

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



Form 990

Department of the Treasury Informal Revenue Service

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

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

2014 Open to Public Inspection

A	For the	2014 calendar year, or tax year beginning , and ending				
В	Check If ap	C Nermofocomination THE FOUNDATION FOR INTERNATIONAL		II Employ	er Identification number	
	Address ch	RDUCATION		1		
$\overline{\Box}$	Name then	Doing bus 1949 PF			L622966	
=		Sumple and street (in PLDL box times statism sered to street address)	3cculaisis	ביפסיום	ne number - 687 - 6050	
	inirial return Final return			310-	-001-0030	
	terminated	WEST END NC 27375		1		* * •
П	Amended n	F Name and indicate of principa, princip.	 	G Graste	ceipts \$ 176,	1773
П	Application	· ·	H(a) 15 Hec a pr	oup tefunt for t	subordinates? Yes	X No
U	r up sound .	3161 SEVEN LAKES WEST	H(b) Area' s.	hardenton inc	tuded? Yes	No
		WEST END NC 27376			(ape instructions)	
	Tex-exe-n				(100 mar mar 14)	
-	Wabsite:					
			H(c) Group exercises 1		M State of legal domicile	NC
	art I	Summary	Par DEXIMENDING	.500	I se prose ou sedra douarse.	740
		riefly describe the organization's mission or most significant activities:				
	' -	PROMOTION OF INTERNATIONAL EDUCATION THROUGH GRANTS AN	D CONFERE	NCES	•••••	•
ă			• • • • • • • • • • • • • • • • • • • •		••••	• •
Activities & Governance	٠.		•••••	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•
8	2 0	heck this box > If the organization discontinued its operations or disposed of more than 2	5% of lie not as	cate		•
Ö		makes of custom magnings of the appropriate hads (Plant) B. Van det	070 011 711(130	3	4	
2		umber of violing members of the governing body (Fart VI, line 18) umber of Independent voting members of the governing body (Part VI, line 1b)	••••	4	2	
ŧ		otal number of Individuals employed in calendar year 2014 (Pert V, line 2a)	• • • • • • •	5	ō	
둥		atal according afficial continuant facility ata (for a consequent)	****	. 5	0	
⋖		otal number of volunteers (estimate it necessary) ital unrelated business revenue from Port Vill, column (C), line 12	• • • • • • • • • • • • • • • • • • • •	7a		0
		et unrelated business taxable income from Form 990-T, line 34	•• ••••	7b	 	- 0
		St Million Co. Market Strategies and Control of Control	Prior Ya		Current Year	
_	8 0	ontributions and grents (Part VIII, Fine 1h)				0
ž	9 P	rogram service revenue (Part VIII, Ilno 2g)				<u>0</u>
Revanue	10 in	vestment income (Part Vill, column (A), lines 3, 4, and 7d)	5	4,113	29,1	RRR
ž		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,316		0
		otal revenue - edd ines 8 through 11 (must equal Part VIII, column (A), I.ne 12)		5,429		888
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	· · · · · · · · · · · · · · · · · · ·			0
		enefits paid to or for members (Part IX, column (A), line 4)			 	ō
e t	15 S	alaries, other compensation, employee henefits (Part IX, column (A), lines 5-10)		9,000	 	0
Expenses		ofessional fundraising fees (Fart IX, column (A), line 11e)				0
Ž,	bTe	otal fundraising expenses (Fart IX, column (D), line 25)	· - · · · · · · · · · · · · · · · · · ·			
ŭ	17 0	hor expenses (Part IX, column (A), lines 11a-11d, 11f-74e)	19	7,708	32,3	154
	18 To	otal expenses. Add Thes 13-17 (must equal Part IX, column (A), line 25)		6,708		
	19 R	evenue 'ess excenses. Subtract line 18 from I ne 12		0,279		
200		A A A A A A A A A A A A A A A A A A A	Reginning of Cu	ment Yasr	End of Year	
25	20 To	otal assets (Part X, I'ne 16)		8,312	721,1	160
A Same	21 To	otal Bablittes (Part X, Ilne 26)		0		0
Fund	22 N	et assets or fund balances. Subtrant line 21 from line 20	71	8,312	721,1	160
	art II	Signature Block				
U	der pene	lties of perjury, I declare that I have examined this return, including excompanying schedules and state-	erts, and to the b	est of my kr	nowledge and belief, it is	<u> </u>
	ie, comec	t, and comblete. Declaration of preparer (other than officer) is based on all information of which preparer (ns eny krowledo	e.		
		fue grend				
Sig	- 1	Signature of officer		"אוןר"		
He	re		DENT/TRI	EASURI	3R	
		Type or prior name and bills				
		Printilype preparats name Preparats gratues	⊃ete	Check	4 PTIN	
Paid	1.2	ATRICIA B. REODES PATRICIA B. REODES	11/21	/15 xelf-en	ployed	
		Firm's name > STOUT STUART MCGOWEN & KING LLP	F	irmis EIN		
USe	Only	PO BOX 1440				
		BURLINGTON, NC 27216-1440	p	none no	336-226-73	343
_		discuss this return with the preparer shown above? (see instructions)	<u> </u>	.,	X Yes	Na
For	Paperwo	rk Reduction Act Notice, see the separate instructions.			്ട ന 99 0	[2014]

	n 990`(2014) THE FOUNDA			<u>56-1622966</u>	Page 2
Pa		gram Service Acc	-	45:- D-4 III	
1	Briefly describe the organization		onse or note to any line in	this Part III	
-			UCATION THROUGH	H GRANTS AND CONFER	RENCES
2	Did the organization undertake a	nny significant program s	ervices during the year which	were not listed on the	
	prior Form 990 or 990-EZ?				Yes X No
_	If "Yes," describe these new sen		at abanasa in bawit anadyata		
3	Did the organization cease cond services?	ucting, or make significa	int changes in now it conducts,	, any program	Yes X No
	If "Yes," describe these changes	s on Schedule O.			
4			_	est program services, as measured b	-
	expenses. Section 501(c)(3) and the total expenses, and revenue			ount of grants and allocations to others	5,
	the total expenses, and revenue	, if arry, for each program	ar service reported		
	(Code:) (Expenses \$		4 including grants of \$) (Revenue \$	
	THE CORPORATION P CONFERENCES	ROMOTES INTE	ERNATIONAL EDUCA	ATION THROUGH GRANT	S AND
C	Conferences				
			•		
4b	(Code) (Expenses \$	<u> </u>	including grants of \$) (Revenue \$	
	, , ,	•		• •	,
	Code:) (Expenses \$.	ıncluding grants of \$) (Revenue \$	
40	(Code.) (Expenses 4	•	including grants or \$) (Nevellue \$,
		•			
	_				·
4d	Other program services (Describ) (D	
40	(Expenses \$ Total program service expenses	including gran	uts of \$ 2,154) (Revenue \$	
DAA	2 E 3				Form 990 (2014)

Part IV Checklist of Required Schedules

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other the complete Schedule A Is the organization required to complete Schedule B, Schedule of Control Did the organization engage in direct or indirect political campaign active candidates for public office? If "Yes," complete Schedule C, Part I 	nbutors (see instructions)? //ities on behalf of or in opposition to	1 2	Yes X	No
complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contra 3 Did the organization engage in direct or indirect political campaign active	nbutors (see instructions)? //ities on behalf of or in opposition to	$\overline{}$	х	
 Is the organization required to complete Schedule B, Schedule of Contr Did the organization engage in direct or indirect political campaign activ 	nbutors (see instructions)? //ities on behalf of or in opposition to	$\overline{}$		
3 Did the organization engage in direct or indirect political campaign active	vities on behalf of or in opposition to	4		X
	<u>_</u>		┷	
candidates for public office? If ites, complete Schedule C, Part I		,		х
4 Continue 504(-)(2) and a final Dod the appropriate angels in John.	ring activities, or have a section 50 I(n)	3	+	
4 Section 501(c)(3) organizations. Did the organization engage in lobby		.		v
election in effect during the tax year? If "Yes," complete Schedule C, Pa		4		<u> </u>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization	· · · · · · · · · · · · · · · · · · ·			
assessments, or similar amounts as defined in Revenue Procedure 98-	•	_		**
Part III	· F	5		<u>X</u>
6 Did the organization maintain any donor advised funds or any similar fu		ı		
have the right to provide advice on the distribution or investment of amo				
"Yes," complete Schedule D, Part I		6		<u> </u>
7 Did the organization receive or hold a conservation easement, including	· · · · · · · · · · · · · · · · · · ·			
the environment, historic land areas, or historic structures? If "Yes," cor	mplete Schedule D, Part II	7		_ <u>X</u> _
8 Did the organization maintain collections of works of art, historical treas	sures, or other similar assets? If "Yes,"			
complete Schedule D, Part III		В		X
9 Did the organization report an amount in Part X, line 21, for escrow or c	custodial account liability; serve as a			
custodian for amounts not listed in Part X; or provide credit counseling,	debt management, credit repair, or			
debt negotiation services? If "Yes," complete Schedule D, Part IV	<u> </u>	9		X
10 Did the organization, directly or through a related organization, hold ass	sets in temporarily restricted			
endowments, permanent endowments, or quasi-endowments? If "Yes,"	complete Schedule D, Part V	0		X
11 If the organization's answer to any of the following questions is "Yes," the	hen complete Schedule D, Parts VI,			
VII, VIII, IX, or X as applicable		1		
a Did the organization report an amount for land, buildings, and equipment	nt ın Part X, lıne 10? If "Yes,"			
complete Schedule D, Part VI	1	1a		X
b Did the organization report an amount for investments—other securities	s in Part X, line 12 that is 5% or more			
of its total assets reported in Part X, line 16? If "Yes," complete Schedu	ule D, Part VII	1ь		X
c Did the organization report an amount for investments—program relate	d in Part X, line 13 that is 5% or more			
of its total assets reported in Part X, line 16? If "Yes," complete Schedu	ule D, Part VIII	1c		X
d Did the organization report an amount for other assets in Part X, line 15	5 that is 5% or more of its total assets			
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1	1d		X
e Did the organization report an amount for other liabilities in Part X, line	25? If "Yes," complete Schedule D, Part X	1e		X
f Did the organization's separate or consolidated financial statements for	· · · · · · · · · · · · · · · · · · ·	T		
the organization's liability for uncertain tax positions under FIN 48 (ASC	•	1f		X
12a Did the organization obtain separate, independent audited financial state			1	
Schedule D, Parts XI and XII		2a	- 1	X
b Was the organization included in consolidated, independent audited fin		7	1	
the organization answered "No" to line 12a, then completing Schedule	•	2b	1	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Ye	•	3		х
14a Did the organization maintain an office, employees, or agents outside of	· · · · · · · · · · · · · · · · · · ·	4a		X
b Did the organization have aggregate revenues or expenses of more that				
fundraising, business, investment, and program service activities outsic				
foreign investments valued at \$100,000 or more? If "Yes," complete Sc	30 0	4b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5		Ť		
for any foreign organization? If "Yes," complete Schedule F, Parts II and	·	5	Ė	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5		*		
assistance to or for foreign individuals? If "Yes," complete Schedule F,		6		x
17 Did the organization report a total of more than \$15,000 of expenses fo		+	-+	
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Pa		,	- 1	x
	· · · · · · · · · · · · · · · · · · ·	7	\dashv	
18 Did the organization report more than \$15,000 total of fundraising even	-			¥
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		8	\dashv	<u> </u>
19 Did the organization report more than \$15,000 of gross income from ga	-		- 1	v
If "Yes," complete Schedule G, Part III		9	$-\!\!+$	<u> </u>
20a Did the organization operate one or more hospital facilities? If "Yes," co		0a	+	<u> </u>
b If "Yes" to line 20a, did the organization attach a copy of its audited fina	incial statements to this return / 2	0b	990	

Part IV Checklist of Required Schedules (continued)

			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		<u>X</u>
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	4	_ <u>X</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	00		v
-4	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		, ,	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		x
.	through 24d and complete Schedule K. If "No," go to line 25a.	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2 .Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u></u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part i	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>_x</u>
C	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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	\vdash	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	,,		v
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		<u> </u>
34	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	$\frac{\mathbf{x}}{\mathbf{x}}$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		 -
-	controlled entity 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? 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			_ _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	. —

	990 (2014) THE FOUNDATION FOR INTERNATIONAL 56-1622	1900		<u>_</u>	'age
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part \	<i>I</i>			_
	Check is Schedule O contains a response of note to any line in this Fart V	<u>, </u>	_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		165	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		1		
_	reportable gaming (gambling) winnings to prize winners?		1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	_2b	L.	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				
3a	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	authority		:	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	nancial	1	•	
	account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	Ь.	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	<u> </u>	Ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he			l
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	ļ .	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or			
	gifts were not tax deductible?		6b	<u> </u>	↓ —
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	l _	1	
	and services provided to the payor?		7a	┼	₩-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	├	₩
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as	<u>-</u> .		
al.	required to file Form 8282?	7d	7c	-	\vdash
d	If "Yes," indicate the number of Forms 8282 filed during the year			1	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control the organization.		7e 7f	 	╁
,	If the organization received a contribution of qualified intellectual property, did the organization file Fe			 	\vdash
y h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization are received a contribution of cars, boats, airplanes, or other vehicles, did the organization are received a contribution of cars, boats, airplanes, or other vehicles, did the organization are received a contribution of cars, boats, airplanes, or other vehicles, did the organization are received a contribution of cars, boats, airplanes, or other vehicles, did the organization are received a contribution of cars, boats, airplanes, or other vehicles, did the organization are received a contribution of cars, boats, airplanes, or other vehicles, did the organization are received as contribution of cars, boats, airplanes, or other vehicles, did the organization are received as contribution of cars, boats, airplanes, or other vehicles, did the organization are received as contribution of cars, boats, airplanes, or other vehicles, did the organization are received as contribution of cars, boats, airplanes, or other vehicles, did the organization are received as contribution of cars, boats, airplanes, or other vehicles, and the organization are received as contribution of cars, boats, airplanes, or other vehicles, and the organization are received as contribution are re	· · · · · · · · · · · · · · · · · · ·	7g 7h	 	\vdash
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain				
0	sponsoring organization have excess business holdings at any time during the year?	ed by the	8	1	İ
9	Sponsoring organizations maintaining donor advised funds.		 	-	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter.				\vdash
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1	1	
11	Section 501(c)(12) organizations. Enter:		7		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources		7		
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			Γ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		<u> </u>	<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			[
b	Enter the amount of reserves the organization is required to maintain by the states in which			[
	the organization is licensed to issue qualified health plans	13b	1		
С	Enter the amount of reserves on hand	13c	<u> </u>	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b	1	I

Form 990 (2014) THE FOUNDATION FOR INTERNATIONAL 56-1622966 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 2 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members. X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18

available for public inspection. Indicate how you made these available. Check all that apply

Own website X Another's website X Upon request X 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 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

FRED YOUNG WEST END

3161 SEVEN LAKES WEST

NC 27376

336-260-2691

DAA

Form 990 (2014)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if School of Contractors

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

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

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

compensated employees, and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (D) (F) (C) (E) Name and Title Average Position Reportable Reportable Estimated (do not check more than one hours per compensation compensation from amount of week box, unless person is both an from related other officer and a director/trustee) the organizations (list any compensation (W-2/1099-MISC) from the organization hours for lighest compensated imployee (W-2/1099-MISC) organization related nstitutional ey employee and related organizations /dual below dotted organizations line) (1) PETE EBERHART 0.00 CHAIRMAN 0.00 X 0 0 (2) DR. FRED YOUNG 0.00 X X 0 0 PRESIDENT/TREASURER 0.00 (3) ALAN YOUNG 0.00 0.00 0 0 VICE PRESIDENT 0 (4) REBECCA DUNLOP 0.00 SEC./ASS. TREAS. 0.00 X 0 0 (5) ROBERT SAUNDERS 0.00 X BOARD MEMBER 0.00 0 0 (6)(7)(8) (9) (10)(11)

Form **990** (2014)

DAA

	rt VII Section A. Officers								and Highest Compensated				age
,	(A) Name and title	(B) Average hours per week (list any	(d	(C) Position do not check more than one ox, unless person is both an fficer and a director/trustee)				ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgar and	ization related izations	
(12)													
(13)													
(14)													
(15)													
(16)									-				
(17)													
(18)													,
(19)													
1b c	Sub-total Total from continuation she	ets to Part VII, S	Secti	ion /	<u> </u>	<u> </u>		>					
d 	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	/e) who received more than	\$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes,"	" complete Sche	dule	J for	suc	h inc	lividu	ıal			3	Yes	No X
4	For any individual listed on lin organization and related organization	nızatıons greater	thar	\$15	50,00)0? I	f "Ye	s," (complete Schedule J for su	ch	4		х
5	Did any person listed on line for services rendered to the o	rganization? If "Y								r indıvıdual	5	<u> </u>	х
Sect 1	Complete this table for your fi	ve highest comp										-	_
	compensation from the organ Name and	(A) d business address	отр	ensa	luon	101 (ne ca	len		(B) otton of services		(C) Compensa	tion
								_					_
								_	· · · · · · · · · · · · · · · · · · ·				
								<u> </u>					
													
2	Total number of independent received more than \$100,000								ose listed above) who	0			

Form 990 (2014) THE FOUNDATION FOR INTERNATIONAL 56-1622966 Page 9 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax (A) Total revenue exempt business revenue under sections 512-514 function revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue **Busn Code** 2a b All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 3 15,445 3,942 and other similar amounts) 11,503 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 157,093 3,581 other than inventor Less cost or other 146,231 basis & sales exps 10,862 3,581 c Gain or (loss) Net gain or (loss) 14,443 14,443 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV. line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code

29,888

3,942

11a b C

> All other revenue Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		· · ·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındivıduals. See Part IV, lıne 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· ·	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				 -
7	Other salaries and wages	·· · · · · · · · · · · · · · · · · · ·	·	-	
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		···· ·-···		
	Management				
b	Legal				
c	Accounting	1,550	1,550		·
d	Lobbying	•			·
е	Professional fundraising services See Part IV, line 17				, and the second
f	Investment management fees	1,349	1,349		
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	."			
13	Office expenses	11,000	11,000		
14	Information technology				
15	Royalties			· · · · · · · · · · · · · · · · · · ·	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials			***	
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered	~~~		······································	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	SPECIAL PROJECTS	18,000	18,000		
b	FOREIGN TAX PAID #A012905	120	120	-	
C	BANK FEES	80	80		
d	FOREIGN TAX PAID #A012906	55	55		
е	All other expenses	20 151	20 151		<u> </u>
25	Total functional expenses. Add lines 1 through 24e	32,154	32,154	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 19,783 7,160 Cash-non-interest bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D b Less accumulated depreciation 10b 698,529 714,000 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 718,312 721,160 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 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 25 0 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 718,312 721,160 Unrestricted net assets 27 27 28 Temporanly restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 718,312 721,160 33 33 Total net assets or fund balances 718,312 721,160 Total liabilities and net assets/fund balances

Part X

Balance Sheet

orm	990 (2014) THE FOUNDATION FOR INTERNATIONAL 56-1622966			Page 12					
Pa	rt XI Reconciliation of Net Assets		<u> </u>						
	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		888,6					
2	Total expenses (must equal Part IX, column (A), line 25)	2	32	2,154					
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	2,266					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	718	3,312					
5	Net unrealized gains (losses) on investments	5		5,114					
6	Donated services and use of facilities	6							
7	Investment expenses 7								
8	Prior period adjustments								
9	Other changes in net assets or fund balances (explain in Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1		_					
	33, column (B)) 10								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			_ <u> </u>	es No					
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.			1					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?		3a						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990 (2014)					

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.

Open to Public

OMB No 1545-0047

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.

Inspection

Name	of the	organization	EDUCATION	ON FOR INTERNAT	TONAL	_	Employer iden 56 - 162	tification number			
P	art I	Reas		Status (All organizations	must co	omplete					
				se it is: (For lines 1 through 11,							
1	Ň			ociation of churches described							
2	П			A)(ii). (Attach Schedule E.)							
3	П			ce organization described in se	ction 170	(b)(1)(A)(iii).				
4	Н	-	•	d in conjunction with a hospital			•	nospital's name.			
	ш	city, and state		- · · · · · · · · · · · · · · · · · · ·				, a sprian a manna,			
5		An organizati		of a college or university owned	or operat	ed by a g	overnmental unit described in				
6		•		•	section 17	70(b)(1)(A	N(v).				
7											
-	ш	_	section 170(b)(1)(A)(vi). (C				and or normano gonerar paper				
8				170(b)(1)(A)(vi). (Complete Par	1 11 1						
9	H	•		1) more than 33 1/3% of its sup	•	contributi	one mambarshin face and ar	nee			
	Ш	-		npt functions—subject to certail			, ,				
		-		nd unrelated business taxable ii	•		•	,			
			•		•		,				
40				0, 1975. See section 509(a)(2)							
10	X	-	-	exclusively to test for public saf	•						
11	A	-	= :	exclusively for the benefit of, to	-		• • • •				
				ions described in section 509(a				. Check			
				cribes the type of supporting or							
а	Ш			ed, supervised, or controlled by		_					
			• ,, ,	to regularly appoint or elect a m	ajority of t	the directo	ors or trustees of the supporting	ng			
		•	You must complete Part I								
ь				vised or controlled in connection							
			*	organization vested in the sam	e persons	that cont	trol or manage the supported				
		•	s). You must complete Par								
C	Ш			orting organization operated in							
	-	its supported	organization(s) (see instruc	tions) You must complete Pa	rt IV, Sec	tions A, I	D, and E.				
d	X	Type III non-	functionally integrated. A	supporting organization operate	ed in conn	ection wit	th its supported organization(s)			
		that is not fur	nctionally integrated. The org	ganization generally must satisf	y a distrib	ution requ	irement and an attentiveness				
	_	-		t complete Part IV, Sections A							
е		Check this bo	ox if the organization receive	ed a written determination from	the IRS th	at it is a T	Гуре I, Туре II, Туре III				
		functionally in	ntegrated, or Type III non-fur	nctionally integrated supporting	organizat	ion					
f	Ent	er the number	r of supported organizations					1			
<u>g</u>	Pro	vide the follow	ving information about the si	upported organization(s).	•			·			
(e of supported	(iı) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
	org	anization		(described on lines 1–9 above or IRC section	, .	ur governing ment?	support (see	other support (see			
				(see instructions))	4000		instructions)	instructions)			
					Yes	No		L			
(A)	AΙ	LIANCE	FOR LANGUAGE	LEARNING							
			56-2155173	12	x			0			
(B)							<u> </u>				
					1	<u> </u>					
(C)		<u>. </u>									
` ′											
(D)											
. ,											
(E)		_									

Page 2

56-1622966

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					•		
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	\Box	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities fumished by a governmental unit to the organization without charge							· · · · · ·
4 5	Total. Add lines 1 through 3 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)							<u>.</u>
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
7	Amounts from line 4						\longrightarrow	
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	(see instructions)				L	12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50°	1(c)(3)		
	organization, check this box and stop her							.
Sec	tion C. Computation of Public Su	• •						
14	Public support percentage for 2014 (line 6			nn (f))		-	14	%_
15	Public support percentage from 2013 Scho					L	15	%
16a	33 1/3% support test—2014. If the organ				33 1/3% or more, o	check this		. \Box
	box and stop here. The organization quali							▶ □
b	33 1/3% support test—2013. If the organ				15 is 33 1/3% or m	ore,		
4	check this box and stop here. The organization	•		· ·				P [_]
17a	10%-facts-and-circumstances test—201	_						
	10% or more, and if the organization meet				-			
	Part VI how the organization meets the "fa organization							▶ □
b	10%-facts-and-circumstances test—201	•						
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me supported organization	ets the Tacts-and	-circumstances" t	est The organization	on qualities as a pi	ublicly		>
18	Private foundation. If the organization did	d not check a box	on line 13 16a 16	6b. 17a. or 17b. ch	eck this box and se	ee		
	instructions			,, 0. //0, 0//	sale and box and of			▶ []

Part II 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.)

Sec	tion A. Public Support	quainy amaon t		produce of	omproto i dit i		
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not 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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from line 6)				<u> </u>		
	tion B. Total Support			•		·	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6			-			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				L	<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	.
Sec	tion C. Computation of Public Su	upport Percen	itage	<u>-</u>			
15	Public support percentage for 2014 (line 8	3, column (f) divide	ed by line 13, colun	nn (f))		15	%
16	Public support percentage from 2013 Sch					16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2014 (I		· -	3, column (f))		17	
18	Investment income percentage from 2013					18	%_
19a	33 1/3% support tests—2014. If the orga						. –
	17 is not more than 33 1/3%, check this b	=	=	-			▶ _
b	33 1/3% support tests—2013. If the orga						_
20	line 18 is not more than 33 1/3%, check the	•	•	•		•	

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	Sup	porting	Orga	anizations
---------	--------	-----	---------	------	------------

- 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.
- 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
- 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?
- 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.
- 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	x	_
	2		х
	3a		_x
	3b		
	3с		
	4 a		x
	4b	:	
	4c_		
	46		
	F-		x
	5a		
	5b 5c		
	30		
	_		
	6		X
	_		v
	7		Х
	8		Х
	9a		Х
	9b		x
	9c		х
	10a		х
	10b		
orn		or 990-F	7) 2014

	ule A (Form 990 or 990-EZ) 2014 THE FOUNDATION FOR INTERNATIONAL 56-16229	00		Page
Par	t W Supporting Organizations (continued)			· · ·
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls either along or together with persons described in (b) and (c)			
а	,	11a	:	х
h	below, the governing body of a supported organization?	11b		X
	A family member of a person described in (a) above? A 35% controlled on the of a person described in (a) as (b) above? If "Yee" to a, b, et a, provide detail in Bert VI.	11c		X
	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. ion B. Type I Supporting Organizations	1116		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		165	NO
	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,			
Soot	supervised, or controlled the supporting organizations.	2		L
Seci	ion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		L
Sect	ion D. All Type III Supporting Organizations			·
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	.		₹.
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		X
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	X	
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		X
	ion 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 instructions).		
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.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	tions).		
_				
2 .	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
p	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	n Nov 20, 19	70. See instructions. A	1
other Type III non-functionally integrated supporting organizations must complete \$	Sections A thro	ough E	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of pnor-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)			(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
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-functionally-integr	ated Type III s	upporting organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Part	ule A (Form 990 or 990-EZ) 2014 THE FOUNDATION F			966 Page
	on D - Distributions	Toupporting organiza	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	noses		
2	Amounts paid to perform activity that directly furthers exempt purpos			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	oported organizations		
4	Amounts paid to acquire exempt-use assets			
5	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 organ	zation 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			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		-	
3	Excess distributions carryover, if any, to 2014			
a				
b				
С				
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: \$			
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:			
а				
b			······································	
С				
	Funda from 2012	1		1

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 THE FOUNDATION FOR INTERNATIONAL

56-1622966

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

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2014

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or 990-EZ.

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

THE FOUNDATION FOR INTERNATIONAL

Employer identification number

EDUCATION

56-1622966

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

FRED YOUNG

ALAN YOUNG

PRES./TREAS.

VICE PRES.

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE 990 WERE PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING BY THE THIRD PARTY PREPARER. THE BOARD REVIEWED THE 990 VIA ELECTRONIC MEANS (EMAIL) AND DISCUSSED THE RESULTS OF THE RETURN AS NECESSARY.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

THE ORGANIZATION'S 990 IS AVAILABLE ON GUIDESTAR.COM AND ALSO AT THE OFFICE

OF THE ORGANIZATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS AND OTHER POLICIES AVAILABLE
TO THE PUBLIC AT ITS OFFICE LOCATION.