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	nal Revenu		143	1	115	V	ırm 990 and i	ts instruction	is is at	www.ir	s.go	v/form99	0.	inst	ecti	on
Ā	For the	2014 (•		- •	01/01	,2	2014, 8	ınd endi	ng	12	2/31	, 20 14		
В	Check if a	pplica					Without Bor	ders					D Employ	er identificati	ou un	nber
	Address o	 :hangs					1					68-06492	59			
	Name cha		Number	and str	eet (or P.O.	box if mail	is not delivered	to street addres	:s)	Room/s	uite		E Telephone number			
	Initial retu	•	26500 W	Agou	ra Road S	te 1012				ļ				805-480-39	72	
	Final return	Aermunated	City or to	own, st	ate or provin	ce, country	y, and ZIP or fore	ign postal code	•							
	Amended	return	Calabasa	as, CA	. 91302				G Gross receipts \$ 251,435							
	Application	n pending			ess of princi	pal officer:	Michael Si	mmons				H(a) is this a g	roup return for	subordinates?	Yes	✓ No
	•••						alabasas, CA	91302					-	s included?		
ī	Tax-exem	ot status	✓ 501			501(c) (no) 4947(a)	(1) or	527				ee instruction:		
J	Website:	>										H(c) Group	exemption	number ▶		
K	Form of a	ganization	Corpora	ation [Trust 🗌	Association	on 🔲 Other ►		L Yea	r of form	ation:	2007	M State	of legal domi	cile:	CA
P	art I	Summ	ary													
	1 1	Briefly de	scribe th	ne org	anization'	's missio	n or most sig	nificant acti	vities:	Astro	non	ners With	out Borde	rs has form	ed as	an
80	i .	organiza	ion to fur	ther in	nternation	al relatio	nships throug	h networking	g by a	ssisting	in th	e learnin	g and stu	dy of astroi	omy	
ngr					O, Staten											
Governance	2	Check th	is box ▶	□ift	he organi	zation di	scontinued it	s operations	or di	sposed	of n	nore than	25% of	its net ass	ets.	
ő] 3 1	Number (of voting	memi	bers of th	e govern	ing body (Pa	rt VI, line 1a)				3			3
90	4 1	Number	of indepe	endeni	t voting m	nembers	of the govern	ning body (P	art VI	, line 1b) .		4			0
ies	4				_		calendar year								-	0
Activities &							ecessary) .						6			0
Ac	3				•		art VIII, colum	n (C), line 1:	2.				7a			0
							om Form 990	• -					7b			0
												Prior Ye	ar	Curre	nt Yea	ir
	8	Contributions and grants (Part VIII, line 1h)											EIVE	$L \subset G$		135,504
Ž	,		gram service revenue (Part VIII, line 2g)										سنسار	151		0
Revenue		_				-	lines 3, 4, an	d 7d)			Ī	-				0
ď				-			5, 6d, 8c, 9d	•	022	013 1001		49,366				
	12	Total reve	nue-ad	ld line:	s 8 throug	th 11 (mu	ist equal Part	VIII, column	(A), li	ne 12)	ΙĠ	1	0	طالسسيه	Γ.	184,870
	13	Grants a	nd simila	r amo	unts paid	(Part IX,	column (A),	lines 1-3) .	· .			L	שבמו	UÏ	1	0
	14	Benefits	paid to o	r for n	nembers	(Part IX,	column (A), li	ine 4)			\Box	.00	سينيل			0
Ś	15	Salaries,	other con	npens	ation, emp	oloyee be	enefits (Part IX	, column (A),	lines	510)						26,961
Expenses	16a	Professio	nal fund	raising	fees (Pa	rt IX, col	umn (A), line	11e)			Γ					0
Ď.	Ь.	Total fun	draising (expen	ses (Part	IX, colur	nn (D), line 2	5) 🕨		0						
Ш	17 1	Other ex	oenses (F	Part IX	(, column	(A), lines	11a-11d, 1	1f-24e) .					-			129,085
							qual Part IX,		ine 25	i) .			0			156,046
		-				•	from line 12			·			0			28,824
5 %											Beg	inning of Cu	rrent Year	End	of Yea	r
at and	20	Total ass	ets (Part	X, line	e 16) .								9,021			39,991
Net Assets or Fund Balances	21	Fotal liab	ilities (Pa	art X, I	ine 26) .						$ \Box $		13,361			15,507
\$2	22	Net asse	s or fund	d bala	nces. Sul	otract lin	e 21 from line	20					-4,340			24,484
Pá	art II	Signat	ure Blo	ck												
Un	der penalt	ies of perju	ry, i declare	e that I	have examir	ned this ret	um, including ac	companying so	hedule	s and stat	emer	its, and to t	he best of i	ny knowledge	and I	selief, it is
tru	e, correct,	and compi	ete. Declara	ation of	preparer (o	ther than of	fficer) is based o	n all information	of whi	ch prepar	er ha	s any know	ledge.			
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Sig		Şign	ature of offi	cer								Da	ite /	•		
He	re	Mic	hael Sim	mons,	President	t										
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Ma	y the IR	S discus	this retu	um wi	th the pre	parer sh	own above?	(see instruc	tions)	• •	<u> </u>	<u> </u>	<u> </u>			□No
For	Paperw	ork Redu	ction Act	Notice	e, see the	separate	instructions.			Cat.	No. 1	1282Y		F	om 99	90 (2014)

	Fage Z											
Part												
	Check if Schedule O contains a response or note to any line in this Part III											
1	Briefly describe the organization's mission:											
	Astronomers Without Borders brings the world together to share the wonders of the Universe. Observing projects brings people											
	together to share activities with each other. Support projects allow those in developed countries to share with others, making it											
	possible for everyone to enjoy the wonders of the night sky. Online programs bring everyone together live for remote observing.											
-2	(Continued on Schedule O, Statement 3) Did the organization undertake any significant program services during the year which were not listed on the											
-	prior Form 990 or 990-EZ?											
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?											
	If "Yes," describe these changes on Schedule O.											
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by											
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,											
	the total expenses, and revenue, if any, for each program service reported.											
4a	(Code:) (Expenses \$ 12,462 including grants of \$ 0) (Revenue \$ 42,725)											
	Telescopes to Tanzania, a participant in Astronomers Without Borders's mission to bring people together through networking by											
	learning astronomy.											
	\$1100111011111111111111111111111111111											

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)											

	7/47951000000000000000000000000000000000000											

	(Codes \/Tunespec \(Tunespec \(\text{Tunespec \(\text{Tun											
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)											

	411404444444444444444444444444444444444											

4d	Other program services (Describe in Schedule O.)											
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)											
_4e	Total program service expenses ► 12,462											

1

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	•	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	•	✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		For	990	(2014)

Part	V 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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	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 to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	25b		1
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		1
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		1
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	•	· ·
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>√</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		7
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		1
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,			
3 8	Part VI	37		✓
	10. Returnant entress the required to complete scriedule O	38	n 990	(2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	[
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>	L	
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	<u> </u>		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	l		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ا ا	1	1
L	·	4a		<u> </u>
þ	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	l		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		"
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	(
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			
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was)]	
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
В	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		/
٠	sponsoring organization have excess business holdings at any time during the year?	 8		
a	Sponsoring organizations maintaining donor advised funds.	-	\vdash	
3	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		} }	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
8	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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			
_				ļ
C 145	Enter the amount of reserves on hand	44-		_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		V
	ii res, has it med a form reo to report these payments in the, provide an explanation in ochequie o .	170	ليسيا	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	iee ins	struct	ions.
Secti	on A. Governing Body and Management		Yes	1 21-
4	The sale and the second of the manufacture had at the and at the territory of the		163	No
18	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	ļ	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	/	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	ВЪ	1	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L.	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
_	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		1
а	The organization's CEO, Executive Director, or top management official	15a		1
	Other officers or key employees of the organization	15b	·	1
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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	104		V
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of the c	erest	policy	, and
20	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 re- Mike Simmons, (818)597-0223	cords	: ►	

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

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.

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.	
(A) Name and Title	(B) Average hours per	box, office	unles	Pos leck is pe	rson	than (is both	an (ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	week (list any hows for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the from the organization and related organizations	
Mike Simmons	40										
President	0	1		}				O	o	!	0
Roy Mc Cord	0		_		_						_
Secretary	0	✓				ļ	•		٥		0
Tom Menghini	0							1			_
Treasurer # 1	0	1					L	0	<u> </u>		0
Susan Roberts	0										_
Treasurer	0	1					l	0	0		0
Leo Heiland	40		_						4		
consultant						✓		25,000	0	<u> </u>	0
			}					,			
											_

											_

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees	s, ar	nd H	lighe	st C	ompensated E	mployees ('continu	ued)	
	· (A) Name and title	(B) Average hours per week (ilst any	box.	unles er and	Pos neck is pe	rson	than o	an lee)	(D) Reportable compensation from	(E) Reportation	n from		
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-A		composition from from organ	ensation in the nization related izations
	***************************************		-		-			-					
			-		-	_		-			-		
		ļ		-	-	_		-					
					_	-		-					
		<u> </u>	_			-		-					
						-		-					
					-	_		-					
			 —	_		-		-	-				
					_	_	<u> </u>	_			-		
		<u> </u>			_	L.	<u> </u>						
1b c d	Sub-total	VII, Sectio					•	△	25,000		0		0
2	Total number of individuals (including bur reportable compensation from the organization)	t not limited	to th				above	e) w		ore than \$1		D of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, c					emp	oloyee, or high	est compe	nsate		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual												-
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc		al 5	
Section	on B. Independent Contractors					_							
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation
None													
2	Total number of independent contractor	ors (includir	ng bu	rt no	ot I	imit	ed to	th	ose listed abo	ove) who			
	received more than \$100,000 of compen-								0	-	ĺ		

Par	VIII	Statement of Reve					D = 4 1 / III		
	•	Check if Schedule C	contains	a res	ponse or note to	(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenuer excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	3	1a	0				
Sra	b	Membership dues .		1b	0				
A, C	C	Fundraising events .		1c	0		i		
ig ig	d	Related organizations		1d	0				ı
ž, ž	е	Government grants (con	tributions)	<u>1e</u>	0				
충분	f	All other contributions, g	ifts, grants,			j			
듗뙅	Ì	and similar amounts not inc		1f	135,504	1			!
ag a	9	Noncash contributions include			0				!
<u>0</u> a	<u> </u>	Total. Add lines 1a-1	<u> 1 </u>	<u>· · · </u>	Business Code	135,504			
ğ					pusiness code				
eve	2a								
Program Service Revenue	р	P+							
	ď	***************************************		•					
	e			•					
E E	í	All other program ser	vice reveni	 IA		0	0	0	. 0
8	g	Total. Add lines 2a-2			· · · · >	0	······································		
	3	Investment income							
	1	and other similar amo				o	0	0	0
	4	Income from investmen	t of tax-exe	mpt b	ond proceeds ►	0	0	0	0
	5	Royalties	<u> </u>	·. ·	▶	0	0	0	0
	ļ		(i) Real		(ii) Personal				
	6a	Gross rents		0	0				
	ь	Less: rental expenses		0					
	C	Rental income or (loss)	<u></u>	0					
	d	Net rental income or		<u> </u>		0	0	0	0
	7a	Gross amount from sales of	(i) Securit		(ii) Other	}			
		assets other than inventory	ļ	0	0			;	
	b	Less: cost or other basis and sales expenses .	1	_					
	_	Gain or (loss)	ļ	<u>0</u>				ı	
	d	Net gain or (loss)	L		•	o	0	0	0
	, ,	Her gain or (1055) .		• •	· · · · ·				
eune	8a	Gross income from fu	undraising]				•
	ļ	events (not including \$		0					:
Other Rev	ĺ	of contributions reporte							
ŢĢ.		See Part IV, line 18 .			0				
ਠੋ		Less: direct expenses							
		Net income or (loss) f			events . >	0		0	
	9a	Gross income from ga See Part IV, line 19 .							
	Ι.			_					
		Less: direct expenses Net income or (loss) f				<u> </u>			
		Gross sales of in			Villes	0	0	0	0
	102	returns and allowance	es		125,931				,
	<u>, </u>	Less: cost of goods s		_	722,00				
		Net income or (loss) f				49,366	49,366	0	0
	├ ─ॅ	Miscelianeous F			Business Code	73,300	49,300		
	11a								
	ь		**						
	C								
,	d	All other revenue .		•		0	0	0	, 0
	е	Total. Add lines 11a-			.	0			
	12	Total revenue. See in				184,870	49,366	0	0

Form 990 (2014) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . Do not include amounts reported on lines 6b. 7b. (C) Management and general expenses (A) Total expenses (B) Program service expenses (D) Fundraising expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 . . . Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 25,000 25,000 Pension plan accruals and contributions finclude section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 1,961 1.961 Fees for services (non-employees): 11 Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 65,894 65,894 Advertising and promotion 12 13 Office expenses 897 897 14 Information technology 240 240 15 16 17 18,969 12,462 6,507 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 0 20 21 22 Depreciation, depletion, and amortization . 23 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.) h All other expenses A 43,085 43.085 Total functional expenses. Add lines 1 through 24e 25 156,046 12,462 143,584 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 following SOP 98-2 (ASC 958-720)

_	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	tX	<u> </u>	
		·	(A) Beginning of year		(B) End of year
	1 .	Cash—non-interest-bearing	9,021	1	39,991
	2	Savings and temporary cash investments	0	2	, 0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		Ì	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
Assets	_	· · · · · · · · · · · · · · · · · · ·	0	6	0
155	7	Notes and loans receivable, net	0	7	0
~	8	Inventories for sale or use	0	8 9	0
	9	Prepaid expenses and deferred charges		-9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		- 1	
		· · · · · · · · · · · · · · · · · · ·		400	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0	12	0
	12	Investments—other securities. See Part IV, line 11		13	0
	13 14	Investments—program-related. See Part IV, line 11		14	. 0
		Intangible assets		15	0
	15 16	Other assets. See Part IV, line 11	9,021		0
-	17	Total assets. Add lines 1 through 15 (must equal line 34)	13,361		39,991
	18	Grants payable		18	15,507
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	- 0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			0
	22	Loans and other payables to current and former officers, directors,			
Liabilities	22	trustees, key employees, highest compensated employees, and			
Þili		disqualified persons. Complete Part II of Schedule L	0	22	0
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third		 -	
	~~	parties, and other liabilities not included on lines 17-24). Complete Part X	O		
- 1		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	13,361	26	15,507
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	1979-07		10,001
es		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	
3alg	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
ğ	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and			
7		complete lines 30 through 34.		j	
Si	30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds.	-4,340		24,484
Net Assets or Fund Balances	33	Total net assets or fund balances	-4,340		24,484
	34	Total liabilities and net assets/fund balances	9,021	$\overline{}$	39,991
					Form 990 (2014

Form 9	90 (2014)			_ P	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		_	4,870
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,046
3	Revenue less expenses. Subtract line 2 from line 1	3			8,B24
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			4,340
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	- mar district deposits or result assessed (or brain as a consequent of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	_	2	4,484
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🛛
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain in	ł		1
	Schedule O.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	led or			
	reviewed on a separate basis, consolidated basis, or both:		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
ь	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited		<u> </u>		<u> </u>
	separate basis, consolidated basis, or both:		į.		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ł		! .
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight			 -
Ū	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		1
	If the organization changed either its oversight process or selection process during the tax year, exp		120		
	Schedule O.	MAINT INT	1		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
Va	the Single Audit Act and OMB Circular A-133?	,, 1, 1, 1, 1	3a		1
b	and the contract of the contra	o the	38		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь	•	
	Todalico didatio, capitali irig il conodilio o dilo describe dily steps taken to dildergo socii doc			000	(2014)
			For	n ササU	(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.

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

vame	or the organization					Employer Identification	number
Astro	momers Without Borders					68-06	49259
Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The c	organization is not a private founda	ation because it i	is: (For lines 1 through	11, chec	k only or	ne box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E.)				
3	A hospital or a cooperative hos	spital service org	ganization described i	n section	170(b)(1	I)(A)(iii).	
4	A medical research organization hospital's name, city, and state	-	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iil). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally						n the general public
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete l	Part II.)			
9	An organization that normally			-	from con	tributions, members	hip fees, and gross
	receipts from activities related						
	support from gross investme acquired by the organization a	ent income and	unrelated business	taxable i	ncome (l	ess section 511 ta	
10	☐ An organization organized and				-	•	
11	An organization organized and		•	_			out the numoses of
	one or more publicly supported						
	the box in lines 11a through 11a						
а	☐ Type I. A supporting organiz		•• • • •	_		· ·	-
	the supported organization(s organization. You must com) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organia	•		nection w	rith its su	poorted organization	n(s), by having
	control or management of th						
	organization(s). You must co)
c	☐ Type III functionally integra	•		ted in cor	nection	with, and functional	v integrated with.
_	its supported organization(s)	(see instructions	s). You must comple	te Part I\	/, Section	ns A, D, and E.	
đ	☐ Type III non-functionally integrated that is not functionally integrated. Type III non-functionally integrated. Type III non-f						
	requirement (see instructions						an attentiveness
_	☐ Check this box if the organiz	-	-				I Type III
е	functionally Integrated, or Ty						i, type iii
f	Enter the number of supported of	•	onany intograted copp	Johnning Ch	94, 112440	· ••	
g	Provide the following information		orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(V) The of purposition of Building		(described on lines 1-9	listed in you	ır governing	support (see	other support (see
			above or IRC section (see Instructions))	docu	nent?	instructions)	instructions)
		ļ	(see insurctions))	Yes	No		
• •				i	<u></u>		
A)		{		l			
B)							
				ļ			
C)							
<u> </u>				ļ			
D)							
							\
E) —							

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						ally under
Secti	on A. Public Support	quality artes	ST THE LEGIC III	3,00 D0,011, p	icacc compi	3.0 T art 1.1.1	
	dat 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	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				ļ	ļ	<u> </u>
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					· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		<u> </u>	 			
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
<u>C= -1</u> :	organization, check this box and stop her on C. Computation of Public Suppor	re	<u> </u>	<u> </u>	<u>· · · · ·</u>		··•
<u>Secti</u>	Public support percentage for 2014 (line 6			1		144	
15	Public support percentage from 2013 Sch					15	%
16a	331/3% support test—2014. If the organiz						
	box and stop here. The organization qual						
b	331/a% support test—2013. If the organicheck this box and stop here. The organi	ization did no	t check a box	on line 13 or	16a, and line		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	ion meets the eets the "facts	: "facts-and-ci s-and-circumst	rcumstances" tances" test. T	test, check the he organizatio	nis box and st n qualifies as a	op here. a publicly
18	Private foundation. If the organization distructions	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	

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

(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.)

Section A. Public Support

	on the Capital Capital						
Calen	dat 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				i		
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise					135,494	135,494
~	sold or services performed, or facilities	i				,	
	furnished in any activity that is related to the					40.00-	40.007
3	organization's tax-exempt purpose	0	0			49,367	49,367
J	unrelated trade or business under section 513	0.	0	0	0	0	٠ ,
4	Tax revenues levied for the			<u>`</u>			
•	organization's benefit and either paid						
	to or expended on its behalf	o	0	o	0	o o	0
5	The value of services or facilities						
	furnished by a governmental unit to the					1	
_	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	0	0	0	0	184,861	184,861
/a	received from disqualified persons .	٥	0	0	a	o	0
	Amounts included on lines 2 and 3			U			
J	received from other than disqualified	_				}	
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from				!	Ì	
C4	line 6.)						184,861
	on B. Total Support	(0) 2010	(h) 2011	(0) 2012	(d) 2013	(e) 2014	(f) Total
Oalen	dar year (or fiscal year beginning in)	(a) 2010 0	(b) 2011	(c) 2012 0	(4) 2013	184,861	184,861
10a	Gross income from interest, dividends,					104,001	104,001
,,,,	payments received on securities loans, rents,					1	
	royalties and income from similar sources .	o	0	0	o	ol	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					.]	
	acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b	0	0	0	0		0
11	Net Income from unrelated business activities not included in line 10b, whether					1	
	or not the business is regularly carried on	o.	0	0	0	o	0
12	Other income. Do not include gain or						<u>~</u>
	loss from the sale of capital assets			ŀ		1	
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,					[
	and 12.)	0	0	0	0	184,861	184,861
14	First five years. If the Form 990 is for the organization, check this box and stop her				, or tinn tax ye	ear as a section	1 501(c)(3)
Socti	on C. Computation of Public Suppor		<u> </u>			· · · · · ·	<u></u>
15	Public support percentage for 2014 (line 8			3 column (fi)		15	100 %
16	Public support percentage from 2013 Sch					16	0 %
	on D. Computation of Investment Inc				<u> </u>		
17	Investment income percentage for 2014 (I			y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/n% support tests—2014. If the organi						·
	17 is not more than 331/3%, check this box a	_				-	_
b	331n% support tests—2013. If the organize line 18 is not more than 331n%, check this b						
20	Private foundation. If the organization did				-		

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.) .

secu	on'A. All Supporting Organizations		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		163	
	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		3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		•	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		 ,
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		 -
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7		6		
•	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?			 -
Ū	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.			
b		9a		
	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	9b		
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
D	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		

•				
	sle A (Form 990 or 990-EZ) 2014			Page !
Part	Supporting Organizations (continued)		10	l Ma
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ł		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u></u>	
Sect	on B. Type I Supporting Organizations		Voc	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	NO
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	1	<u> </u>	<u></u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
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	instru	ction	s):
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	coo in	etnicti	ione)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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		
ь	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.	-		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
a a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ł
~	trustees of each of the supported organizations? Provide details in Part VI.	3a		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or 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		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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)	10		
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		i
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 bere if the current year is the organization's first as a non-functionally	v-in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2014

•	,			
Schedule	A (Form	990 or	990-EZ)	2014

Page 7

Part		3) Supporting Organi	zations (continued)					
Sect	ion D - Distributions	Current Year						
	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exe							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations					
4			. 					
	Qualified set-aside amounts (prior IRS approval required)			ļ				
	Other distributions (describe in Part VI). See instructions.	<u> </u>						
				<u></u>				
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	ch the organization is res	sponsive					
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Se	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:							
a	1							
<u>b</u>	· 			 				
	· †							
d	1							
e	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)							
<u> </u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		·					
4	Distributions for 2014 from Section D, line 7:							
a	Applied to underdistributions of prior years		<u>-,,</u> -					
<u>-</u>	Applied to 2014 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.			•				
_ -	Remaining underdistributions for years prior to 2014, if							
5	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).		ı					
7	Excess distributions carryover to 2015. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а								
b								
С								
d	Excess from 2013							
е	Excess from 2014	1						

Schedule A (Form 990 or 990-EZ) 2014

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

Supplemental Information to Form 990 or 990-EZ

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

20**14**

Open to Public

Department of the Treasury Internal Revenue Service ► 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.

Employer identification number Name of the organization **Astronomers Without Borders** 68-0649259 Form 990, Part VI, Section B, Line 11b - Form 990 is reviewed and approved by board members. Form 990, Part VI, Section C, Line 19 - Instruction for obtaining information included on web site. Form 990, Part IX, Line 11g - general operation expenses-business registration fee \$289-Reference materials \$94-Telephone \$885-Website hosting \$414-Web Site Design \$64679-Advertising \$43-Bank fees \$3903-payroll processing fee \$13-Bank Rec Discrepancies (\$352)-Misc Donations \$250----Sales Tax Refund of Deposit (\$4,324.70) Form 990, Part IX, Line 24e - Outside contractors \$40621 Postage and mailing expenses \$2464

Schedule O, Statement 1

Form: 990 Page: 1 Line Number: Astronomers Without Borders 68-0649259

Reasonable Cause Explanations

Explanation

Taxpayer (AWB) has always complied with the income tax code and regulations for filing on a timely basis and intended to do so for tax year 2014. The Form 990 filing structure formats the revenue data in a method that shows taxpayers's Gross Receipts (Total Revenues - Part 1 Line 12 to be less than \$200,000. AWB therefore used Form 990-EZ to file the current year income tax return that allows for organizations with less than \$50,000 in total assets and total gross receipts of less than \$200,000. Taxpayer's requests that it should be granted relief of the tax penalty for \$1,600 and daily penalties after the receipt of penalty notice dated August 3, 2015 Internal Revenue Code Section 6652(c). Taxpayer believes that the Form 990 format let it to file the Form 990-EZ and is a circumstance beyond its control. Astronomers Without Borders is a small organization created to further interest in science, education and international relations as demonstrated by its common appreciations of Astronomy. The organization is accomplishing its purpose and is hoping to do do in the future. Taxpayer's incurrence of the tax penalty would damage its efforts to proceed with its intended purpose. Taxpayer respectfully requests the IRS's consideration of its request for relief. The taxpayer has now filed Form 990 for 2014 and will do so in future tax periods should it meet the criteria to do so.