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DLN: 93493025000476

Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the	2014 ca	lendar year, or tax year beginnin	g 04-01-2014 , and ending 03-	31-2015			
B Ch	eck ıf a	pplicable	C Name of organization	n		D Empl	oyer ide	ntification number
┌ Ad	dress cl	nange	JCPDS-INTERNATIONAL CENTRE FO DIFFRACTION DATA	ĸ		23-1	72254	1
Пиа	me cha	ınae	% DONNA M BARRY Doing business as				,	-
	tıal retu	_	bolling business as					
Fir			Number and street (or P O box if n	nail is not delivered to street address)	Room/suite	E Telepl	none num	nber
		mınated	12 CAMPUS BOULEVARD			(610	) 325-9	9814
┌ An	nended	return	City or town, state or province, cou					
Гар	plication	n pending	NEWTOWN SQUARE, PA 190733273	3		<b>G</b> Gross	receipts	\$ 10,003,381
			F Name and address of prii	ncipal officer	H(a)	Is this a grou	n returr	for
			TIMOTHY G FAWCETT		(a)	subordinates		Γ Yes <b>Γ</b> No
			12 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 1	9073				
					Н(в)	Are all subord included?	linates	Γ Y es Γ No
I Ta	ax-exen	npt status	s	ınsert no )	27		h a lıst	(see instructions)
1 W	/ebsite	e: <b>b</b> - W'	WW ICDD COM			Group ovemr	tion nu	mhar <b>b</b>
					H(c)	Group exemp		
			n 🔽 Corporation 🦳 Trust 🦳 Association	n Other ►	<b>L</b> Yea	ar of formation 1	.969 <b>M</b>	State of legal domicile PA
Pa	rt I	Sun	nmary					
	'		describe the organization's missic DD will continue to be the world C nity		CTION and rel	ated data to m	eet the	needs of the technical
3								
듄								
E E								
Governance	2	Check	this box দ if the organization di	scontinued its operations or dis	posed of more t	nan 25% of it	s net as	ssets
	3	Numbei	r of voting members of the govern	ing body (Part VI, line 1a)			з	9
Activities &			r of independent voting members				4	9
볼			umber of individuals employed in				5	51
P.	1		. , umber of volunteers (estimate if r				6	312
-			nrelated business revenue from P				7a	26,685
			elated business taxable income f				7b	,
				· · · · · · · · · · · · · · · · · · ·		Prior Year	<u> </u>	Current Year
	8	Cont	ributions and grants (Part VIII, li	ne 1h)		6	,550	12,316
를	9		ram service revenue (Part VIII, li			6,385	,440	6,182,560
Ravenue	10		stment income (Part VIII, colum			946	,380	372,125
益	11	Othe	r revenue (Part VIII, column (A ),	lines 5, 6d, 8c, 9c, 10c, and 11	Le)	317	,740	308,388
	12		revenue—add lines 8 through 11			7.656	110	6 075 300
	42					7,656		6,875,389
	13		ts and similar amounts paid (Part	, , , , , , , , , , , , , , , , , , , ,		335	,369	297,515
	14		fits paid to or for members (Part I Ties, other compensation, employe					
88	15	5-10		se benefits (Part 1X, Column (A)	, imes	5,110	,654	4,709,858
Expenses	16a	Profe	ssional fundraising fees (Part IX,	column (A), line 11e)			0	0
÷	Ь	Total f	undraising expenses (Part IX, column (D	), line 25) <b>▶</b> -0				
Ω	17		r expenses (Part IX, column (A),	· · · · · · · · · · · · · · · · · · ·		2,488	630	2,403,414
	18		expenses (Part IX, Column (A),			7,934		7,410,787
	19		nue less expenses Subtract line			-278		-535,398
₩ 07	1-5	Neve	inde less expenses Subtract line	10 HOHE HIRE 12		inning of Curr	_	
Not Assets or Fund Balances						Year		End of Year
33.45 34.45	20	Total	assets (Part X, line 16)			23,042	,557	23,733,124
# <u>₽</u>	21	Total	liabilities (Part X, line 26)			12,008	,531	16,577,924
ZZ.	22	Neta	ssets or fund balances Subtract	line 21 from line 20		11,034	,026	7,155,200
Pa	rt II	Sig	nature Block					
			f perjury, I declare that I have ex I belief, it is true, correct, and cor					
prep	arer ha	as any l	knowledge					
		***	***			2016-01-25		
Sigi	1	I B	nature of officer			Date		
Her		DOI	NNA M BARRY BUSINESS MANAGER					
			e or print name and title					
		•	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	6022
Pai	d		FREDERICK E DAVIS  Firm's name  Mitchell & Titus LLP	FREDERICK E DAVIS	2016-01-2	self-employed	P0044	0023
Pre	pare	r				I IIII S LIN F		
	On		Firm's address 🕨 1818 Market Street Su	ite 2900		Phone no (21	5) 561-7	300

Philadelphia, PA 191033652

✓ Yes ☐ No

.0111	11990 (2014)				Page 2
Par		ent of Program Service A Schedule O contains a response	ccomplishments or note to any line in this Part II	п	
1	Briefly describe	the organization's mission			
OIFF OF N	INTERNATIONAI FRACTION AND R	L CENTRE FOR DIFFRACTION ELATED DATA TO MEET THE RACTERIZATION METHODS IN	DATA (ICDD) WILL CONTINUE NEEDS OF THE TECHNICAL CO N SCIENCE AND TECHNOLOGY	OMMUNITY ICDD PROMOTES	THE APPLICATION
2	Dıd the organızat	tion undertake any significant pr	ogram services during the year v	which were not listed on	
	•	90 or 990-EZ?			┌ Yes ┌ No
3	services?		significant changes in how it con	ducts, any program	┌ Yes ┌ No
4	Describe the org	anızatıon's program service acc	omplishments for each of its thre inizations are required to report program service reported		
4a	(Code	) (Expenses \$	1,232,530 including grants of \$	297,515 ) (Revenue \$	6,464,263 )
<b>-ru</b>	THE ORGANIZATION RESEARCH AND RE	N PROVIDED GRANT-IN-AID FOR RESEA	RCH ON X-RAY AND ELECTRON DIFFRA GANIZATION INCURRED SELLING EXPEN	ACTION, AS WELL AS SCHOLARSHIPS FO	DR CRYSTALLOGRAPHIC
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program s	services (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program s	service expenses ► 4,	232,530		

art IV	Check	list 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
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		No
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 $IV^{\square}$	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
L3	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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		No
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	Yes	
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			. 490		
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		No		
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	Yes			
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					
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		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No		
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 I	25b		No		
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		No		
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part					
		28a		No		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No		
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
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		No		
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No		
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		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes			

PG	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	. l No
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   21			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	by this return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
<del>1</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
1	Section 501(c)(12) organizations. Enter			
а	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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
c	Enter the amount of reserves on hand	]		
<del>1</del> a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			re Cod	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►DONNA M BARRY
  - 12 CAMPUS BOULEVARD
  - NEWTOWN SQUARE, PA 19073 (610) 325-9814

# 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h an or/tr	chelic e Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Scott Misture	7 0									
Chairman	0 0	X		X				0	0	0
(2) Davor Balzar	7 0									
Vice Chairman	0 0	X		Х				0	0	0
(3) JAMES KADUK	7 0									
Transition		х		Х				0	0	0
Treasurer (4) Matteo Leoni	7.0									
		х						0	0	0
Chairman, Technical Committee  (5) JEFFREY DANN	7 0									
(5) JEFFRET DAININ		×						0	0	0
Directors-at-Large	0.0			_			-			
(6) ROBERT PAPOULAR	7 0	×						0	0	0
Directors-at-Large	0 0									
(7) John Anzelmo	7 0	×						0	0	0
Directors-at-Large	0 0							Ü	3	
(8) Vanessa Peterson	7 0	l <sub>x</sub>						0	0	0
Directors-at-Large	0 0	^							0	0
(9) Jordi Rius	7 0	,,								
Directors-at-Large	0 0	X						0	0	0
(10) TIMOTHY FAWCETT	40 0									
EXECUTIVE DIRECTOR	0 0			X				264,625	0	45,141
(11) THERESA MAGUIRE	40 0									
CORPORATE SECRETARY	0 0			X				133,823	0	30,490
(12) DONNA BARRY	40 0									
BUSINESS MANAGER	0 0					Х		129,145	0	29,675
(13) Suri Kabekkodu	40 0						T			
Editor-in-Chief	0 0					х		108,316	0	26,375
(14) Joseph Sunzeri	40 0									
						х		116,186	0	27,637
Info Technology Manager	0 0	l								Form <b>900</b> (2014)
										Form <b>990</b> (2014)

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

	I									
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	note boo	checle cx, office Highest compensated	ss	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) Tom Blanton Prın Scientist/Database Mgr	40 0					х		172,259	0	41,065

1b	Sub-Total	۲			
C	Total from continuation sheets to Part VII, Section A	٠			
d	Total (add lines 1b and 1c)	H	924,354	0	200,383

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►6

	_		res	NO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Form 99								Page <b>9</b>
Part V	/##I	Statement o Check if Schedu	<b>f Revenue</b> ule O contains a respoi	nse or note to any lır	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु ह	1a	Federated camp	paigns 1a					
rani	Ь	Membership du	es 1b					
s, G Am	С	Fundraising eve	ents <b>1c</b>					
Siffe lar	d	Related organiz	rations 1d					
ıs, (	е	Government grants	s (contributions) <b>1e</b>					
itior er S	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	12,316				
g ib	g	Noncash contribution	ons included in lines					
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		12,316			
				Business Code				
emue	2a	PRODUCT REVENU	E	900099	6,000,004	6,000,004		
Program Service Revenue	ь	POWDER DIFF JNI	L	900099	70,116	70,116		
95e	С	CLINIC REVENUE		900099	112,440	112,440		
Ser.	d							
E	e f	All other progra	am service revenue					
ار م					6 402 560			
	g 3		ome (including dividen		6,182,560			
		and other simila	aramounts)	🟲 📗	411,865			411,865
	4   5	B 11	tment of tax-exempt bond	proceeds •	0			
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental incor	me or (loss)  (i) Securities	<b>▶</b> -	0			
	7a	Gross amount from sales of assets other than inventory	3,088,252	(II) Other				
	ь	Less cost or other basis and	3,127,992					
	<sub>c</sub>	sales expenses Gain or (loss)	-39,740					
	d	, ,	[		-39,740			-39,740
	8a	Gross income f						
Other Revenue		sof contributions	reported on line 1c)					
<u>-</u>	Ь	Less direct ex	a penses b					
ot t	С		(loss) from fundraising		0			
J	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
			penses <b>b</b> (loss) from gamıng actı		0			
	10a	Gross sales of returns and allo						
	ь	_	oods sold <b>b</b>					
	C	Net income or (	(loss) from sales of inv	entory <b>p</b> - Business Code	0			
	11a	DENVER CONF		900099	254,325	254,325		
	ь		ERTISING FEE	541800	26,685		26,685	
	c	RIETVELD WO		900099	23,880	23,880		
	d e	All other revenu	ue	▶	3,498	3,498		
	12			.  -	308,388			
		iotai revenue.	See Instructions .	· · · · •	6,875,389	6,464,263	26,685	372,125

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (	A )
--	-------	-----

3666	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	30,825	30,825		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	266,690	266,690		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,016,705	1,016,705		0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,012,749	868,702	1,144,047	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	396,000	170,914	225,086	0
9	Other employee benefits	643,474	277,723	365,751	0
10	Payroll taxes	640,930	431,987	208,943	0
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	45,365		45,365	0
С	Accounting	73,117		73,117	0
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	213,738		213,738	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	117,047		117,047	
12	Advertising and promotion	236,562	236,562		0
13	Office expenses	215,698	65,831	149,867	0
14	Information technology	91,801	68,851	22,950	0
15	Royalties	566,869	566,869		0
16	Occupancy	77,745	58,309	19,436	0
17	Travel	13,001	9,751	3,250	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	271,319		271,319	0
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	125,463	125,463		0
23	Insurance	75,046		75,046	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CRYSTALLOGRAPHY SCHOLARSHIP	25,000	25,000		0
b	MAINTENANCE	255,643	12,348	243,295	0
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,410,787	4,232,530	3,178,257	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	, ==,	,,-	, -1	

Form 990 (2014)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X		_	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	4,871,959	2	4,946,202
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	681,347	4	514,668
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
s	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	5	0
ie			0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	125,489	9	117,909
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  6,585,057			
	Ь	Less accumulated depreciation 10b 3,764,828	2,921,484	<b>10</b> c	2,820,229
	11	Investments—publicly traded securities	14,442,278	11	15,301,947
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	32,169
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,042,557	16	23,733,124
	17	Accounts payable and accrued expenses	438,192	17	452,144
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
S O	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L	0	22	0
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	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 of Schedule	44 570 220		40 405 700
		D	11,570,339 12,008,531	25	16,125,780
	26	Total liabilities. Add lines 17 through 25	12,006,531	26	16,577,924
ces		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	10,429,596	27	6,532,749
8 8	28	Temporarily restricted net assets	-502	28	5,203
Fund Balance	29	Permanently restricted net assets	604,932	29	617,248
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	<u>_</u>
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	11,034,026	33	7,155,200
	34	Total liabilities and net assets/fund balances	23,042,557	34	23,733,124

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1 I		6.8	375,389
2	Total expenses (must equal Part IX, column (A), line 25)				
_	<u> </u>	2		7,4	110,787
3	Revenue less expenses Subtract line 2 from line 1	3		- <u>î</u>	535,398
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				224.026
5	Net unrealized gains (losses) on investments	4		11,0	034,026
3	Net unrealized gains (losses) on investments	5		Ī	544,297
6	Donated services and use of facilities	_			
7	Investment expenses	6			
•	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	•			
-	- cher changes in necasses of faile salances (explain in selleagle c).	9		-3,8	387,725
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7 -	155,200
Par	t XII Financial Statements and Reporting			- ,-	
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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OMB No 1545-0047

## SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Total

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2014

Open to Public Inspection

Name of the organization **Employer identification number** 1CPDS-INTERNATIONAL CENTRE FOR DIFFRACTION DATA 23-1722541 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) 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 20	14	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	1,050	1,000	6,550		12,316	20,916
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	6,709,778	7,051,223	6,728,122	6,385,440	6,	182,560	33,057,123
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0
6	<b>Total.</b> Add lines 1 through 5	6,709,778	7,052,273	6,729,122	6,391,990	6,	194,876	33,078,039
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed							0
c	the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b							0
8	<b>Public support</b> (Subtract line 7c from line 6)							33,078,039
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 20	14	(f) Total
9	A mounts from line 6	6,709,778	7,052,273	6,729,122	6,391,990	6,	194,876	33,078,039
	Gross income from interest,							
.0a	•							
.0a	dividends, payments received on securities loans, rents, royalties and income from similar sources	284,117	269,721	264,090	540,767		411,865	1,770,560
l0a b	dividends, payments received on securities loans, rents, royalties and income from similar	284,117	269,721	264,090	540,767		411,865	1,770,560
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	284,117	269,721	264,090	540,767 540,767		411,865	
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·						0
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	284,117	269,721	264,090	540,767		411,865	1,770,560
ь с 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,	284,117 67,674	269,721 57,854	264,090 38,172	540,767 39,472		411,865	0 1,770,560 229,857
b c 111 112	dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here	284,117 67,674 268,649 7,330,218 For the organization	269,721 57,854 334,163 7,714,011 on's first, second,	264,090 38,172 315,646 7,347,030	540,767 39,472 278,268 7,250,497	6,	411,865 26,685 281,703 915,129	1,770,560 229,857 1,478,429 36,556,885
b c 111 12 13 14 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub	284,117 67,674 268,649 7,330,218 for the organization	269,721 57,854 334,163 7,714,011 on's first, second,	264,090 38,172 315,646 7,347,030 third, fourth, or f	540,767 39,472 278,268 7,250,497	6,	411,865 26,685 281,703 915,129	1,770,560 229,857 1,478,429 36,556,885
b c 111 12 13 14 Se 15	dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage for 2014	284,117 67,674 268,649 7,330,218 for the organization	269,721 57,854 334,163 7,714,011 on's first, second,	264,090 38,172 315,646 7,347,030 third, fourth, or f	540,767 39,472 278,268 7,250,497	6, section !	411,865 26,685 281,703 915,129	0 1,770,560 229,857 1,478,429 36,556,885 3) organization, ▶□
b c 111 112 113 114 See 115	dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage from 2014	284,117 67,674 268,649 7,330,218 for the organization lic Support Performance (line 8, column (column	269,721  57,854  334,163  7,714,011  on's first, second,  ercentage f) divided by line art III, line 15	264,090 38,172 315,646 7,347,030 third, fourth, or f	540,767 39,472 278,268 7,250,497	6, section !	411,865 26,685 281,703 915,129	1,770,560 229,857 1,478,429 36,556,885
b c 111 12 13 14 Se 15 16 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage from 201  ction D. Computation of Inve	284,117 67,674 268,649 7,330,218 for the organization lic Support Performance (Inc. 8, column (1), 3 Schedule A, Pastment Inco	269,721  57,854  334,163  7,714,011  on's first, second, ercentage f) divided by line art III, line 15 me Percentage	264,090 38,172 315,646 7,347,030 third, fourth, or f	540,767 39,472 278,268 7,250,497 Ifth tax year as a	6, section !	411,865 26,685 281,703 915,129	0 1,770,560 229,857 1,478,429 36,556,885 3) organization, 90 484 % 90 813 %
b  c 111 12 13 14  Se 15 16  Se 17	dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage for 2014  Public support percentage from 201  ction D. Computation of Invelocement income percentage for 2014	284,117 67,674 268,649 7,330,218 for the organization lic Support Performance (line 8, column (1) 3 Schedule A, Pastment Incomposite (line 10 c, column (1) 4 (line 10 c, c	269,721 57,854 334,163 7,714,011 on's first, second, ercentage f) divided by line art III, line 15 me Percentage foliumn (f) divided by	264,090 38,172 315,646 7,347,030 third, fourth, or f 13, column (f))  Je oy line 13, column	540,767 39,472 278,268 7,250,497 Ifth tax year as a	6, section !  15 16	411,865 26,685 281,703 915,129	1,770,560  229,857  1,478,429  36,556,885  3) organization,  90 484 %  90 813 %  4 843 %
b  c 111  12  13  14  See 15 16  See 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage from 201  ction D. Computation of Inve	284,117 67,674 268,649 7,330,218 for the organization lic Support Per (line 8, column (column 3 Schedule A, Parestment Incolumn 10 C, column 2014 (line 10 C, column 2013 Schedule A)	269,721 57,854 334,163 7,714,011 on's first, second, ercentage f) divided by line art III, line 15 me Percentag olumn (f) divided by A, Part III, line 1	264,090  38,172  315,646  7,347,030  third, fourth, or f  13, column (f))  je  by line 13, column 7	540,767 39,472 278,268 7,250,497 ifth tax year as a	15 16 17 18	411,865 26,685 281,703 915,129 501(c)(3	1,770,560  229,857  1,478,429  36,556,885  3) organization,  90 484 %  90 813 %  4 843 %  4 843 %  4 378 %

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

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

Section A. All Supporting Organizations
---

Se	ection 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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 $(2)^7$ 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	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 <b>Part VI</b> .	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 II 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 <b>Part VI</b> .	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? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	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		

c 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

Pa	rt IV Supporting Organizations (continued)			
S	ection 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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  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 instructions.			
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>b</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 <b>Part VI</b> 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				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

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 trust on Nov 20, 1970 See instructions. All other
ype	[]	II 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 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)	1		
а	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	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

## Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year								
1 Amounts paid to supported organizations to accom									
2 A mounts paid to perform activity that directly furthexcess of income from activity									
3 Administrative expenses paid to accomplish exemp									
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval rec									
6 Other distributions (describe in Part VI) See instru	JCTIONS								
7 Total annual distributions. Add lines 1 through 6									
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide							
9 Distributable amount for 2014 from Section C, line	6								
10 Line 8 amount divided by Line 9 amount									
		(::)	(:::)						
Section 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 requiredsee instructions)									
3 Excess distributions carryover, if any, to 2014									
<b>a</b> From 2009									
<b>b</b> From 2010									
<b>c</b> From 2011									
d From 2012									
<b>e</b> From 2013									
f Total of lines 3a through e									
g Applied to underdistributions of prior years									
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)									
j Remainder Subtract lines 3g, 3h, and 3i from 3f									
4 Distributions for 2014 from Section D, line 7 \$									
A pplied to underdistributions of prior years									
<b>b</b> Applied to 2014 distributable amount									
c 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)									
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c									
8 Breakdown of line 7									
<b>a</b> From 2010									
<b>b</b> From 2011									
<b>c</b> From 2012									
d From 2013									

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493025000476

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

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

Open to Public

nai Revenue Service	m 990) and its instructions is at www.	Inspection
lame of the organization CPDS-INTERNATIONAL CENTRE FOR IFFRACTION DATA		Employer identification number 23-1722541
organizations Maintaining Donor Adorganization answered "Yes" to Form 99		
<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		lonor advised <b>Yes No</b>
Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit?		
art II Conservation Easements. Complete	f the organization answered "Yes"	, ,
Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	ganization (check all that apply) n or education) Preservation of	an historically important land area a certified historic structure
Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution i	n the form of a conservation
aubament on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easements		2b
Number of conservation easements on a certified hist	toric structure included in (a)	2c
Number of conservation easements included in (c) achistoric structure listed in the National Register	` '	2d
Number of conservation easements modified, transfer the tax year 🛌	rred, released, extinguished, or termina	ated by the organization during
Number of states where property subject to conserva	tion easement is located ►	
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	
Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation eas	sements during the year
Amount of expenses incurred in monitoring, inspectin	g, and enforcing conservation easeme	nts during the year
Does each conservation easement reported on line 2 and section 170(h)(4)(B)(II)?	(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financ	
rt IIII Organizations Maintaining Collection Complete if the organization answered "		s, or Other Similar Assets.
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reets held for public exhibition, educatio	n, or research in furtherance of public
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	116 (ASC 958), to report in its revenuets held for public exhibition, educatio	ue statement and balance sheet
(i) Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
(ii) Assets included in Form 990, Part X		<u> </u>
If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for financial gain, provide the
Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
Assets included in Form 990. Part X		<b></b>

Part	Organizations Maintaining Co	llections of Art,	Hist	torica	I Trea	sures, or O	the	r Similar Asse	ets (c	ontınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ls, ch	eck an	y of the f	following that a	re a	significant use o	fits	
а	Public exhibition		d	Γι	oan or e	xchange progr	ams			
ь	Scholarly research		e		ther					
C	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and explai	n how	they f	urther th	ie organization	's ex	empt purpose ın		
5	During the year, did the organization solicit of									<b>-</b>
Dav	assets to be sold to raise funds rather than t <b>t IV</b> Escrow and Custodial Arrang							<u> </u>	Yes	l No
Pal	Part IV, line 9, or reported an an						a re	es to Follin 99	υ,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ng tab	le	_				
						-		Amo	unt	
c	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, f	for esc	row or cu	ıstodıal accoui	nt lia	bility?	Yes	∏ No —
_ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pai	rt V Endowment Funds. Complete	f the organization (a)Current year		wered Prior yea		to Form 990, Two years back	_		•\Eour	ears back
1a	Beginning of year balance	604,430	(D)		4,478	599,814	<del></del>	600,850	e)rour y	596,332
ъ	Contributions	12,315			6,550	1,000		1,050		0
c	Net investment earnings, gains, and losses									
4	Crants or scholarships	30,706 25,000			3,902 0,500	26,164 32,500	-	30,414 32,500		37,018
d e	Grants or scholarships Other expenditures for facilities	23,000			0,300	32,300		32,300		32,300
C	and programs									
f	Administrative expenses									
g	End of year balance	622,451		60	4,430	594,478		599,814		600,850
2	Provide the estimated percentage of the curr	ent year end balanc	e (line	e 1g, c	olumn (a	)) held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ► 99 164 %									
c	Temporarily restricted endowment ► 08	36 %								
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	tion t	hat are	held an	d administered	for	the		<del></del>
	organization by (i) unrelated organizations			_			_	3a(i)	Yes	No No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization		l on S	chedul	eR?.			3b	Ì	
4	Describe in Part XIII the intended uses of th							•		
Par	t VI Land, Buildings, and Equipme		he or	ganız	ation ar	nswered 'Yes	' to	Form 990, Part	: IV, I	ine
	11a. See Form 990, Part X, line :  Description of property				ost or othe (investmer			(c) Accumulated depreciation	<b>(d)</b> B	ook value
						884	,477			884,477
	Buildings					3,626	-	1,778,490		1,848,091
	Leasehold improvements					3,320	,	2,5,.50		,,
	Equipment					838	,286	811,542		26,744
e	Other	<u></u>	•			1,235	,714	1,174,797		60,917
Tota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X	, colui	mn (B),	line 10(d	c).)		🕨		2,820,229
_ e (	Other	qual Form 990, Part X	• • ′, colui	mn (B),	line 10(d	1,235	,714	1,174,797	Form 9	60,9

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Co	mplete if the organizatio	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of va	aluation
(a) Description of investment	(b) Book value	Cost or end-of-year	
	<b>.</b>		
<b>Part IX</b> Other Assets. Complete if the organization			Form 990. Part X. line 15
(a) Descri		,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	i.)		
Part X Other Liabilities. Complete if the orga			ine 11e or 11f. See
Form 990, Part X, line 25.  (a) Description of liability	(h) Pook value		
<del></del>	(b) Book value		
Federal income taxes	0		
ACCRUED PENSION & POSTRETIREME	14,779,941		
OTHER LIABILITIES	1,345,839		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	16 135 700		
10tal. (Column (b) must equal Form 990, Part X, col (b) line 25 )	16,125,780	h	

Par		Revenue per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line :		its With Revenue	per R	<b>leturn</b> Complete if
1		er support per audited financial statements			1	7,419,686
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	544,29	7	
b	Donated services and use of t	facilities	2b			
С	Recoveries of prior year grant	······································	2c			
d	Other (Describe in Part XIII	)	2d			
e	Add lines <b>2a</b> through <b>2d</b>				2e	544,297
3	Subtract line <b>2e</b> from line <b>1</b> .				3	6,875,389
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII	)	4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines <b>3</b> an	d <b>4c.</b> (This must equal Form 990, Part I, line	12)		5	6,875,389
Part		xpenses per Audited Financial Sta		nts With Expense	es per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line			Т.	T 7.410.707
1	·	raudited financial statements	• •		1	7,410,787
2		ut not on Form 990, Part IX, line 25	ا ء۔	I		
a		acılıtıes	2a		4	
b			2b		4	
с			2c		4	
d	`	)	2d		┥.	
e	-				2e	
3					3	7,410,787
4		0, Part IX, line 25, but not on line 1:	1.	ı		
a		uded on Form 990, Part VIII, line 7b			4	
b			4b		$\perp$	
_ C	Add lines <b>4a</b> and <b>4b</b>				4c	
5		nd <b>4c.</b> (This must equal Form 990, Part I, lir	ne 18 )		5	7,410,787
	Supplemental In			5		
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
Form	990, schedule D, Part V line 4	The fund was established to promote the c Fund sponsors suitable research projects diffraction data				
Form	990, Schedule D, Part X, Line 2	In accordance with Accounting Standards Income Taxes, management evaluates the preparation of the International Centre's t likely-than-not of being sustained upon ex believes any such positions would be imm	e tax po ax retui (aminat	sitions taken or experns to determine whet on by the applicable t	eted to nerits t ax auth	be taken during the ax positions are more-

Jenedale 2 (1 31111 33 3) 23 13		i age <b>S</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE F** 

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493025000476

Statement

**Statement of Activities Outside the United States** 

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

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

JCPDS-	f the organization -INTERNATIONAL CENTRE FO ACTION DATA	) R			23-1722541	tification number
Part				ne United States. Co		zation answered
a	or grantmakers. Does the on dother assistance, the grased to award the grants or a	ntees' elıgıbılı	ty for the gran	ts or assistance, and t	the selection criteria	✓ Yes ┌ No
	<b>or grantmakers.</b> Describe in ssistance outside the United		ganızatıon's pı	rocedures for monitorir	ng the use of its gran	ts and other
<b>3</b> A	ctivites per Region (The followi	ng Part I, line 3	table can be du	iplicated if additional spa	ce is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	
(1) E	ast Asia and the Pacific			Grantmaking		97,74
	urope (Including Iceland and Greenland)			Grantmakıng		20,54
	ussia and the Newly ndependent States			Grantmakıng		141,76
(4) S	ub-Saharan Africa			Grantmakıng		6,63
(5)						
<b>3a</b> S	ub-total					266,690
	otal from continuation sheets o Part I					
c T	otals (add lines 3a and 3b)					266,690

Pā						<b>ited States.</b> Comp duplicated if additioi			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
( 2)							
( 3)							
(4)							
( 5)							
( 6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
(16)							
( 17)							
( 18)							
				1		Sched	ule F (Form 990) 2014

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	<u>\</u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u>\</u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<b>▼</b>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2014

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F PART I LINE 2	THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE ICDD EXTENDS FINANCIAL
	SUPPORT TO QUALIFIED INVESTIGATORS, IN THE FORM OF GRANTS-IN-AID AWARDED ON A COMPETING PR
	OPOSAL BASIS, FOR THE PREPARATION OF REFERENCE X-RAY POWDER DIFFRACTION DATA ALL APPLICAT
	IONS FOR GRANTS-IN-AID ARE REVIEWED BY A GRANT-IN-AID (GIA) COMMITTEE. THE GOAL OF THE GIA
	COMMITTEE IS TO MAXIMIZE THE NUMBER AND QUALITY OF PATTERNS THAT ARE PRODUCED THROUGH THE
	PROGRAM AND ACCEPTED FOR INCLUSION IN THE PDF PRIORITY IS GIVEN TO REFERENCE PATTERNS EX
	PECTED TO BE OF MOST INTEREST AND VALUE TO CURRENT AND FUTURE PDF USERS GIA PATTERNS SHOU
	LD BE WELL-CHARACTERIZED SINGLE PHASES INDEXING SHOULD BE A NECESSARY REQUIREMENT IN ALL
	BUT THE RAREST AND BEST DEFENDED CASES LOCAL ECONOMIC CONDITIONS ARE FACTORED IN THE REAS
	ONABLENESS OF THE EXPECTED COST PER PATTERN RENEWALS ARE CONSIDERED ONLY IF THE STATED SC
	IENTIFIC GOALS WERE ACHIEVED WITHIN THE STATED DEADLINES SUBMISSIONS ARE MONITORED, IN BO
	TH NUMBER AND QUALITY, BY THE GRANT COORDINATOR AND ICDD EDITORS MID-TERM AND FINAL REPOR
	TS ARE REQUIRED AND REVIEWED BY THE EDITOR-IN-CHIEF

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-1722541

Name: JCPDS-INTERNATIONAL CENTRE FOR

DIFFRACTION DATA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

10111 350 Schedule 1 Fait 111 - Grants and Assistance to Individuals Outside The 0.5									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)		
T				N/A	N/A				
	East Asia and the Pacific	1	230	WIRE TRANSFE		N/A	N/A		
	East Asia and the Pacific	1	4,533	WIRE TRANSFE		N/A	N/A		
Phases with 3d Atomic C	East Asia and the Pacific	1	6,900	WIRE TRANSFE		N/A	N/A		
Powder Patterns of Bioactive Organic Phases	East Asia and the Pacific	1	5,700	WIRE TRANSFE		N/A	N/A		
	East Asia and the Pacific	1	500	WIRE TRANSFE		N/A	N/A		
D-t- 0 2 d A t C	East Asia and the Pacific	1	6,900	WIRE TRANSFE		N/A	N/A		
D - 44	East Asia and the Pacific	1	3,750	WIRE TRANSFE		N/A	N/A		
The second second Education and Links	East Asia and the Pacific	1	2,500	WIRE TRANSFE		N/A	N/A		
D. CC to D to C N D I	East Asia and the Pacific	1	8,750	WIRE TRANSFE		N/A	N/A		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)			
Investigation on the XRD Data of Fe-based Compound	East Asia and the Pacific	1	1,081	WIRE TRANSFE		N/A	N/A			
Powder Patterns of Organic Phases with 3d Atomic C	East Asia and the Pacific	1	12,900	WIRE TRANSFE		N/A	N/A			
Powder Patterns of Organic Phases	East Asia and the Pacific	1	11,100	WIRE TRANSFE		N/A	N/A			
High Quality XRD Patterns of Aluminum Alloy Phases	East Asia and the Pacific	1	1,500	WIRE TRANSFE		N/A	N/A			
Powder Patterns w/ Digitized Data & 3d Atomic Coor	East Asia and the Pacific	1	12,900	WIRE TRANSFE		N/A	N/A			
Powder Patterns of Organic Phases with 3d Atomic C	East Asia and the Pacific	1	6,000	WIRE TRANSFE		N/A	N/A			
Powder Patterns with Digitized Data and 3d Atomic	East Asia and the Pacific	1	6,000	WIRE TRANSFE		N/A	N/A			
X-ray Powder Diffraction Patterns of New Transitio	East Asia and the Pacific	1	4,000	WIRE TRANSFE		N/A	N/A			
Powder Diffraction Patterns of Inorganic and Hybri	Europe (Including Iceland and Greenland)	1	1,575	WIRE TRANSFE		N/A	N/A			
XRPD Investigs of MeX2-2 (R-NH2) & MeX2(NH2-R- NH2)	Europe (Including Iceland and Greenland)	1	1,500	WIRE TRANSFE		N/A	N/A			

orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)			
Multicomponent Oxides Made by Sol-Gel Technique	Europe (Including Iceland and Greenland)	1	3,450	WIRE TRANSFE		N/A	N/A			
X-ray Diffraction Patterns of Chalcopyrite Compoun	Europe (Including Iceland and Greenland)	1	500	WIRE TRANSFE		N/A	N/A			
Powder Patterns of Pyridinium Compounds	Europe (Including Iceland and Greenland)	1	335	WIRE TRANSFE		N/A	N/A			
Powder Diffraction Patterns of Inorganic and Hybri	Europe (Including Iceland and Greenland)	1	900	WIRE TRANSFE		N/A	N/A			
XRPD Investig of MeX2-2(R-NH2) and MeX2(NH2-R-NH2)	Europe (Including Iceland and Greenland)	1	6,000	WIRE TRANSFE		N/A	N/A			
Metal Acetate and Naphtoate Hydrates	Europe (Including Iceland and Greenland)	1	4,125	WIRE TRANSFE		N/A	N/A			
Nano Rare-Earth Yttrium Oxides Prepared by Sol-Gel	Europe (Including Iceland and Greenland)	1	1,600	WIRE TRANSFE		N/A	N/A			
Powder Patterns of Four Newly Synthesized Organic	Europe (Including Iceland and Greenland)	1	560	WIRE TRANSFE		N/A	N/A			
X-ray Diffraction Patterns of Metallocarboranes	Russia and the Newly Independent States	1	2,085	WIRE TRANSFE		N/A	N/A			
X-ray Diffraction Patterns of Inorganic Compounds	Russia and the Newly Independent States	1	2,270	WIRE TRANSFE		N/A	N/A			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U.S.									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)		
Powder Patterns for Ceramics, Functional Materials	Russia and the Newly Independent States	1	6,960	WIRE TRANSFE		N/A	N/A		
XRPD Patterns of New Intermetallic Compounds	Russia and the Newly Independent States	1	2,750	WIRE TRANSFE		N/A	N/A		
Ternary Intermetallics of Cerium and Ytterbium	Russia and the Newly Independent States	1	1,330	WIRE TRANSFE		N/A	N/A		
X-ray Diff Patterns of Complex Metal Oxides w/ Unu	Russia and the Newly Independent States	1	2,275	WIRE TRANSFE		N/A	N/A		
XRD Patterns of Fluoride Borates	Russia and the Newly Independent States	1	620	WIRE TRANSFE		N/A	N/A		
X-ray Diffraction Patterns of Organoelement and Or	Russia and the Newly Independent States	1	2,976	WIRE TRANSFE		N/A	N/A		
X-ray Synchrotron Powder Diffraction Data for Comp	Russia and the Newly Independent States	1	8,580	WIRE TRANSFE		N/A	N/A		
X-ray Diffraction Patterns of Bi-nuclear Metalloor	Russia and the Newly Independent States	1	1,900	WIRE TRANSFE		N/A	N/A		
X-ray Diffraction Patterns of New Ruddlesden-poppe	Russia and the Newly Independent States	1	808	WIRE TRANSFE		N/A	N/A		
X-ray Dıffraction Patterns of Molybdates and Tungs	Russia and the Newly Independent States	1	1,225	WIRE TRANSFE		N/A	N/A		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)			
X-ray Diffraction Patterns of Tri-nuclear Heterome	Russia and the Newly Independent States	1	465	WIRE TRANSFE		N/A	N/A			
Rare Earth Intermetallic Compounds	Russia and the Newly 1 5,890 WIRE TRANSFE		N/A	N/A						
X-ray Reference Patterns of Intermetallic Compound	Russia and the Newly Independent States	1	4,785	WIRE TRANSFE		N/A	N/A			
X-ray Diffraction Patterns of Metallocarboranes	Russia and the Newly Independent States	1	1,500	WIRE TRANSFE		N/A	N/A			
X-ray Diffraction Patterns of Inorganic Compounds	Russia and the Newly Independent States	1	1,800	WIRE TRANSFE		N/A	N/A			
Powder Patterns for Ceramics, Functional Materials	Russia and the Newly Independent States	1	6,080	WIRE TRANSFE		N/A	N/A			
XRPD Patterns of New Intermetallic Compounds	Russia and the Newly Independent States	1	6,000	WIRE TRANSFE		N/A	N/A			
New Ternary Intermetallics of Cerium	Russia and the Newly Independent States	1	1,750	WIRE TRANSFE		N/A	N/A			
New Multifunctional Materials Among Complex Metal	Russia and the Newly Independent States	1	9,100	WIRE TRANSFE		N/A	N/A			
X-ray Diffraction Patterns of Organoelement and Or	Russia and the Newly Independent States	1	7,875	WIRE TRANSFE		N/A	N/A			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U.S.									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)		
Complex Chalcogenides	Russia and the Newly Independent States	1	1,800	WIRE TRANSFE		N/A	N/A		
X-ray and Neutron Diffraction Data for Complex Oxi	Russia and the Newly Independent States	1	21,000	WIRE TRANSFE		N/A	N/A		
X-ray Diff Patterns of Organoelement Cmpd Classes	Russia and the Newly Independent States	1	7,200	WIRE TRANSFE		N/A	N/A		
Complex Chalcogenides	Russia and the Newly Independent States	1	1,760	WIRE TRANSFE		N/A	N/A		
Patterns of Inorganic Oxides and Salts Based on Ox	Russia and the Newly Independent States	1	1,313	WIRE TRANSFE		N/A	N/A		
X-ray Diffraction Patterns of Some Organic Heteroc	Russia and the Newly Independent States	1	963	WIRE TRANSFE		N/A	N/A		
Production of Reference Powder Patterns of Known &	Russia and the Newly Independent States	1	12,000	WIRE TRANSFE		N/A	N/A		
X-ray Diff Patterns of Elementoorganic Cmpds & Org	Russia and the Newly Independent States	1	4,750	WIRE TRANSFE		N/A	N/A		
Rare Earth Intermetallic Compounds	Russia and the Newly Independent States	1	7,705	WIRE TRANSFE		N/A	N/A		
T O O	Russia and the Newly Independent States	1	500	WIRE TRANSFE		N/A	N/A		

### Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

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(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)					
X-ray & Neutron Diff Data for Intermetallic Compou	Russia and the Newly Independent States	1	3,750	WIRE TRANSFE		N/A	N/A					
Generation of Powder X-ray Diff Patterns of New Ce	Sub-Saharan Africa	1	2,888	WIRE TRANSFE		N/A	N/A					
Structural Data of New Ceramic Complex Oxides	Sub-Saharan Africa	1	3,750	WIRE TRANSFE		N/A	N/A					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493025000476 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization JCPDS-INTERNATIONAL CENTRE FOR 23-1722541 DIFFRACTION DATA Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Reference X-ray Patterns/Technologically Important	2	17,125		N/A	N/A
(2) Top 200 Pharmaceutical Drugs (Special Project)	1	12,000		N/A	N/A
(3) X-ray Powder Diffraction Patterns of Organic and I	1	1,700		N/A	N/A

Part IV Supplemental Ir	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
2	THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE ICDD EXTENDS FINANCIAL SUPPORT TO QUALIFIED INVESTIGATORS, IN THE FORM OY GRANTS-IN-AID AWARDED ON A COMPETING PROPOSAL BASIS, FOR THE PREPARATION OF REFERENCE X-RAY POWDER DIFFRACTION DATA ALL APPLICATIONS FOR GRANTS-IN-AID ARE REVIEWED BY A GRANT-IN-AID (GIA) COMMITTEE THE GOAL OF THE GIA COMMITTEE IS TO MAXIMIZE THE NUMBER AND QUALITY OF PATTERNS THAT ARE PRODUCED THROUGH THE PROGRAM AND ACCEPTED FOR INCLUSION IN THE PDF PRIORITY IS GIVEN TO REFERENCE PATTERNS EXPECTED TO BE OF MOST INTEREST AND VALUE TO CURRENT AND FUTURE PDF USERS GIA PATTERNS SHOULD BE WELL-CHARACTERIZED SINGLE PHASES INDEXING SHOULD BE A NECESSARY REQUIREMENT IN ALL BUT THE RAREST AND BEST DEFENDED CASES LOCAL ECONOMIC CONDITIONS ARE FACTORED IN THE REASONABLENESS OF THE EXPECTED COST PER PATTERN RENEWALS ARE CONSIDERED ONLY IF THE STATED SCIENTIFIC GOALS WERE ACHIEVED WITHIN THE STATED DEADLINES SUBMISSIONS ARE MONITORED, IN BOTH NUMBER AND QUALITY, BY THE GRANT COORDINATOR AND ICDD EDITORS MID-TERM AND FINAL REPORTS ARE REQUIRED AND REVIEWED BY THE

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DLN: 93493025000476

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public Inspection

Internal Revenue Service Name of the organization

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

**Employer identification number** 

JCPDS-INTERNATIONAL CENTRE FOR DIFFRACTION DATA 23-1722541 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
	(i) (ii)	264,625 0	0	0	32,593 0	12,548 0	309,766 0	0
	(i) (ii)	133,823	0	0	18,945 0	11,545 0	164,313	0
	(i) (ii)	129,145 0	0	0	18,195 0	11,480	158,820 0	0
	(i) (ii)	172,259 0	0	0	29,588	11,477 0	213,324	0

Schedule J (Form 990) 2014

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

JCPDS-INTERNATIONAL CENTRE FOR

Department of the Treasury

Internal Revenue Service

DIFFRACTION DATA

As Filed Data -

DLN: 93493025000476

**Employer identification number** 

23-1722541

2014

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► 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.

Return Reference	Explanation
FORM 990, PART VILINE 6	
Form 990, Part VI Line 11b	Draft copies of the 990 and 990T are sent electronically to the board approved committee ( audit review committee) to review prior to filing. The committee is made of up of three me mbers of the board of directors. Chairman of the Board, Chairman of the Technical Committee and Treasurer.
FORM 990, PART VI, LINE 12C	Forms are distributed by the corporate secretary each year for signature to officers, dire ctors, and employees. They are reviewed for conflict and filed at ICDD Headquarters administrative files and in Employee's personnel file. All are required to comply with Policy number 109 of the ICDD employee manual.
form 990, PART VI, LINE 15a & 15b	To monitor compensation for all employees as well as the Executive Director, ICDD particip ates and receives several surveys throughout the year. The groups that sponsor these surve ys are collecting information from other organizations related to ICDD in terms of type (n on-profit), size and scientific organization. To ensure that the salaries are compared equivally, ICDD maintains job descriptions and salary scales for each position offered. This in formation is verified annually to ensure wie are keeping up with current trends and benchmaling risks.
Form 990, PART VILINE 19	All conflict of interest documents and financial reports are maintained at the ICDD Headqu arters. They are available for the members and the general public to review at anytime during ICDD business hours.
Form 990, Part XI, Line 9	Other changes in net assets or fund balance Pension - Related changes other than net periodic pension

costs \$(3,887,725)