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₁₀₀₀ 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 20**14**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

AI	, 20								
В	B Check if applicable C Name of organization			D Employer identification number					
	Address c	hange		94 3134117					
Ы	Name cha	nge	E Telephone number						
_	Initial retur		`15 N 3192 E	7	208 589 2234				
=	rina: retun Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Ex	emption				
_	Application		Idaho Falls Idaho 83401	Number	>				
G	Account	ing Method:	✓ Cash	ck ▶ 🗀	if the organization is not				
1.1	Vebsite	:▶			ttach Schedule B				
J T	ax-exem	npt status (che	ck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (For	m 990, 9	90-EZ, or 990-PF).				
			☐ Corporation ☐ Trust ☑ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets					
(Pa	rt II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	\$				
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truction	ns for Part I)				
		Check if	the organization used Schedule O to respond to any question in this Part I .		<u> </u>				
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1					
	2	Program s	ervice revenue including government fees and contracts	. 2	<u> </u>				
	3	Membersh	ip dues and assessments	. 3	2550				
	4	Investmen	tincome	. 4	78				
	5a	Gross amo	unt from sale of assets other than inventory 5a	0					
	ь	Less: cost	or other basis and sales expenses	0					
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0				
	6	Gaming and fundraising events							
_	a	Gross income from gaming (attach Schedule G if greater than							
ž	ľ	\$15,000)	0						
Revenue	Ь	Gross inco	me from fundraising events (not including \$ of contributions						
æ			aising events reported on line 1) (attach Schedule G if the	ŀ					
2				101					
ζ	С			781					
۾	d	Net incom	e or (loss) from gaming a <u>nd fundraising events (add lines</u> 6a and 6b and subtra	ct					
,	ł	line 6c)	$1 \cdot \cdot$	· 6d	6320				
	7a	Gross sale	s of inventory, less returns and allowances 2015 . 7a	0					
	Ь	Less. Cost	or goods sold	0					
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0				
	8		nue (describe in Sched <u>ule O) QGUEN, UI</u>	. 8	0				
	9	Total reve	nue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8948				
	10	Grants and	I similar amounts paid (list in Schedule O)	. 10	8000				
	11	Benefits pa	aid to or for members	. 11	0				
ses	12		ther compensation, and employee benefits	. 12					
	13		al fees and other payments to independent contractors	. 13					
Exper	14	-	y, rent, utilities, and maintenance	. 14					
Ú	1		ublications, postage, and shipping	. 15	· · · · · · · · · · · · · · · · · · ·				
	16		enses (describe in Schedule O)						
	17	Total exp	enses. Add lines 10 through 16	▶ 17					
29	18		(deficit) for the year (Subtract line 17 from line 9)		948				
Se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	· · · · · ·					
As		=	r figure reported on prior year's return)						
Net Assets	20		iges in net assets or fund balances (explain in Schedule O)						
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	50008				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2014)

Form	990-EZ	(2014)

o		_	2
_	au	u	-

Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedul	e O to respond to a	ny question in this			<u> </u>
			<u>-</u>	(A) Beginning of year	ļ.,	(B) End of year
22	Cash, savings, and investments			49060		50008
23	Land and buildings				23	0
24 25	Other assets (describe in Schedule O)			0 49060	24	50000
26	Total assets				26	50008
27	Net assets or fund balances (line 27 of colum		1-	49060		50008
Par						30000
	Check if the organization used Schedule	-		•		Expenses
Wha	t is the organization's primary exempt purpose?	= <u> </u>	.7 .1			quired for section (c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise roots benefited, and other relevant information for e	nanner, describe the			org	anizations; optional for ers.)
28	Student Scholarship University of Idaho and Washin		 		┝	T
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	28	8000
29						
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	29	a 0
30						
		t includes foreign gra			30	9 0
31	Other program services (describe in Schedule O)					
		t includes foreign gra			31:	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					_
	Check if the organization used Scheduli		(c) Reportable	Part IV	$\dot{\top}$	· · · · · ·
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	l') Estimated amount of other compensation
Jay 1	Astle					
<u>15 N</u>	3192 E Idaho Falls Idaho 83401	Treasurer 8 hours			0	0
Jame	s Thomas		}			
<u>529 N</u>	3500 E Lewisville Idaho 83431	Past Chair 4 hours		<u> </u>	0	0
Jami	e Thomas					
	V Collins Rd. Blackfoot Idaho 83221	Chair 8 hours		0	이_	0
	ingler					_
2/14	Seminole Dr. Nampa, ID 83686	Chair Elect 4 hours)	0	0
			ļ			
	· · · · · · · · · · · · · · · · · · ·			+	+	
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		<u> </u>			1	
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		7	I	i	- 1	

rait	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	indication for that ty of look in the organization about concedure of to respond to any question in the		Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		✓
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	200	İ	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	-	
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a		208-58		4
h	Located at ► 15 N 3192 E Idaho Falls Idaho ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	834	401 Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	If "Yes," enter the name of the foreign country: ▶	<u> </u>	 	- - -
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		▶ □
44~	Did the assessmentian maintain and described foods of the Co. C.		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			1

ruiii,590	J-EZ (2014)		 			TV	a Na
	Did the organization engage, directly to candidates for public office? If "Y					46 Ye	s No
Part V		itions only ations must answer que	stions 47–49b and	52, and comp			ines
	Chook ii tho organization doc					Ye	s No
	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						
	Is the organization a school as descri				. <i>.</i> .	48	1
	Did the organization make any trans				[49a	✓
b !	If "Yes," was the related organizatio	n a section 527 organization	on?			49b	٠
50	Complete this table for the organiza employees) who each received more	ation's five highest compen e than \$100,000 of compen	sated employees (oth nsation from the organ	ner than officer nization. If ther	s, directors, tr e is none, ente	ustees a er "None	and key ∋."
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ber contributions to e benefit plans, and compensat	employee (e) Est I deferred othe	mated an	
No One	is Compensated						

				-			
				<u> </u>			
f	Total number of other employees pa	aid over \$100,000	. •	1	1		
	Complete this table for the organiz			contractors w	ho each rece	ived mo	re than
	\$100,000 of compensation from the	e organization. If there is no	one, enter "None."				
	(a) Name and business address of each in	dependent contractor	(b) Type of serv	лсе	(c) Comp	ensation	
None Pa	aid		-				
				1			
							
		•	-				
	·· · · · · · · · · · · · · · · · · ·				•		
			†				
d	Total number of other independent	contractors each receiving	over \$100,000	>			
	Did the organization complete Scompleted Schedule A	chedule A? Note. All se	ection 501(c)(3) orga		t attach a	Yes [] No
Under pe true, com	enalties of perjury, I declare that I have examine rect, and complete Declaration of preparer (other	ed this return, including accompar her than officer) is based on all info	lying schedules and stateme ormation of which preparer	ents, and to the be has any knowledge	st of my knowledo	e and bel	ef, rt is
	Jag The	isto		H	pr. / 12,	201	4
Sign	Signature of officer	Λ.		Date 1			
Here	Type or print game and title	43725	TZ 5				
Paid	Print/Type preparer's name	Preparer's signature	Da		Check 📖 if	TIN	
Prepa	1				self-employed		
Use C	Only Firm's name Firm's address F			Firm's Phone		_	
May the	ne IRS discuss this return with the pro-	eparer shown above? See	instructions		🕨 🔲	Yes [No
					For	m 990-E	Z (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

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

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

201**4**

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 93 3134117 Intermountain Institute of Food Technologists Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-9 isted in your governing support (see other support (see document? instructions) above or IRC section instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support			,	T		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u> </u>	<u> </u>		L
	on B. Total Support		T	1 1 2010	(0 0010	4.3.004.4	40 T-4-1
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4						
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						<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re					
<u>Secti</u>	on C. Computation of Public Support Public Support percentage for 2014 (line			11 column (fil)		14	%
15	Public support percentage for 2014 (iii) Public support percentage from 2013 Sci					15	%
16a	331/2% support test—2014. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, an	d line 14 is 33		heck this
b	331/2% support test—2013. If the organ check this box and stop here. The organ					9 15 is 33 ¹ /3%	or more,
17a							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in	tion meets the neets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test. 1	test, check the organization	his box and s	top here.
40	supported organization					k this box and	– [

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees					t	
	received. (Do not include any "unusual grants.")	3870	1950	2250	2660	2550	13280
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	38251	32565	42283	51736	50101	214936
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0,	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities	1					
	furnished by a governmental unit to the						007040
•	organization without charge	41121	34515	44533	54396	52651	227216
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	41121	34515	44533	54396	52651	227216
/a	received from disqualified persons .			ا	05	o	•
	, , , ,	0	0	0	95		0
D	Amounts included on lines 2 and 3 received from other than disqualified	1					
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year	· o	o	o	0	o	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						227216
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	41121	34515	44533	54396	52651	227216
10a	Gross income from interest, dividends,					-	
	payments received on securities loans, rents,					[
	royalties and income from similar sources .	237	81	60	95	78	551
Ь	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975				•	0	
- с	Add lines 10a and 10b	237	<u>0</u> 81	0 60	95	78	551
11	Net income from unrelated business	231			- 33	70	331
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on	اه	0	0	o	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	o	0	0	. 0	0	0
13	Total support. (Add lines 9, 10c, 11,			-			
	and 12.)	41358	34596			52729	227767
14	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he			· · · · · ·	· · · · ·		· · • [
	on C. Computation of Public Suppor			0 1 (0)		45	0/
15	Public support percentage for 2014 (line 8		•			15	99 %
16 Socti	Public support percentage from 2013 Sci ion D. Computation of Investment In			· · · · ·		16	99 %
	Investment income percentage for 2014 (v line 13 colu	mp (fl)	17	.1 %
17 18	Investment income percentage for 2014 (Investment income percentage from 2013		• •	•		18	.1 %
19a	331/3% support tests—2014. If the organ						
.Ja	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2013. If the organiz						
_	line 18 is not more than 331/3%, check this						
	Private foundation. If the organization di	d not check a l	hox on line 14	19a, or 19b, o	check this box	and see instru	ctions 🕨 📋

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

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 class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	-
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3ь		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	-	
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.	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes, " provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	-	
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с	~	
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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		_

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	<u> </u>	_
	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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	-	
Section	on 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 the supported organization(s).	1		
Section	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		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see the Description of 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 (see the complete line 3).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970. See	instructions. All				
other Type III non-functionally integrated supporting organizations must complete 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	li						
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see			-				
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other							
factors (explain in detail in Part VI):	<u> </u>						
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	<u></u>					
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	<u></u>					
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III support	ing organization (see				
instructions).							

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity	·		
3_	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
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.			
	Total annual distributions. Add lines 1 through 6.	<u> </u>		
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u></u> а				
b				
C	1			
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
ī	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				
d	Excess from 2013			
e	Excess from 2014			

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