ŀ		
	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	Ì		
	the supported organization(s).	1	<u> </u>	
Sec	tion D. 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	}		j
	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			1
	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		}	
<u>~</u>	supported organizations played in this regard.	3	<u> </u>	L
	tion E. Type III Functionally-Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	is)		
a	The organization satisfied the Activities Test Complete line 2 below			
b		4		
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	istructions,	Yes	No
2	Activities Test Answer (a) and (b) below Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	No
а	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	2a	İ	
h	that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		+	 -
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
				ł
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		1
2	activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below		T	T
3	to but the second of the second of the effective and the second of the s			1
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i>	3a		1
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		T	t
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	
	Schedule A (For		00 EZ	201/

Sche Pai	dule A (Form 990 or 990-EZ) 2014 HUNGARY INITIATIVES FOUR Type III Non-Functionally Integrated 509(a)(3) Supporting			46-1789616 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			- All
'	other Type III non-functionally integrated supporting organizations must co	•	•	ductions. All
Sect	on A - Adjusted Net Income	Inplete 3e	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
	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		
Ŭ	collection of gross income or for management, conservation, or	1 1		¢
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	· ······	
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		· 	(op.io.ia)
•	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		-
	Fair market value of other non-exempt-use assets	1c	·	
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
Ŭ	factors (explain in detail in Part VI)	1		
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,	1		
•	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on 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	 -		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting or	ganization (see
•	instructions)		,, , ,,g	•

Schedule A (Form 990 or 990-EZ) 2014

	dule A (Form 990 or 990-EZ) 2014 HUNGARY INITI Type III Non-Functionally Integrated 509			6-1789616 Page 7
Sect	ion D - Distributions	<u> </u>	(COTTUNGEQ)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(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			
		(1)	(ii)	(iiı)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	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			
а				
b				
	- 			
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a				
b				
c				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 Supplemental Inform	HUNGARY I	NITIATIVES	FOUNDATIO	ON, INC.	46-1789616 Page 8
Part VI					e 10, Part II, line 17a o	r 17b, and Part III, line 12
	Also complete this part for	any additional info	rmation (See instruc	ctions)		·—-
		_			<u> </u>	
			····			
						
						·
					<u> </u>	
						
	····					
						
	· · · · · · · · · · · · · · · · · · ·					
	····					
		<u> </u>				
						
						
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2014 Open to Public

Name of the organization Employer identification number HUNGARY INITIATIVES FOUNDATION 46-1789616 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 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 Yes 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 conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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 Yes violations, and enforcement of the conservation easements it holds? 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) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		INITIATIV						<u>46-17</u>		
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	<u>Simila</u>	r Assets	(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	are a sig	gnificant i	use of its c	ollection i	tems
	(check all that apply)									
а	Public exhibition	(ı 🔲	Loan or excl	hange progra	ıms				
b	Scholarly research	•								
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	e organizatio	n's exen	not purpo	se in Part	XIII	
5	During the year, did the organization solicit o			-						
•	to be sold to raise funds rather than to be ma								Yes	□ No
Par	t IV Escrow and Custodial Arran					Vos" to	Form 990	Dart IV I		140
<u>. u</u>	reported an amount on Form 990, Pai		ete ii tiie	organizatio	ii aiisweieu	165 (0)	onn 550	, raitiv, ii	116 3, 01	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contributions	s or other ass	ets not i	nciuaea	r	٦	
	on Form 990, Part X?							L	」 Yes	J No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able						
							<u> </u>		Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fi	orm 990, Part X, line	21, for e	escrow or cu	istodial accor	unt liabili	ty?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII						•			一
Par							0	·		
		(a) Current year		rior year	(c) Two year			years back	(e) Four	years back
4.	Beginning of year balance	(a) buildit year	(5).	nor your	(0) 1110 354	O Duon	(4) 111100	yours sucre	(0) 1 00.	your b baok
1a			 							
b	Contributions								-	
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					ĺ				
	and programs									
f	Administrative expenses		<u> </u>							
g	End of year balance				L				<u> </u>	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶									
_	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%								
3a	Are there endowment funds not in the posse	•	ation tha	t are held ar	nd administer	ed for th	e organiz	ation		
04	by								Γ	Yes No
	(i) unrelated organizations								3a(ı)	1.5
									3a(ii)	
L	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	a listed as required a	n Sahad	lula B2					3b	
D		· ·							[Sb]	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wrnent f	unus		_			•	
La) David N4	lma 11 = 0	00 Form- 000	Dort V	lina 10			
	Complete if the organization answere									
	Description of property	(a) Cost or o			or other	· ·	ccumulat		(d) Book	value
		basis (investi	ment)	basis	(other)	de	preciation	<u> </u>		
1a	Land			ļ						
b	Buildings									
С	Leasehold improvements			L			_			
d	Equipment			4	4,262.		17,0	68.	27	7,194.
	Other									
	. Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X colun	nn (B). line 1	Oc.)			ightharpoonup	27	7,194.

432053 10-01-14

Schedule D (Form 990) 2014 HUNGARY INITIATIVES FOUN			1789616	Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With Revenue per R	eturn.		
Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1 Total revenue, gains, and other support per audited financial statements		1	1,094,	<u>559.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		1 1		
a Net unrealized gains (losses) on investments	2a 716,747	.]		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII)	2d			
e Add lines 2a through 2d	<u> </u>	7 2e	716,	747.
3 Subtract line 2e from line 1		3		812.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
. 60 /6 / 5 / 5 / 5 / 5	4b	7		
,	40	ا 🛵 ا		0.
c Add lines 4a and 4b		4c	377	812.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial State	ements With Evnenses ner	Beturr		012.
		neturi	1,	
Complete if the organization answered "Yes" to Form 990, Part IV, line	128	1.1	2 (70	726
1 Total expenses and losses per audited financial statements		1 1	2,679,	120.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
a Donated services and use of facilities	2a	_ ↓		
b Prior year adjustments	2b	-} I		
c Other losses	2c	- ↓		
d Other (Describe in Part XIII)	2d	ا ا		
e Add lines 2a through 2d		2e		0.
3 Subtract line 2e from line 1		3	2,679,	726.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			-	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)	4b	 		
c Add lines 4a and 4b		4c		0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.	1	5	2,679	
Part XIII Supplemental Information.			_, _,	
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 \	/ line 2 Part Y	
		4, 1 att /	1, 11116 2, 1 alt A	',
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information			
	·····		_,,,,	
PART X, LINE 2:				
FART A, DING Z.				
THE FOUNDATION BELIEVES THAT IT HAS APPROP	ארא שממסטוף אייעם	י יעווג	ע גיו	
THE FOUNDATION BELIEVES THAT IT HAS APPROP	KIAIE BOFFORT FOR	MIL .	IAA	 -
POSITIONS TAKEN, AND THEREFORE, DOES NOT H	ALTE ANY TIMPEDEATH	ጥአህ ነ	מרשד הא	TC
POSITIONS TAKEN, AND THEKEFORE, DOES NOT H	AVE ANT UNCERTAIN	TAV I	0511101	10
THAT ARE MATERIAL TO THE FINANCIAL STATEME	NTT C			
THAT ARE MATERIAL TO THE FINANCIAL STATEME	N15.			
	· · · · · · · · · · · · · · · · · · ·			
				
			 	
				

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Name of the organization

► Attach to Form 990.

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

2014
Open to Public Inspection

Employer identification number Name of the organization HUNGARY INITIATIVES FOUNDATION, INC. 46-1789616 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total (a) Region (b) Number of employees, agents, and expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region EUROPE (INCLUDING GRANTMAKING ICELAND & GREENLAND) 110,537. EUROPE (INCLUDING SCHOLARSHIPS ICELAND & GREENLAND) 0 281,528. 0 392,065. 3 a Sub-total b Total from continuation 0 0. sheets to Part I 0 c Totals (add lines 3a 392,065.

432071 09-24-14 Schedule F (Form 990) 2014

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

HUNGARY INITIATIVES FOUNDATION, INC.

46-1789616

Rage 2

Schedule F (Form 990) 2014 HUNGARY INITIATIVES FOUNDATION, INC. 46-1789616

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non cash assistance	(i) Method on valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	ART & CULTURE GRANT	12,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ART & CULTURE GRANT	20,000	WIRE	0		
		EUROPE (INCLUDING ICELAND &	ART & CULTURE GRANT	11,500	WIRE	0,		
		EUROPE (INCLUDING ICELAND &	ART & CULTURE GRANT	28,437.		0		
	1	EUROPE (INCLUDING ICELAND & GREENLAND)	ART & CULTURE GRANT	20,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ART & CULTURE GRANT	18,600.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3	Enter total	number c	of other	organizations	or	entities

HUNGARY INITIATIVES FOUNDATION, INC. 46-1789616 Page 3 Schedule F (Form 990) 2014 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed (e) Manner of cash disbursement (g) Description of non cash assistance (h) Method of valuation (book, FMV, appraisal other) (c) Number of (d) Amount of (f) Amount of (b) Region (a) Type of grant or assistance non-cash assistance recipients cash grant US COLLEGE SCHOLARSHIPS SCHOLARSIPS 22 281,528. WIRE

Scheo	ule F (Form 990) 2014 HUNGARY INITIATIVES FOUNDATION, INC.	46-1789616	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	_	
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions	_	
	for Form 5713, do not file with Form 990)	Yes	X No
		Schedule F (Form	n 990) 2014

432074 09-24-14

Schedule F (Form 990) 2014 HUNGARY INITIATIVES FOUNDATION, INC.	46-1789616	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account		
investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting metho		
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation	
PART I, LINE 2:		_··
FOR GRANTS LESS THAN YEAR, IN ORDER TO BE FUNDED, RECIPIEN	TS ARE ASKED	ro
SEND A FINAL NARRATIVE AND FINANCIAL REPORT WITHIN A MONTH	OF THE END OF	<u>F</u>
THE GRANT CYCLE. IF MULTI-YEAR, RECIPIENTS ARE REQUIRED T	O FILE BOTH OF	<u>F</u>
THESE REPORTS ANNUALLY. ANY CHANGES TO THE PROGRAM BUDGET	OVER 20% HAS	
TO BE PREAPPROVED BY THE FOUNDATION BEFORE EXPENDITURES AR	E MADE.	
		<u></u>
		· · · -
	 	
		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 690, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047 2014

Department of the Treasury

Internal Revenue Service	<u> Inf</u> ormat	tion abou <u>t Schedule I</u>	(Form 990) and its	instructions is at	www.irs.gov/form99	0	Inspection
Name of the organization							Employer identification number
		S FOUNDATIO	N, INC.				46-1789616
Part I General Information on Grants a	ind Assistance						
 Does the organization maintain records 	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pre							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domestic	c Governments C	Complete if the org	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000 Part II car	be duplicated if additi	ional space is need	ed	(f) Method of	, <u>-</u> .	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGNES SCOTT COLLEGE			1				
141 EAST COLLEGE AVENUE							
DECATUR, GA 30030	58-0566166	501(C)(3)	35,000.	0			COMMUNITY GRANT
ALMA ON DOBBIN			1				
50-52 DOBBIN STREET			1	1			
BROOKLYN, NY 11222	20-0348901	501(C)(3)	20,000.	0.		ļ	PRESERVATION GRANT
AMERICAN FOUNDATION OF HUNGARIAN		Ì					
LITERATURE - 213-215 EAST 82ND ST					1		
- NEW YORK NY 10028	13-6168255	501(C)(3)	20,000.				PRESERVATION GRANT
		 				İ	
AMERICAN HUNGARIAN EDUCATORS							1
ASSOCIATION - 4515 WILLARD AVE	-				•		
#2210 - CHEVY CHASE, MD 20815	23-7454055	501(C)(3)	8,700.	0.			WEBSITE GRANT
AMERICAN HUNGARIAN FEDERATION			İ				
700 PRINCESS STREET, SUITE 2M		1	1	1		1	ART & CULTURE GRANT
ALEXANDRIA, VA 22314	34-1253539	501(C)(3)	15,000.	0.		<u> </u>	COMMUNITY GRANT
AMERICAN HUNGARIAN FOUNDATION				ĺ			ART & CULTURE GRANT
300 SOMERSET STREET, P.O. BOX 1084							HERITAGE GRANT WEBSITE
NEW BRUNSWICK, NJ 09803	36-6085165	501(C)(3)	19,100.	0		<u> </u>	GRANT
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	e line 1 table				▶ 46.
3 Enter total number of other organization	is listed in the line	1 table					▶ 55.

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

Schedule I (Form 990) (2014)

432101 10-15-14

		S FOUNDATIO					16-1789616 Page 1
(a) Name and address of organization or government	Assistance to Go (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
AMERICAN HUNGARIAN FRIENDS OF SCOUTING - P.O. BOX 6783 - CLEVELAND, OH 44101	34~6512951		24,750.	0.			HERITAGE GRANTYOUTH GRANT
MCCAIN INSTITUTE FOR INTERNATIONAL LEADERSHIP AT ARIZONA STATE UNIVERSITY - 1777 F ST NW, SUITE 600 - WASHINGTON, DC 20006	86~6051042	501(C)(3)	161,034.	0.			FELLOWSHIPS GRANTINTERNSHIPS GRANT
CAROLINAS HUNGARIAN GROUP 125 BRIARCLIFF ROAD CENTRAL, SC 29630	27~1086838	501(C)(3)	15,000.	0.			LANGUAGE EDUCATION GRANT
CENTRAL EU CALIFORNIA CULTURAL INSTITUTE - 524 MORAGA WAY - ORINDA, CA 94583	46-4227145	501(C)(3)	84,695,	0.			ART & CULTURE GRANTS
CENTER FOR EUROPEAN POLICY AND ANALYSIS - 1225 19TH ST NW \$450 - WASHINGTON , DC 20036	20-8247530	501(C)(3)	10,000.	0.			COMMUNITY GRANT
CLEVELAND HUNGARIAN HERITAGE SOCIETY - 1301 E 9TH ST #2 - BROOKLYN, NY 44114	34-1488375	501(C)(3)	45,234.	0.			HERITAGE GRANT
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVENUE, RT 1822 CLEVELAND , OH 44115	26-2515313	501(C)(3)	15,000	0,			LANGUAGE GRANT
COLUMBIA GRADUATE SCHOOL OF JOURNALISM - 615 WEST 131 STREET, ROOM 254 - NEW YORK, NY 10027	13-5598093	501(C)(3)	19,250,	0.			COMMUNITY GRANT
CSARDAS DANCE COMPANY P.O. BOX 24134 CLEVELAND , OH 44107	34-1773413	501(C)(3)	20,000.	0.			PRESERVATION GRANT

		s FOUNDATIO		4- d CA-A (C-b	- dula I (Farra 2001) De		6-1789616 Page
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSIK HAGO HUNGARIAN SCHOOL 1209 EAST CARPENTER DRIVE PALATINE, IL 60074	45-4324318	501(C)(3)	33,000.	. 0			LANGUAGE GRRANT LANGUAGE EDUCATION GRANT YOUTH GRANT
CSIPKE ENSEMBLE, INC. 2627 PULASKI HAMTRAMCK, MI 48212 CENTER FOR THE STUDY OF THE	32-003065 <u>8</u>	501(c)(3)	10,000.	0.			ART & CULTURE GRANT
PRESIDENCY & CONGRESS - 1020 19TH ST NW, STE 250 - WASHINGTON , DC 20036	26-1558519	501(C)(3)	36,000.	0.			FELLOWSHIPS GERANT
CSURDONGOLO FOLK ENSEMBLE 109 WYNNWOOD AVENUE PISCATAWAY , NJ 08854	26-3175958	501(C)(3)	10,000.	0.			HERITAGE GRANT
FIRST CALIFORNIA HUSSAR REGIMENT 3360 EDWARD AVENUE SANTA CLARA , CA 95054	04-3704825	501(C)(3)	10,000.	0.			PRESERVATION GRANT
FIRST HUNGARIAN UNITED CHURCH OF CHRIST - 2236 NW 14TH STREET - MIAMI , FL 33125	58-2181634		38,000.	0.			COMMUNITY GRANT HERITAGE GRANT LANGUAGE EDUCATION GRANT YOUTH GRANT
FIRST PRESBYTERIAN CHURCH 620 SOUTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118	59-0704731		10,000.	0.			YOUTH GRANT
FRACTURED ATLAS 248 WEST 35TH ST, 10TH FLOOR NEW YORK, NY 10001	11-3451703	501(c)(3)	12,000	0.			ART & CULTURE
GRACE HUNGARIAN REFORMED CHURCH 18858 ERWIN STREET RESEDA, CA 91335	95-3363123	501(C)(3)	11,360.	0.			COMMUNITY GRANTS LANGUAGE

		S FOUNDATIO					6-1789616 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Go	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY NAMES UNIVERSITY 3500 MOUNTAIN BOULEVARD OAKLAND, CA 94619	94-1358307	501(C)(3)	10,000.	0.			ART & CULTURE GRANT
HOUSE OF HUNGARY, INC. 2159 PAN AMERICAN PLAZA BALBOA PARK, CA 92101	33-0920937	501(c)(3)	11,500.	0.			LANGUAGE GRANT
HUNGARIAN (MAGYAR) CLUB OF CHICAGO 802 SOUTH SEE GWUN AVENUE MOUNT PROSPECT , IL 60056	59-3779758	501(C)(3)	40,000.	0.			COMMUNITY GRANT HERITAGE GRANT PRESERVE GRANT
HUNGARIAN ACADEMY 12321 RIVERS EDGE DRIVE POTOMAC, MD 20854	46-4084147	501(C)(3)	15,000	_0,			LANGUAGE GRANT
HUNGARIAN AMERICAN COALITION 2400 N ST NW SUITE 603 WASHINGTON , DC 20037	52-1768656	501(C)(3)	65,000.	0.			ART & CULTURE GRANTS HERITAGE GRANTS
HUNGARIAN AMERICAN CULTURAL ASSOCIATION - 14512 HIGH MEADOW WAY - NORTH POTOMAC, MD 20878	52-1867792	501(c)(3)	32,500.	0.			ART & CULTURE GRANT YOUTH
HUNGARIAN AMERICAN CULTURAL CENTER 26257 GODDARD ROAD TAYLOR, MI 48180	38-2220115	501(C)(3)	8,600.	0.			HERITAGE LANGUAGE GRANT
HUNGARIAN ASSOCIATION P.O. BOX 771066 CLEVELAND, OH 44107	23-7083651	501(C)(3)	5,000	0.			ART & CULTURE GRANT
HUNGARIAN CLUB OF COLORADO 9796 HOOKER CT WESTMINSTER, CO 80031	51-0188634	501(C)(3)	12,700.	0.			HERITAGE GRANTYOUTH GRANT

20112421		s FOUNDATIO					6-1789616 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGARIAN COMMUNITY CHURCH OF GEORGIA - P.O. BOX 2638 - GAINESVILLE , GA 30530	26-4563397		30,000.	0.			HERITAGE GRANT PRESERVATION GRANT
HUNGARIAN CULTURAL SOCIETY OF CONNECTICUT - P.O. BOX 2026 - CHESHIRE, CT 06410	20-3819326	501(C)(3)	10,000.	o			HERITAGE GRANT
HUNGARIAN HERITAGE FOUNDATION OF SF - 14 INVERNESS CT - SAN RAMON, CA 94583	26-4414307	501(C)(3)	34,766.	0,			ART & CULTURE GRANT HERITAGE GRANT WEBSITE GRANT
HUNGARIAN MEDIA FOUNDATION 23946 VINCENT DRIVE NORTH OLMSTED, OH 44070	46-4268870	501(C)(3)	5,655.	0.			COMMUNITY GRANTS
HUNGARIAN ROUNDTABLE CHARITABLE ASSOCIATION - 431 MAPLE AVENUE - LINDEN , NJ 07036	22-6005255		10,000.	0.			COMMUNITY GRANT
HUNGARIAN SCOUT ASSOCIATION IN EXTERIS - 2850 ROUTE 23 NORTH - NEWFOUNDLAND, NH 07435	22-1735726	501(C)(3)	14,000.	0.			YOUTH GRANTS
HUNGARIAN SETTLEMENT HISTORICAL SOCIETY - P.O. BOX 1909 - ALBANY, NY 70711	72-1476768	501(c)(3)	9,995.	0.			PRESERVATION GRANT
HUNGARIAN SOCIETY OF MASSACHUSETTS F.O BOX 61 BELMONT , MA 02478	23-7323821	501(C)(3)	60,000	0.			ART & CULTURE GRANT COMMUNITY GRANT LANGUAGE GRANT
MAGYAR BARATI KOZOSSEG 3306 S E TAYLOR PORTLAND, OR 97214	93-0710451	501(C)(3)	8,000	0.			ART & CULTURE GRANT

Schedule I (Form 990) HUNGARY I	NITIATIVE	S FOUNDATIO	N, INC.				6-1789616 Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II)	т. — -
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA HUNGARIANS INC 11705 LIVE OAK DRIVE MINNETONKA, CA 55305	41-1358624	501(C)(3)	23,907.	0.			HERITAGE GRANT LANGUAGE GRANT
MONTCLAIRE STATE UNIVERSITY FOUNDATION - 1 NORMAL AVENUE - MONTCLAIR , NJ 07043	22-6017209	501(C)(3)	10,000,	0.			HERITAGE GRANT
NEUMANN SOCIETY 888 FOSTER CITY BOULEVARD, APT U2 FOSTER CITY, CA 94404	47-2062750	501(C)(3)	40,000.	0.			COMMUNITY GRANT
NORRIDGE UNITED CHURCH OF CHRIST 826YO W. FOSTER AVENUE NORRIDGE, IL 60706	36-4365621		10,000.	_ 0.			HERITAGE GRANT
QUEENSBOROUGH COMMUNITY COLLEGE 230 WEST 41ST STREET, 7TH FLOOR NEW YORK , NY 10036	13-1988190	501(C)(3)	20,000.	0			ART & CULTURE GRANT
SAN FRANCSICO FILM SOCIETY 39 MESA STREET, SUITE 100 SAN FRANCSICO, CA 94129	94-2663216	501(C)(3)	10,000	0.			ART & CULTURE GRANT
THE HUNYADI MATYAS SCOUT TROOP 2368 NORTH IRENE STREET PALATINE, IL 60074	22-1576300	501(C)(3)	10,000.	0.			HERITAGE GRANT
THE KOSSUTH CLUB OF SARASOTA PO BOX 19744 SARASOTA, FL 24726	59-6197799	501(C)(3)	10,000.	0.			HERITAGE GRANT
THE KOSSUTH FOUNDATION 2001 MASSACHUSETTS AVE NW WASHINGTON , DC 20036	46-2255962		6,300.	0.			LANGUAGE GRANT

-1957221	(c) IRC section if applicable	(d) Amount of cash grant 20,000.	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance HERITAGE GRANT YOUTH GRANT
-1957221	501(c)(3)		, ,			1
		6,500.	0,			
	-	6,500.	0.			L
0074730		1				YOUTH GRANT
-03/4/33	501(C)(3)	8,550	0.			COMMUNITY GRANT
:_2042483		170 000	0			FELLOWSHIPS GRANT
-3042463		170,000.	<u> </u>		 	r Eddonomii b Growt
2-2549382	501(C)(3)	10 000	0			ART & CULTURE GRANT
	301(0)(3)	20,000.				
<u>.</u>						
_					+	
			!			
	2549382					

Schedule I (Form 990) (2014) HUNGARY INITIAT	IVES FOUR	DATION, I	NC.		46-1789616 Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed	Complete if the	organization answ	ered "Yes" to Form 9	90, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR INDIVIDUAL TO HUNGARIAN UNIVERSITY	1	11,700.	0.		
		<u> </u>			
Part IV Supplemental Information, Provide the information re-	quired in Part I, lin	l ne 2, Part III, column	l n (b), and any other a	dditional information	
SCHEDULE I, PART I, QUESTION 2:					****
FOR GRANTS LESS THAN YEAR, IN ORDE	R TO BE F	UNDED, REC	CIPIENTS AR	E ASKED	
TO SEND A FINAL NARRATIVE AND FINA	NCIAL REI	ORT WITHI	N A MONTH C	F THE	· · · · · · · · · · · · · · · · ·
END OF THE GRANT CYCLE. IF MULTI-	YEAR, REC	CIPIENTS A	RE REQUIRED	TO FILE	
BOTH OF THESE REPORTS ANNUALLY. A	NY CHANGE	S TO THE	PROGRAM_BUI	GET OVER	
20% HAS TO BE PREAPPROVED BY THE F	OUNDATION	N BEFORE E	XPENDITURES	S ARE	12.0
MADE.					
					
					Schedule I (Form 990) (2014)
432102 10-15-14					Schedule i (Form 990) (2014)

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

HUNGARY INITIATIVES FOUNDATION, INC.

Employer identification number

46-1789616

Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items X Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or Х reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract X Compensation committee Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х 5a a The organization? Х 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? Х 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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HUNGARY INITIATIVES FOUNDATION, INC.

46-1789616

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Breakdown of	W-2 and/or 1099 MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred in prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		(B)() (D)
(1) TAMAS FELLEGI	(1)	156,000.	0.	45,458.	0.	52,110.	253,568.	0.
PRESIDENT & CEO	(u)	0.	0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2014

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Schedule J (Form 990) 2014 HUNGARY INITIATIVES FOUNDATION, INC.	46-1789616	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this	part for any additional information	
PART I, LINE 1A:		
THE PRESIDENT AND CEO IS REIMBURSED FOR HIS HOUSING AND COST OF LIVING, UP		
TO A MAXIMUM AMOUNT PER MONTH, PER WRITTEN AGREEMENT.		
		
		
	Schedule J (Form	990) 2014

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number 46-1789616

HUNGARI INITIATIVES FOUNDATION, INC. 40-1703010
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR MISSION IS TO BUILD LASTING VALUE BY REVIVING AND STRENGTHENING THE
CULTURAL, EDUCATIONAL, AND EMOTIONAL BONDS BETWEEN THE UNITED STATES
AND HUNGARY AS WELL AS THE LARGE AND DIVERSE HUNGARIAN AMERICAN
COMMUNITY AND ITS MOTHER NATION. WE PROMOTE COOPERATION AND
UNDERSTANDING BETWEEN OUR GREAT NATIONS, THEREBY FOSTERING DEMOCRACY,
FREEDOM, HUMAN RIGHTS, AND HUMAN DIGNITY THE DEAREST VALUES OF OUR
HISTORY AND OUR PEOPLES.
RETURN HEADER - SECTION A
THE CORRECT ACCOUNTING PERIOD FOR THE ORGANIZATION IS JANUARY 1 THROUGH
DECEMBER 31. THE ORGANIZATION HAS FILED ITS 2013 FORM 990 USING AN
ACCOUNTING PERIOD OF JANUARY 1, 2013 THROUGH DECEMBER 31, 2013. AS
SUCH, THE ORGANIZATION IS FILING THIS FORM 990 FOR THE PERIOD JANUARY
1, 2014 THROUGH DECEMBER 31, 2014.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GREAT NATIONS, THEREBY FOSTERING DEMOCRACY, FREEDOM, HUMAN RIGHTS, AND
HUMAN DIGNITY, THE DEAREST VALUES OF OUR HISTORY AND OUR PEOPLES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
TALENTED YOUNG HUNGARIANS AND AMERICANS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INDIVIDUALS, FAMILIES AND COMMUNITIES. ON THE OTHER HAND, THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART VI, SECTION B, LINE 12C:

A TRUSTEE OR OFFICER SHALL DISCLOSE A CONFLICT OF INTEREST: (A) PRIOR TO VOTING ON OR OTHERWISE DISCHARGING HIS DUTIES WITH RESPECT TO ANY MATTER

INVOLVING THE CONFLICT WHICH COMES BEFORE THE BOARD OR ANY COMMITTEE; (B)

Name of the organization

HUNGARY INITIATIVES FOUNDATION, INC.

Employer identification number 46-1789616

PRIOR TO ENTERING INTO ANY CONTRACT OR TRANSACTION INVOLVING THE CONFLICT;

(C) AS SOON AS POSSIBLE AFTER THE TRUSTEE OR OFFICER LEARNS OF THE

CONFLICT; AND (D) ON THE ANNUAL DISCLOSURE FORM. THE SECRETARY OF THE

CORPORATION SHALL DISTRIBUTE ANNUALLY TO ALL TRUSTEES, OFFICERS AND KEY

EMPLOYEES (AS IDENTIFIED BY THE CORPORATION), A FORM SOLICITING THE

DISCLOSURE OF ALL CONFLICTS OF INTEREST, INCLUDING SPECIFIC INFORMATION

CONCERNING THE TERMS OF ANY CONTRACT OR TRANSACTION WITH THE CORPORATION

AND WHETHER THE PROCESS FOR APPROVAL SET FORTH IN THIS POLICY WAS USED.

SUCH DISCLOSURE FORM MAY REQUIRE DISCLOSURE OF OTHER RELATIONSHIPS THAT MAY

NOT CONSTITUTE AN ACTUAL CONFLICT OF INTEREST, BUT WHICH ARE REQUIRED TO BE

DISCLOSED IN ORDER FOR THE CORPORATION TO COMPLY WITH ITS ANNUAL REPORTING

REQUIREMENTS. THE EXECUTIVE COMMITTEE SHALL REVIEW THE DISCLOSURE

STATEMENTS AND ADVISE THE BOARD OF ANY RELEVANT INFORMATION THAT MAY ASSIST

THE BOARD'S ACTION WITH RESPECT TO POTENTIAL CONFLICTS OFLINTEREST.

THE BOARD OF TRUSTEES MUST APPROVE IN ADVANCE THE AMOUNT OF ALL

COMPENSATION FOR OFFICERS OF THE CORPORATION. BEFORE APPROVING THE

COMPENSATION OF AN OFFICER, THE BOARD SHALL DETERMINE THAT THE TOTAL

COMPENSATION TO BE PROVIDED BY THE CORPORATION TO THE OFFICER IS REASONABLE

IN AMOUNT IN LIGHT OF THE POSITION, RESPONSIBILITY AND QUALIFICATION OF THE

OFFICER FOR THE POSITION HELD, INCLUDING THE RESULT OF AN EVALUATION OF THE

OFFICER'S PRIOR PERFORMANCE FOR THE CORPORATION, IF APPLICABLE. IN MAKING

THE DETERMINATION, THE BOARD SHALL CONSIDER TOTAL COMPENSATION TO INCLUDE

THE SALARY AND THE VALUE OF ALL BENEFITS PROVIDED BY THE CORPORATION TO THE

INDIVIDUAL IN PAYMENT FOR SERVICES. AT THE TIME OF THE DISCUSSION AND

DECISION CONCERNING AN OFFICER'S COMPENSATION, THE OFFICER SHOULD NOT BE

PRESENT IN THE MEETING. THE BOARD SHALL OBTAIN AND CONSIDER APPROPRIATE

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

	ile O (Form 990 of the organizat		:2) (2014)							[Employer	identif	Page 2
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