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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2014

Open to Public Inspection

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

A	For the	2014 calend	ar year, or tax year beginning	5 November	, 2014, and	ending 31	Decem	ber , 20 14		
B Check if applicable.		pplicable.	C Name of organization			D Em	oloyer id	entification number		
님	Address o	•	Lumos Foundation USA, Inc				4	7-2301085		
K	Name change Number and street (or P O. box, if mail is not delivered to street address)) Roo	m/suite E Tele	/suite E Telephone number				
쒸	Initial return Final return/terminated c/o Scholastic, 557 Broadway Attn Billy DiMichele						_			
Ħ	Amended		City or town, state or province, country, a	nd ZIP or foreign postal code		F Gro	up Exe	mption		
		on pending	New York, New York 10012			Nu	mber 1	>		
G	Account	ting Method:	✓ Cash	ecify) ►		H Check	▶ 🗸	f the organization is not		
								ach Schedule B		
J 1	Tax-exer	mpt status (che	eck only one) - 🗸 501(c)(3) 🔲 501(c)	c) () ◀ (insert no) ☐ 49	347(a)(1) or	527 (Form	990, 99	0-EZ, or 990-PF).		
_			: 🗹 Corporation 🔲 Trust		Other					
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receip	ts. If gross receipts are \$20	0,000 or more,	or if total assets	;			
(Pa	rt II, col	lumn (B) belov	w) are \$500,000 or more, file Form 990) instead of Form 990-EZ .			► s	;		
	art I	Revenu	e, Expenses, and Changes in	n Net Assets or Fund	Balances (see the instru	ictions	s for Part I)		
		Check if	the organization used Schedule	O to respond to any o	uestion in thi	is Part I		🗆		
	1 1		ons, gifts, grants, and similar amo				1	0		
	2		ervice revenue including governm				2	0		
	3	_	ip dues and assessments				3	0		
	4	Investment	•				4	0		
	5a	Gross amo	ount from sale of assets other than	n inventory	5a					
	Ь		or other basis and sales expense	•						
	c		ss) from sale of assets other than			a)	5c	o		
	6		nd fundraising events	, ,		,				
	a	-	ome from gaming (attach Sch	edule G if greater that	an					
e	1				6a	(1			
Revenue	l b	Gross inco	ome from fundraising events (not i	ncluding \$	n of con	tributions	1			
ě	-		aising events reported on line 1)							
_	1		ch gross income and contributions			(
	C	Less: direc	at expenses from gaming and fund	draising events	6c		ו ו			
	d		e or (loss) from gaming and fund		es 6a and 6b	and subtract	1			
	i	line 6c) .					6d	0		
	7a	Gross sale	s of inventory, less returns and al	owances	7a	(
	b		<u> </u>		7b		5			
	C	Gross prof	it or (loss) from sales of inventory		ne 7a)		7c	0		
	8	Other reve	nue (describe in Schedule O)				8	0		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7	c, and 8	- 50 COM/15	.)l ►	9	0		
	10	Grants and	similar amounts paid (list in Scho	edule O) . \			10	0		
	11	Benefits pa	aid to or for members	\		ns 191.	11	0		
S	12	Salaries, o	ther compensation, and employee	e benefits	116.1.9.2	uis [新]:	12	0		
benses	13	Profession	al fees and other payments to inc	ependent contractors .		· · / = [.	13	0		
g	14	Occupancy	ther compensation, and employer al fees and other payments to inc y, rent, utilities, and maintenance			· 1 }	14			
Ü	15	Printing, pr	ublications, postage, and shipping	j\		المسبسين المستسدق	15	0		
	16	Other expe	enses (describe in Schedule O) .	· · · · · \ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			16			
	17	The state of the s						0		
-co	18	Excess or	(deficit) for the year (Subtract line	17 from line 9)			18			
šet	19		or fund balances at beginning							
Ąŝ		end-of-yea	ar figure reported on prior year's r	eturn)			19			
Net Assets	20	Other char	nges in net assets or fund balance	s (explain in Schedule C))		20			
z	21		or fund balances at end of year.		-	<u> ▶</u>	21	0		
Fo	r Paper	work Reduct	ion Act Notice, see the separate in	tructions.	Cat. No 1	06421		Form 990-EZ (2014)		

P

16

Pai	t II Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	<u> D</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	0
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		[24	0
25	Total assets				25	0
26	Total liabilities (describe in Schedule O)		<u> </u>		26	0
27 Par	Net assets or fund balances (line 27 of column				27	0
r al	Statement of Program Service Accommendation Check if the organization used Schedule					Expenses
M/ha	t is the organization's primary exempt purpose?	O to respond to a	ly question in this	railii L	(Req	uired for section
						c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise many consists on the service of the contraction for each of the contraction	nanner, describe the ach program title.	e services provided	, the number of	orga	nizations, optional for
28	new organization initial year was less than 2 months					
	governance issues and strategic planning to assist i	t in furthering its exe	mpt purposes			
	(Grants \$) If this amount	includes foreign are	mto abook boro	······································	28a	
29					<u> 20a</u>	
29						
	(Grants \$) If this amount	includes foreign gra	ints check here	▶ □	29a	
30						†
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □ Ì	31a	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	
Par	IV List of Officers, Directors, Trustees, and Key	y Employees (list eacl	one even if not com	oensated - see the ir	struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV	<u></u>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	Estimated amount of their compensation
Billy	DiMichele					
<u>c/o S</u>	cholastic, 557 Broadway New York New York 10012	varies	0		0	0
				[
		varies	0		<u> </u>	0
Colle	en Bella Burns	4	1		-	
<u>40 No</u>	rman Way, Tiburon California 94920	varies	0	L	0	0
	gette Mulheir		1		ì	
8 The	Teasels, Warminster BA12 8NU England	varies	0		<u> </u>	0
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		▼
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		✓
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	sea	√
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a		1 212-3	43-62	15
b	Located at ► c/o Scholastic, 557 Broadway New York, New York 10012 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	405	Yes	No
	If "Yes," enter the name of the foreign country: ►	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		res	IVO
	completed instead of Form 990-EZ	44a		-
	completed instead of Form 990-EZ	44b		√
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	, ,	✓

	٠	•							
Form 99	90-EZ (2	014) 							Page 4
46	Did tl	he organization engage, directly or in	idirectly, in political o	campaign activities	on behalf	of or in oppositi	on [Yes	No
	to ca	ndidates for public office? If "Yes," o	omplete Schedule C	, Part I			46		1
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	only s must answer que	estions 47–49b ar	nd 52, and	I complete the		for lin	es
							-	Yes	No
47	year?	he organization engage in lobbying If "Yes," complete Schedule C, Part	tII				47		1
48		organization a school as described in						-	
49a		he organization make any transfers to						-	1
50	b If "Yes," was the related organization a section 527 organization?								l ✔ nd key
	- Ci.i.p.	ayess, mie sasi reserved mere man	(b) Average	(c) Reportable		ealth benefits,			
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit p	tions to employee lans, and deferred mpensation	(e) Estimat other cor		
NONE									
							-		
					 				
									
				-					
			·	<u> </u>					
f 51	Com	number of other employees paid over plete this table for the organization, ,000 of compensation from the orga	s five highest comp	ensated independe	ent contrac	 ctors who each	received	l more	than
_	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c)	Compensat	ion	
NONE					-		-		
								_	
]					
				<u></u>					
	Total	number of other independent contra	etoro coch roccivino	over \$100,000		NO	NE .		
52 52	Did 1	the organization complete Schedubleted Schedubleted Schedule A		· · · · · · · · · · · · · · · · · · ·	. ► ganization				No
	enalties	of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than				o the best of my kno			
						8/12/1.			
Sign Here		Signature of officer WILLIAM (BILLY)	MICHELE	PRESIDE	vr, Lu	MOS FOUL	WATTO	N U.	SA
 Paid		Print/Type preparer's name	Preparer's signature	<u> </u>	Date	Check			
Dran	arar	[Į.	į		self-employ	ed		

Preparer

Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's EIN ▶

. ▶ ☐ Yes ☐ No

Phone no.

SCHEDULE A (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.

Department of the Treasury Internal Revenue Service

► 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

Name	ame of the organization Employer identification number								
	s Foundation USA, Inc	·				47-23	01085		
Par							ons.		
	organization is not a private founda		•	-	•	•			
1	A church, convention of churc			ibed in s e	ection 17	0(b)(1)(A)(i).			
2	A school described in section								
3	A hospital or a cooperative ho								
4	, , , , , , , , , , , , , , , , , , ,								
5	hospital's name, city, and state: 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). (Com								
6	A federal, state, or local govern								
7	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)		ı a gover	nmental unit or fron	n the general public		
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete l	Part II.)					
9	☐ An organization that normally								
	receipts from activities related								
	support from gross investme						x) from businesses		
	acquired by the organization a					-			
10	An organization organized and								
11	☐ An organization organized and								
	one or more publicly supported the box in lines 11a through 11								
а	☐ Type I. A supporting organiz	ation operated,	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving		
	the supported organization(s			ct a majo	rity of the	e directors or trustee	es of the supporting		
	organization. You must con	iplete Part IV, S	ections A and B.						
b	<u> </u>								
	control or management of th			ie same p	ersons th	nat control or manaç	ge the supported		
	organization(s). You must co	omplete Part IV,	, Sections A and C.						
C	☐ Type III functionally integrated its supported organization(s)						y integrated with,		
d	☐ Type III non-functionally in	tegrated. A supp	porting organization o	perated i	n connec	tion with its support	ted organization(s)		
	that is not functionally integr						an attentiveness		
	requirement (see instructions	•	-						
е	Check this box if the organiz functionally integrated, or Ty						I, Type III		
f	Enter the number of supported of	organizations .					[
g	Provide the following information		orted organization(s).						
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
			(described on lines 1-9 above or IRC section	listed in you docur	ir governing ment?	support (see instructions)	other support (see instructions)		
]	(see instructions))]		instructions)	instructions)		
				Yes	No				
(A)									
					-				
(B)				<u> </u>					
(C)	· · · · · · · · · · · · · · · · ·						1		
	<u> </u>								
(D)					ļ				
(E)							l		
									

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					See Part VI	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						 _
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>	<u></u>	<u> </u>	▶ □
	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6					14	%
15	Public support percentage from 2013 Sch					15	<u>%</u>
16a	331/3% support test—2014. If the organization qual						
h	331/3% support test—2013. If the organ			-			
, D	check this box and stop here. The organi					15 15 33 73 70	or more,
17a	10%-facts-and-circumstances test—20	•			•	a arith and	
174	10% or more, and if the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the leets the "facts	facts-and-ci -and-circums	rcumstances" tances" test. T	test, check th	ns box and st	op here. a publicly
40	supported organization					Laber to	. ▶ 🗆
18	Private foundation. If the organization distructions						see . ▶ □

Part III

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

 -	in the organization rails to quality	under the te	sts listed beli	Jw, please co	Jilipiete Fart	(1.)	
	on A. Public Support	(1) 5015	#165::		l en en en		
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1	ı		ı	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1			1	
c	Add lines 7a and 7b			<u> </u>			
8	Public support (Subtract line 7c from	·····	 		 		
	line 6.)						
Secti	on B. Total Support	_					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or			<u> </u>			
	loss from the sale of capital assets			1			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	е	<u> </u>	•	, or fifth tax ye		` ': ' _
	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8		-	• • • • • • • • • • • • • • • • • • • •		15	<u>%</u>
16 Sooti	Public support percentage from 2013 Sch					16	%
<u> 17</u>	on D. Computation of Investment Inc Investment income percentage for 2014 (I			v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2013					18	
19a	331/3% support tests—2014. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organiz						33 ¹ /3%, and
	line 18 is not more than 331/3%, check this b		-				
20	Private foundation. If the organization did	not check a	box on line 14,	, 19a, o <u>r 19b,</u> c	check this box	and see instru	ctions 🕨 🗌

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. All	Supp	ortin	g Oı	rganiza	atio	ns

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	***	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	TT FEE	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	£-34	2704 4
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	wide of second	Assessment of Sections
5a		5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	. ساکست	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	18°2.	
	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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 .	9с	- 1	
l0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
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.)	10b	A Total See	

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ĺ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
.	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	 	
Secti	on B. Type I Supporting Organizations	116		
<u> </u>	01. 21. 19po 1. 04ppo1 411g 01gu11p10		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
	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	Ì		
	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.			1
Sacti	on C. Type II Supporting Organizations	2		—
Secti	on or type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		[
	or management of the supporting organization was vested in the same persons that controlled or managed	l		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			,
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
0		1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	4 00000	
Secti	on 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 i	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		p marks	اا
	activities but for the organization's involvement.	2b		ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		 -	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must collaborate the control of t			•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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 instructions).	ly-in	tegrated Type III support	ing organization (see

Len		3) Supporting Organ	izations (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	anizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
	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	ch the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
<u>9</u> 10	Distributable amount for 2014 from Section C, line 6		 	
10	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:		<u> </u>	
а		"		
<u>b</u>	v			
С	1			
<u>d</u>				
e	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b_	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				
<u> </u>				
d	Excess from 2013			
е	Excess from 2014			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Lumos Fou	ndation USA, Inc (the "Charity") was created in November 2014 and its initial tax year lasted less than 2 months.
The Charity	did not receive any contributions during the first 2 months of its existence and so there is nothing to report on Schedule A.
	spent that time on governance, fundraising strategies and planning for the projects which it would undertake in 2015.
The Charity	has raised in excess of One Million Dollars (\$1,000,000) to date during 2015 and will qualify as a publicly supported
organizatio	n under 170(b)(1)(A)(vi). The Charity expects to continue to raise funds from the public and qualify as a 509(a)(2) organization
each year.	

