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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014

4 Open to Public

Α			alendar year, or tax year beginning y_{ul} y_{ul} y_{ul} y_{ul} y_{ul} y_{ul}	ng Jun 3	0	, 2015
В		if applicable is change	C Name of organization		D Employe	r identification number
H	Name	-	THE SALISBURY SCHOOL EDUCATIONAL FOUNDATION INC.		45-2	080993
-	Initial re	•	Number and street (or P O box, if mail is not delivered to street address) Room/s	suite	E Telephon	e number
			6279 HOBBS ROAD		(410	742-4464
	Amend	led return	City or town, state or province, country, and ZIP or foreign postal code		F Group I	Evernation
	Applica	ation pending	SALISBURY MD 2180	0.4		r ▶
G	Acco	unting Meti	hod Cash X Accrual Other (specify) ►	H Chec	k ► If th	e organization is not
ı	Webs	site: 🏲 N		_ requi	red to attach	Schedule B
J	Tax-e	xempt status	s (check only one) — X 501(c)(3) 501(c) () ◄(insert no) 4947(a)(1) or	527 (Forr	n 990, 990-E	Z, or 990-PF).
		of organiz			<u> </u>	
L			e, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	61,205.
Pa	rt l	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions	
			the organization used Schedule O to respond to any question in this Part I			
	1	Contributi	ons, gifts, grants, and similar amounts received		1	61,205.
	2	Program s	service revenue including government fees and contracts		2	
	3	Members	hip dues and assessments		3	
	4	Investmer	nt income		4	
	5 a	Gross am	nount from sale of assets other than inventory 5a		1.70	4
	b	Less: cos	t or other basis and sales expenses			2
	C	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	1
	6	Gaming a	and fundraising events		<u>ू सर् श्रह</u> । सर् १ । सर् १	1
R E	a	Gross inc	ome from gaming (attach Schedule G if greater than \$15,000) 6 a		المرابع	.[
RE>E>U	b			ributions	1, 4, 20,	
			raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000) 6 b		. X	
E	_ ا	•	ect expenses from gaming and fundraising events 6 c			}
					رُوْرِي مِن ا	
	d	Net incom 6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)		6 c	
	7 a	Gross sal	es of inventory, less returns and allowances		學這	1
	b	Less: cos	t of goods sold		1	,
	c	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)			1
	8	Other rev	enue (describe in Schedule O)		8	
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	61,205.
	10		nd similar amounts paid (list in Schedule O)			20,000.
	11	Benefits p	paid to or for members		11	
E	12	Salaries,	other compensation, and employee benefits		12	
X P E N	13	Professio	nal fees and other payments to independent contractors		13	950.
N S	14		cy, rent, utilities, and maintenance			
Ě	15		publications, postage, and shipping			250.
_	16		penses (describe in Schedule O)			
	17		penses. Add lines 10 through 16			21,200.
Δ	18	Excess or	r (deficit) for the year (Subtract line 17 from line 9)			40,005.
A NS EE TT	19	Net asset figure rep	s or fund balances at beginning of year (from line 27, column (A)) (must agree with orted on prior year's return)	end-of-year	19	329,522.
T _T	20	Other cha	anges in net assets or fund balances (explain in Schedule O)		20	1 227,322.
	21		s or fund balances at end of year Combine lines 18 through 20		<u> </u>	369,527.
BA	A Fo	r Paperwo	rk Reduction Act Notice, see the separate instructions.			Form 990-EZ (2014)
				1 1	- 6	12

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Form	990-EZ (2014) THE SALISBURY SO	CHOOL EDUCATIONAL	FOUNDATION INC	45	-20	80993 Page 2
Par	Check if the organization used Schedi	ile O to respond to any questi	on in this Part II			
	Check if the organization does contest	are o to respond to any questi		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			329,522		,
23	Land and buildings			0		
24	Other assets (describe in Schedule O)			0		
25	Total assets		<u>L</u>	329,522		
26	Total liabilities (describe in Schedule O).					
27	Net assets or fund balances (line 27 of c			320 522		+
				329,522	. 21	369,527. Expenses
Par	t III Statement of Program Service Ad Check if the organization used Sche	ccomplishments (see the ins	structions for Part III)			•
Mhat	the organization's primary example purpose?	edule O to respond to any ques	Suon in this Part III			uired for section 501
Doco	ribe the organization's primary exempt purpose? Su	PPORT THE SALISBUR	Y SCHOOL	D/1006 36		i) and 501(c)(4) inizations, optional
meas	is the organization's primary exempt purpose? <u>SU</u> cribe the organization's program service acci sured by expenses. In a clear and concise n fited, and other relevant information for eacl	nanner, describe the services p	provided, the number o	f persons		thers.)
				<u> </u>		·
28	DONATION			- 		
]	
	(Grants \$ 0.) If the	s amount includes foreign grar	nts, check here		28 a	20,000.
29						-
	-				1	
			- 			
	(Grants \$) If the	s amount includes foreign grar	nts, check here	:	29 a	1
30			-		1	
			·	- 	1	
					1	
	(Grants \$) If the	s amount includes foreign grar	ots check here		30 a	
31	Other program services (describe in Sched	fule (1)	10,01100111010 1 1 1		000	<u> </u>
٥,		s amount includes foreign grar			31 a	
32	Total program service expenses (add lin					
						20,000.
Par	t IV List of Officers, Directors,					
	Check if the organization used Sche		l I I I I I I I I I I I I I I I I I I I			· · · · · · · · · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	I Continuations to emplo	vee	(e) Estimated amount of
	(a) Harrie and and	position	(If not paid, enter -0-)	benefit plans, and defe compensation	erred	other compensation
TON	A TOHNSON			<u> </u>		
	<u>1 JOHNSON</u>	2.00	0		0.	
	OKLIS KYPREOS	2.00	· · · · · · · ·	· 	<u> </u>	0.
		2.00	_		0	
	CE PRESIDENT	2.00	0	<u>* </u>	0.	0.
	RL L. COTTINGHAM	2.00	,		^	
	CASURER	2.00	0	•	0.	0.
	CRRE_GENVERT	0.00			_	
TRU	JSTEE	2.00	0	•	0.	0.
				- -		
		п				
				<u> </u>		
				<u> </u>		
						
						
BAA		TEEA0040 00		<u> </u>		F 000 == (00 ())
BAA	•	TEEA0812 05	0/20/14			Form 990-EZ (2014)

, Form	990-ÉZ (2014) THE SALISBURY SCHOOL EDUCATIONAL FOUNDATION INC 45-208099	3	Р	age 3
Par				 . [
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		Yes	No
24	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	-		 ^
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0 .	30		X
	Did the organization file Form 1120-POL for this year?	37 b	4	X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b	o If 'Yes,' complete Schedule L, Part II and enter the total			<u> </u>
20	amount involved			
	a Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
	o Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	, ,	, ,	١.
40 a	section 4911 , section 4912 , section 4915 , section 4915	- 4		ļ [*]
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
_	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax			
•	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filled			·
	Telephone no (410) Located at 6279 HOBBS ROAD 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)? If 'Yes,' enter the name of the foreign country		-446 Yes	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the US?	42 c		Х
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'	· []	NI
44 -	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
d	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	 -	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х

Form 990-E	Z (2014) THE SALISBURY SCHOO	L EDUCATIONAL	FOUNDATION INC	45-208	30993	P	age 4
		-				Yes	No
46 Did th	ne organization engage, directly or indirectly dates for public office? If 'Yes,' complete So	r, in political campaign a	ictivities on behalf of or in	opposition to	46		
Part VI					40	<u></u>	l X
Fait VI,	All section 501(c)(3) organization for lines 50 and 51.		stions 47-49b and 5	2, and complete the	e tables		
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI				. П
				•		Yes	No
	ne organization engage in lobbying activities lete Schedule C. Part II				47		· ·
	organization a school as described in secti						X
	ne organization make any transfers to an ex		•				X
	s,' was the related organization a section 52	•					
	olete this table for the organization's five hig						
emplo	oyees) who each received more than \$100,0	000 of compensation fro	om the organization. If the	re is none, enter 'None.'			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NONE _							
_					 		
	 _						
f Total	number of other employees paid over \$100	.000 -		<u>I.</u>			
51 Comr	olete this table for the organization's five hig	hest compensated inde	pendent contractors who	each received more tha	n \$100,000 c	of	
	pensation from the organization. If there is no	· · · · · · · · · · · · · · · · · · ·	1		,		
	(a) Name and business address of each independent con-	tractor	(b) Type	of service	(c) Comp	ensation	1
NONE_							
					 		
							
					 		
					1		
							
d Total	number of other independent contractors e.	ach receiving over \$100	0.000				
52 Did th	ne organization complete Schedule A? Note	e. All section 501(c)(3) o	organizations must attach		► X Yes		No
	s of perjury, I declare that I have examined this return, incl nd complete Declaration of preparer (other than officer) is			of my knowledge and belief, it is			
true, correct, ar	to complete Decialation of preparer (office main officer) is	Dased on an information of will	cir preparer rias any knowledge	11/17/17	,		
Sign	Signature of officer	<i></i>		Date			
Here	NEOKLIS KYPREOS Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	James Anderson, CPA	Janu H.	10/3./	Check L if self-employed	P0006652	:7	
Preparer		& ASSOCIATES,	CPA, PA				
Use Only	Firm's address ► 1406 B SOUTH CR	AIN HWY, STE 2	04	Firm's EIN ►	52-1861	549	
	GLEN BURNIE		MD 21061-4	1099 Phone no (41	10) <u>766-</u>	<u> 2645</u>	<u>;</u>
May the IR	S discuss this return with the preparer show	n above? See instruction	ons	· · · · · · · · · · · · · · · · · · ·	► Yes	š [No
		-			Form 99	0-EZ (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

2014

Open to Public Inspection

lame o	the	organization					Employer identifica	ition number
THE	Si	ALISBURY SCHOOL EDU	CATIONAL FOUN	DATION INC			45-208099	3
Part	ī	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	ns.
he o	ga	nization is not a private foundati	on because it is (For I	ines 1 through 11, checl	conly on	e box)		
1		A church, convention of church	nes, or association of c	hurches described in se	ction 17	0(b)(1)(A)(i).	
2	_	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)				
3	F	A hospital or a cooperative hos	pital service organizat	on described in section	170(b)(1)(A)(iii)).	
4	—	A medical research organization						ne hospital's
	_	name, city, and state:		·				·
5		An organization operated for the 170(b)(1)(A)(iv). (Complete P	ne benefit of a college (or university owned or o	perated t	by a gov	ernmental unit described	in section
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)							
8	L	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)				
9	X	An organization that normally r from activities related to its exe investment income and unrelat June 30, 1975 See section 50	empt functións – subje ted business taxable in	ct to certain exceptions, icome (less section 511	and (2)	no more	than 33-1/3% of its supp	port from gross
10	Г	An organization organized and	operated exclusively t	to test for public safety.	See sect	ion 509	(a)(4).	
11		An organization organized and or more publicly supported org	anizations described ir	n section 509(a)(1) or s	ection 5	09(a)(2).	See section 509(a)(3).	
а	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.							
b		Type II. A supporting organiza management of the supporting must complete Part IV, Secti	tion supervised or con-	trolled in connection with the same persons that	ıts supp control c	orted or or manag	ganızatıon(s), by havıng je the supported organız	control or ation(s). You
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting orgar ns). You must comple	nization operated in conr te Part IV, Sections A,	nection w D, and E	ith, and	functionally integrated w	rith, its supported
d		Type III non-functionally inte functionally integrated. The organistructions). You must comp	anization generally mi	ust satisfy a distribution	connect requirem	on with ent and	its supported organization attentiveness require	on(s) that is not ement (see
е		Check this box if the organizat integrated, or Type III non-fund	ion received a written o	determination from the II	RS that is	з а Туре	I, Type II, Type III funct	ionally
f		nter the number of supported org						
g	Pr	ovide the following information a	about the supported or	ganızatıon(s)				<u></u>
		(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organizati in your go docur	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total	_		3 . 7	, , .	-			

Schedule A (Form 990 or 990-EZ) 2014 THE SALISBURY SCHOOL EDUCATIONAL FOUNDATION INC 45-2080993

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you che	cked the hov on line 5.	7, or 8 of Part I or if the organizati	ion failed to qualify under Part III.	If the
(Complete only if you or or	cited the box on line of	1, or o or rail or in the organizati	ion falled to qualify under 1 art III	II UIC
organization fails to qualify	v under the tests listed	below, please complete Part III.)		

Sec	tion A. Public Support		,	,			
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support					· ·	
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	thırd, fourth, or fiftl	n tax year as a sect	ion 501(c)(3)	▶ □
<u>Sec</u>	tion C. Computation of Pu						
14	Public support percentage for 201						<u></u>
15	Public support percentage from 20		·				
16 a	33-1/3% support test — 2014. If and stop here. The organization of						
b	33-1/3% support test – 2013. If t and stop here. The organization of	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/	3% or more, che	ck this box
17 a	10%-facts-and-circumstances to or more, and if the organization methology the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te:	st, check this box :	and stop here. Exc	lain in Part VI ho	w
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t The organization	st, check this box a n qualifies as a pul	and stop here. Exp blicly supported org	olain in Part VI ho anization	ow the ▶
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruc	tions ▶
RΔΔ					Sal	adulo A /Form (190 or 990-E7) 2014

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)

Sec	tion A. Public Support	•					
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants.)			31,415.	129,951.	61,205.	222,571.
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			31,113.	123,73311	31/2031	2227311.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from			31,415.	129,951.	61,205.	222,571.
b	disqualified persons			24,000.	100,250.	25,000.	149,250.
	disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			24,000.	100,250.	25,000.	149,250.
	Public support (Subtract line 7c from line 6.)	p - 3		,	l L	ı	73,321.
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6			31,415.	129,951.	61,205.	222,571.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11 and 12)			31,415.	129,951.		222,571.
	First five years. If the Form 990 is organization, check this box and s	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	► X
<u>Sec</u> 15	tion C. Computation of Pul Public support percentage for 2014			column (f))		15	
16	Public support percentage from 20	•	•	, ,,			
	tion D. Computation of Inv						
17	Investment income percentage for)		90
18	Investment income percentage fro	•	• • •		•		96
19 a	33-1/3% support tests – 2014. If is not more than 33-1/3%, check the	the organization di	id not check the bo	x on line 14, and li ion qualifies as a p	ne 15 is more than	n 33-1/3%, and line organization	17 ▶ □
20	33-1/3% support tests - 2013. If line 18 is not more than 33-1/3%, or Private foundation. If the organiz	check this box and	stop here. The or	ganization qualifies	s as a publicly sup	ported organization	▶ [
20	Filvate foundation. If the organiz	ation did not check	a box on line 14,	isa, or isb, check	uns box and see i	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.)

	tion A, All Supporting Organizations		Yes	No
			163	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	- 4		
	If 'No,' describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation if historic and continuing relationship, explain	1		
	the designation in historic and continuing relationship, explain	-		
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
_	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	ano (c) pelow			<u> </u>
i	P. Old the organization confirm that each supported organization qualified under each on 501/oV/A (5) or (6) and	70 /4	,	,
Į.	satisfied the public support tests under section 50(a)(2)? If 'Yes.' describe in Part VI when and how the organization	المعدد		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
		3		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If Yes, explain in Part VI what controls the organization put in place to ensure such use	3c		ļ
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and	4a		
	If you checked Trail The III Fall T, answer (b) and (c) below	44		├—
	Cold the experience have different annual and discounting in deciding whather to make a series are to the facility and discounting in deciding whather to make a series are to the facility and discounting in deciding whather to make a series are to the facility and discounting in deciding whather to make a series are to the facility and discounting in deciding what are to make a series are to the facility and discounting in deciding what are to the facility and discounting in deciding what are to the facility and discounting in deciding what are to the facility and discounting in deciding what are to the facility and discounting in deciding what are to the facility and discounting in deciding what are to the facility and discounting in deciding what are to the facility and discounting in			
	o 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 describe being controlled	L		
	or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		<u> </u>
	Did the exceptration add, substitute, or remove any supported exceptrations during the tay year? If Wee / answer (b)		1	
3.	a 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		<u> </u>
	h Turne Les Turne II autre Man pay added as substituted supported assentation part of a class already designated in the	-		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
				 -
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
		ì		
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	1 1-		١.
	or more of its supported organizations, (c) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
			<u> </u>	
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	l	
	regard to a substantial contributor in res, complete Part For Schedule E (Porm 990)	<u> </u>	ļ	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
•	complete Part I of Schedule L (Form 990)	8		
_		, ;		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?	'	1	
	If 'Yes,' provide detail in Part VI	9a		
		,,,		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the			ļ
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	 	
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,			ļ
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
		į		
10	a 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.'	- 4		
	answer (b) below · · · · · · · · · · · · · · · · · · ·	10a	1	
			 	
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	\$ { }	ļ	ļ
	whether the organization had excess business holdings)	10b	I	1

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Pai	t IV Supporting Organizations (continued)		Yes	No
11`	Has the organization accepted a gift or contribution from any of the following persons?		163	110
•	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		
ı	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			,
4	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint	_	Yes	No
'	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	. 1	:	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	,	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the	1		
Sec	supporting organization was vested in the same persons that controlled or managed the supported organization(s) tion D. All Type III Supporting Organizations	<u>'</u>		
000	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			<u>'</u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	,		
	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			
1	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
i	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		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	- ``		
	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? <i>Provide details in Part VI</i>	3a		
1	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

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Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.			uctions. All
Sec	tion 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		
Sec	tion 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
	Average monthly value of securities	1 a		
1	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
(Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		

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

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

BAA

Section C - Distributable Amount

Schedule A (Form 990 or 990-EZ) 2014

Current Year

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
С		···		ρ
d				
е	From 2013			The Books A committee for the Committee of the Committee
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	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>C</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
е	Excess from 2014			

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