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Department of the Treasury

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

Common C	A F	or the	2014 calendar year, or tax year beginning JAN 1, 2015 and e	nding J	<u>UN 30, 2015</u>	
The Titlin Pat Line Policy The Charge The Titlin Pat Line The Charge Th	Bc	heck if pplicable	C Name of organization		D Employer identific	cation number
Comparison Com	Г	Addres	The Illumination Foundation			
Number and street (or P.D. box of mails not oblevered to street address) Room/suite E Telephone number 949 273-0555	F	Name			71-1	047686
Convenement 2691 Richter Avenue Suite 107 949 273-0555 Convenement 2,589,829. He is this a group return Final Property Final	$\overline{}$	Initial		Room/suite	E Telephone numbe	r
City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code Hole		Final	·			
Trvine CA 92606 Hall is the a group return for subordinate? Ves X No Month No many properties of prompts of force? Ves X No Hol No many properties No Hol No many properties No Hol No many properties No Hol		termın-			G Gross receipts \$	2,589,829.
Part					H(a) Is this a group re	eturn
Tax expertent status X 501(c)(1) V (Insert no.) 4947(a)(1) or Yes No. Yes Ye		Applica			1	
Taxexement status. S01(c)(3) S01(c) (miset no.) 4947(a)(1) or S21 If 'No.' attach is site (see instructions) Melosites Power 1 flormor less or or Melo Group exemption number New York of the Power Melo Group exemption number New York of the Power Melo Group exemption number New York of the Power Melo Group Melosites		pendin		06	H(b) Are all subordinates in	ncluded? Yes No
J Website:	1 7	ax-exe		r 527	If "No," attach a	list (see instructions)
Breify describe the organization's mission or most significant activities: Provide housing and healthcare services to break or prevent the cycle of homelessness.	JV	Vebsit	e:▶ www.ifhomeless.org		H(c) Group exemptio	n number 🕨
Binefly describe the organization's mission or most significant activities: Provide housing and healthcare services to break or prevent the cycle of homelessness.	K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2008 N	A State of legal domicile: CA
Services to break or prevent the cycle of homelessness. Check this box	Pa					
Services to break or prevent the cycle of homelessness. Check this box	-ω	1 1	Briefly describe the organization's mission or most significant activities: Provi	de ho	using and h	<u>ealthcare</u>
B Not unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 1,750,927. 704,539. 1,366,973. 1	Š					
B Not unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 1,750,927. 704,539. 1,366,973. 1	rua	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
B Not unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 1,750,927. 704,539. 1,366,973. 1	ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	
B Not unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 1,750,927. 704,539. 1,366,973. 1	ر م	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	
B Not unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 1,750,927. 704,539. 1,366,973. 1	es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	
B Not unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 1,750,927. 704,539. 1,366,973. 1	ξ	6	Total number of volunteers (estimate if necessary)		. 6	
B Not unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 1,750,927. 704,539. 1,366,973. 1	Ę	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	
8	_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid (For for members of Part IX, column (A), lines 1-3) 15 Salanes, other (compensation amployes benefits (Part IX, column (A), lines 5-10) 16a Professional lunginaring fees (Part IX, column (A), line 11e) 17 Other expensation (A), lines 11atin (A), l			_			
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	anne	8 (Contributions and grants (Part VIII, line 1h)			
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9	Program service revenue (Part VIII, line 2g)	ļ		
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, Column (A), line 4) 15 Salanes, other computation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional flugdraising fees (Part IX, column (A), lines 5-10) 17 Other expensed Part IX, column (A), lines 11au d., 11f-24e) 18 Total expenses Add these 17 fright statements (A), line 25) 19 Revenue less expenses subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepager (either than officer) space on all information of which preparer has any knowledge. Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Paul Cho, CFO Type or print name and title Print's name Stephens Firm's name Stephens Firm's name Stephens Firm's name Stephens, Reidinger & Beller LLP Firm's name Newport Beach, CA 92660 Phone no. (949) 752-7400 May the IRS discuss this return with the preparer shown above? (see instructions)	ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX column (A), line 4) 15 Salaries, other comparisation, employee benefits (Part IX, column (A), lines 5-10) 1,946,124. 1,015,753. 16a Professional fundriasing fees (Part IX, column (A), line 11e) 0.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
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16a Professional functions assing fees (Part IX, column (A), line 11e) 126,424. 17 Other expenses (Part IX, column (A), line 11a (1), 11f24e) 2,383,480. 749,858. 18 Total expenses Addines (3 17 (nustical part IX, column (A), line 25) 4,329,604. 2,253,378. 19 Revenue less expenses subtract line 18 from line 12 224,816. 175,864. 175,864. 175,864. 18 Total assets (Part X, line 16) 1,006,110. 1,129,357. 1,006,110. 1,129,357. 1,006,110. 1,129,357. 1,029,583. 976,966. 1,029,583. 976,966. 1,029,583. 976,966. 1,029,583. 976,966. 1,029,583. 1,029		1				
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Use Only Firm's address 1301 Dove Street, Suite 890 Newport Beach, CA 92660 May the IRS discuss this return with the preparer shown above? (see instructions) No Phone no. (949) 752-7400						
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4e Total program service expenses ► 1,975,047.	4d			\ /-	•
4e Total program service expenses 1,313,041.) (Revenue \$	
	40	Total program service expenses 1,9	13,041.		Form 990 (2014)

	•		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_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		X
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		X
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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
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		Х
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.			ŀ
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	X	
h	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		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_				X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	X	
	Schedule D, Parts XI and XII	12a		1
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	1	- v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		ĺ	.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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	ļ	X
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	17		X
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	X	
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	ļ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	1

Form 990 (2014) The Illumination Foundation

Part IV | Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u>X</u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ļ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		ļ	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Forn	990	(2014)

Form	990 (2014) The Illumination Foundation71-1047	686	P	age 5
Par		<u> </u>	<u>.</u>	ugo -
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	"		
Za	filed for the calendar year ending with or within the year covered by this return 2a 80			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	ŀ
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
25	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
3a _	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
4a		4a		X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 <u>a</u>		
D	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).	E .		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	l	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c	-	
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x
	any contributions that were not tax deductible as charitable contributions?	_6a_		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		ļ
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		х
a	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		A
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨		J.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	<u>^</u>
9	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		+
9	Sponsoring organizations maintaining donor advised funds.			
a	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	ļ	· · · -
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-	ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	╛	1	1

Form **990** (2014)

13b 13c 13a

13

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

a Is the organization licensed to issue qualified health plans in more than one state? . .

14a Did the organization receive any payments for indoor tanning services during the tax year?

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

- 41	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	,,,,	Jopania	,.						
	•			\mathbf{x}						
Soc	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management									
<u> </u>	tion A. Governing body and Management		Yes	No						
10	Enter the number of voting members of the governing body at the end of the tax year 19		163	140_						
Ia	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 0.									
.	b Enter the number of voting members included in line 1a, above, who are independent 1b 16									
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
2	officer, director, trustee, or key employee?	2	į	х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_								
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization become aware during the year of a significant diversion of the organization based on a significant diversion of the organization based on a significant diversion of the organization based on a significant diversion of the organization of the organization based on the organization based of the organization based on the organization based of the organization ba	6		X						
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or									
14	more members of the governing body?	7a		X						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done .	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent		1							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X	ļ						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			•						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			٦,						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	ŀ						
	exempt status with respect to such arrangements?	16b		<u>!</u>						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA	ove let								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallat	Я С							
	for public inspection. Indicate how you made these available. Check all that apply X Own website X Another's website X Upon request Other (explain in Schedule O)									
	·	d finan	icial							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iiilal	icia)							
00	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 Paul Cho = 949 273 - 0559			-						
	<u>Paul Cho - 949 273-0559</u> <u>2691 Richter Avenue Suite 107, Irvine, CA 92606</u>									
	AUDI VICHCEL VACHUE DATCE IALL ITAIHEL CV DAAAAA									

Form 990 (2014)		Illumination		
Part VII Compensation	of Of	ficers, Directors, Tr	ustees, Key Emp	oloyees, Highest Compensated

Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than box, unless person is bot officer and a director/trus				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Michael Haynes	3.00								0	0
Board director	2 00	X				-	<u> </u>	0.	0.	0.
(2) Jack Toan	3.00					1			0	_
Board director	F0 00	X			_			0.	0.	0.
(3) Aiko Tan	50.00	,,		7.				10 222	0.	_
Secretary	F0 00	X		X		-	<u> </u>	18,333.		0.
(4) Paul Cho	50.00	х		X				29,840.	0.	0.
Treasurer	50.00	Δ				-	-	23,040.		<u> </u>
(5) Paul Leon	30.00	x		x				_35,319.	0.	0.
CEO (6) Alan Epperson	3.00	Δ	H	Λ		 -		33,317.		<u>.</u>
(6) Alan Epperson Vice Chairman	3.00	х		X				0.	0.	0.
(7) Ripu Arora, MD	3.00		Н			\vdash				
Board director	3.00	x						0.	0.	0.
(8) Larry Haynes	3.00	-								
Board director		x						0.	0.	0.
(9) Scott Kelly	3.00									
Board director		X			i		l	0.	0.	0.
(10) Beth MacLean	3.00					T.				
Board director		x						0.	0.	0.
(11) Ginny Ripslinger	3.00									
Board director		\mathbf{x}		١	<u> </u>		<u> </u>	0.	0.	0.
(12) Barbara Scheinman	3.00									
Board director		X		L	<u> </u>	<u> </u>	L.	0.	0.	0.
(13) Mary Niven	3.00			İ						
Chairman		X		X	<u> </u>		L_	0.	0.	0.
(14) Tony Rotundo	3.00				İ					
Board director		X			<u> </u>	<u> </u>		0.	0.	0.
(15) Kalpana Ramakrishnan	3.00								:	1
Board director		X	_		<u> </u>	<u> </u>		0.	0.	0.
(16) Alison Gokal	3.00							_	_	_
Board director		X		L	<u> </u>		1	0.	0.	0.
(17) Walt Lynch	3.00							_	_	_
<u>Board director</u> 432007 11-07-14		X	<u>l</u> .	L	<u> </u>		<u> </u>	0.	0.	0 . Form 990 (2014)

, (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of other	
	(list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	tions c -MISC)		sation he ation ated itions
(18) Robert Warren	3.00											
Board director	2 00	X	ļ.—-	-	-		 	0.).		0.
(19) Michael Cupps	3.00	\mathbf{I}						0.	(0.
Board director								0.		, .		<u> </u>
						-	-					
					-					+		
					<u> </u>			:		+		
			-									
1b Sub-total								83,492.		2.		0.
c Total from continuation sheets to Part	VII, Section A	-						0.		0.		$\frac{0.0}{0.0}$
d Total (add lines 1b and 1c) 2 Total number of individuals (including bu compensation from the organization	t not limited to th	nose	e list	ed a	ıbov	e) w	ho r	83,492. received more than \$100		<u> </u>		0.
compensation from the organization	·										Ye	
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	r such individual	'									3	x
4 For any individual listed on line 1a, is the and related organizations greater than \$									the organization		4	x
5 Did any person listed on line 1a receive of									idual for services	•		
rendered to the organization? If "Yes," co											5	<u> </u>
Section B. Independent Contractors									4400 000 6			
 Complete this table for your five highest the organization. Report compensation f 										ensai	tion troit	
(A) Name and busine			ON					(B) Description of		Со	(C) mpensa	tion
				-						<u></u>		
Total number of independent contractor		not I	imite	ed to	o the	ose I	liste	d above) who received i	nore than			
\$100,000 of compensation from the org	anization 🕨					υ						

The Illumination Foundation 71-1047686 Form 990 (2014) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue exempt function business revenue revenue Federated campaigns 1a 9,650. 1b **b** Membership dues 96,974. c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and 597,915. similar amounts not included above 1f 242,768. g Noncash contributions included in lines 1a-1f \$ 704,539. h Total. Add lines 1a-1f Business Code 624200 1,366,973.1,366,973. 2 a Program service fees Program Service f All other program service revenue 1,366,973 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 96,974. of contributions reported on line 1c) See a 506,607 Part IV, line 18 ь 160,587 b Less: direct expenses 346,020. 346,020. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11,710. 11,710. 11 a Misc rentals 531110

11,710.

429,242.<u>1,378,683.</u>

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2014) The Illumination Foundation 71-1047686 Page 10 Part IX Statement of Functional Expenses

Secti	on 50,1(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon		this Part IX	(0)	. <u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, Tine 21				· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	487,767.	487,767.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	83,492.	51,348.	16,698.	15,446
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				····
7	Other salaries and wages	769,616.	697,075.	38,502.	34,039
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	72,127.	59,116.	5,125.	7,886.
10	Payroll taxes	90,518.	78,114.	7,584.	4,820.
11	Fees for services (non-employees).		1		
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	87,631.	32,399.	23,940.	31,292. 2,544.
12	Advertising and promotion	2,976.	432.		2,544
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	115,217.	106,796.	5,053.	3,368
17	Travel .	18,037.	13,717.	3,133.	1,187
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,598.	11,302.	5,296.	
20	Interest .	7,651.		7,651.	
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	44,860.	36,771.	3,186.	4,903
23	Insurance .	74,149.	62,251.	5,939.	5,959
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 0.)				
а	Donated materials and s	181,390.	181,390.		
	Vacation expense	47,041.	38,560.	3,340.	5,141
c	Utilities	30,911.	30,714.	91.	106
d	Repairs and maintenance	28,624.	26,234.	2,390.	0
	All other expenses	94,773.	61,061.	23,979.	9,733
25	Total functional expenses. Add lines 1 through 24e	2,253,378.	1,975,047.	151,907.	126,424
26	Joint costs. Complete this line only if the organization		_, _, _, _, _, ,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	Ì			
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X | Balance Sheet

Par	τχ	Baiance Sneet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		120,732.	1	45,486.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	• •	421,037.	4	658,020.
	5	Loans and other receivables from current and fo		ľ		
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
ļ	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect			Ì	
ets		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		50 460	7	46 550
~	8	Inventories for sale or use		53,462.	8	46,779.
	9	Prepaid expenses and deferred charges	1 1	77,602.	9	42,049.
1	10a		400 405			
		basis. Complete Part VI of Schedule D	10a 499,485. 10b 195,109.			201 276
		Less accumulated depreciation	306,125.	T T	304,376.	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line		12		
ľ	13	Investments - program-related See Part IV, line		13 14		
	14	Intangible assets	27,152.	15	32,647.	
	15	Other assets See Part IV, line 11	- 	1,006,110.	16	1,129,357.
-	16 17	Total assets. Add lines 1 through 15 (must equ	ai lifte 34)	263,001.	17	340,292.
ł	17 18	Accounts payable and accrued expenses Grants payable	203,001.	18	340,232.	
1	19	Deferred revenue	•	245,166.	19	6,000.
	20	Tax-exempt bond liabilities	•	243/100.	20	0,000.
	21	Escrow or custodial account liability. Complete	 Part IV of Schedule D		21	
,	22	Loans and other payables to current and former			-	
ij		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L		162,190.	22	172,537.
≝	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate		359,226.		458,137.
Ì	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,029,583.	26	976,966.
		Organizations that follow SFAS 117 (ASC 958	B), check here ▶ 🗓 and			
Sa		complete lines 27 through 29, and lines 33 ar	nd 34.			
ŭ	27	Unrestricted net assets		<96,654.		42,027. 110,364.
3ale	28	Temporarily restricted net assets	•	73,181.	28	110,364.
ם פ	29	Permanently restricted net assets	<u></u>		29	
Fu		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
ŏ		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	22 452	32	150 201
~	33	Total net assets or fund balances		<23,473.		152,391.
	34	Total liabilities and net assets/fund balances		1,006,110.	34	1,129,357. Form 990 (2014)

orm	990 (2014) The Illumination Foundation	<u>/1-104</u>	<u> </u>	Pag	<u>e 12</u>
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	.	
1	Total revenue (must equal Part VIII, column (A), line 12)		2,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,25		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>64.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u><2</u>	3,4	<u>73.</u> >
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15	<u>2,3</u>	91.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2014)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 99Q-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Name of the organization

Employer identification number

Inspection

		The I	Illuminatio	on Foundatio	n			7:	<u>1-1047686</u>
Pa	rt I	Reason for Public C	Charity Status (A	Il organizations must co	mplete the	s part.) Se	e instruction:		
The ·	organ	zation is not a private founda	ation because it is: (F	For lines 1 through 11, c	heck only	one box)			
1		A church, convention of chu		_)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative I			ection 170	(b)(1)(A)(iii).		
4		A medical research organiza					•)(iii). Enter t	he hospital's name,
		city, and state.	•						
5		An organization operated fo	r the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental ı	ınıt describ	ed in
-		section 170(b)(1)(A)(iv). (C		,	·				
6		A federal, state, or local gov	•	nental unit described in s	section 17	О(Б)(1)(А)(v).		
7	一	An organization that normal	-					he general	public described in
-		section 170(b)(1)(A)(vi). (Co						J	
8		A community trust describe		1)(A)(vi), (Complete Part	t II)				
	\mathbf{x}	An organization that normal				contributio	ns. members	ship fees, ai	nd gross receipts from
Ū		activities related to its exem	-						
		income and unrelated busin							
		See section 509(a)(2). (Con		(,		,
10		An organization organized a		vely to test for public sa	fetv. See s	section 50	9(a)(4).		
11	一	An organization organized a	•	-				arry out the	purposes of one or
		more publicly supported org							
		lines 11a through 11d that of	-	, ,, ,				-	
а		Type I. A supporting orga	• •						giving
		the supported organization	•	•					
		organization You must c			• •				
b		Type II. A supporting orga	•		tion with it	s supporte	ed organization	on(s), by ha	ving
		control or management of							
		organization(s) You must			•				
С		Type III functionally inte	•		in connect	tion with, a	and functiona	ılly ıntegrate	ed with,
		its supported organization							
d		Type III non-functionally	• • •	•				rted organi	zation(s)
		that is not functionally into							
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation			
f	Ente	er the number of supported o	organizations						
g		ride the following information	about the supporte	d organization(s)	T				
	((n) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	rganization n your			(vi) Amount of other support (see
		organization		above or IRC section	governing o	document?	suppor Instruc	·	Instructions)
				(see instructions))	Yes	No			
					 -				
					ļ				
					 	ļ			
					 				
					ļ				
		'							

	(Complete only if you checked fails to qualify under the tests				on railed to qualify	under Part III. If the	organization
Sec	tion A. Public Support		···	•			
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	± 1. ·			-	-	
2	Tax revenues levied for the organ-					•	
	ization'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						
	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						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				1		
	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)		 	 	 	 	
	Total support. Add lines 7 through 10		<u> </u>	-l		12	
	Gross receipts from related activities, First five years. If the Form 990 is for	•		rd fourth or fifth t	tay year as a sect		
13			S arst, second, tri	iid, iodriii, or iistii	ax year as a secu	1011 30 1(c)(3)	▶[
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Po	ercentage				
	Public support percentage for 2014 (column (f))		14	
	Public support percentage from 2013			(//	•	15	
	33 1/3% support test - 2014. If the			on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2013. If the				d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			▶ _
17a	10% -facts-and-circumstances tes	t - 2014. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumsta	nces" test, check	this box and stop	here. Explain in P	art VI how the orga	nization
	meets the "facts-and-circumstances"						▶ L
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t						e
	organization meets the "facts-and-cire						▶
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨 📗

(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	ction A. Public Support						<u></u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Gifts, grants, contributions, and				T					
	membership fees received. (Do not									
	ınclude any "unusual grants.")	76,145.	1,855,676.	1,960,159.	1,725,577.	2,065,690.	7,683,247.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	2,939.	1 790 220	1 214 255	1.812.473.	2,137,069.	7.056.074.			
_	organization's tax-exempt purpose		1,789,338.	1,314,255.	1,012,4/3.	2,137,009.	7,050,074.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	79,084.	3,645,014.	3,274,414.	3,538,050.	4,202,759.	14,739,321.			
7 a	Amounts included on lines 1, 2, and									
	3 received from disqualified persons						0.			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.			
(Add lines 7a and 7b						0.			
8	Public support (Subtract line 7c from line 6)						14 739 321.			
Se	ction B. Total Support									
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
9	Amounts from line 6	79,084.	3,645,014.	3,274,414.	3,538,050.	4,202,759.	14,739,321.			
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
ŧ	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
•	c 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)	79,084.	3,645,014.	3,274,414.	3,538,050.	4,202,759.	14,739,321.			
14	First five years. If the Form 990 is for	r the organization's	s first, second, third	I, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,			
	check this box and stop here			-						
Se	ction C. Computation of Publ	ic Support Pe	rcentage	···			100 00			
	Public support percentage for 2014 (•	olumn (f))			100.00 %			
	Public support percentage from 2013					16	100.00 %			
	ction D. Computation of Inve					1				
17	Investment income percentage for 20)14 (line 10c, colur	nn (f) divided by lin	e 13, column (f))	•	17	.00 %			
	Investment income percentage from					18	%			
19	a 33 1/3% support tests - 2014. If the						7 is not			
1	more than 33 1/3%, check this box a b 33 1/3% support tests - 2013. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	▶ X			
							▶□			
20	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									

Schedule A (Form 990 or 990-EZ) 2014 The Illumination Foundation

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b 990 or 990-EZ) 2014			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3a	Į	1		
3a				
3a		2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	ſ	_		
3c	-	3a		
3c	۱			
4a	}	3b		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	ļ	3с		
4b	ŀ	4a		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	Ì			
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	Ī			
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	1			<u> </u>
5b 5c 6 7 8 9a 9b 9c 10a 10b		4c		
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b		5a		
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10a		ฮบ		
10b		9c	-	
10b				
		10a		-
990 or 990-EZ) 2014		10b		<u> </u>
	9		90-EZ) 2014

Sche	dule A (Form 990 or 990-EZ) 2014 The Illumination Foundation 71-	104768	6 Pa	ge 5
	rt IV Supporting Organizations (continued)			
			Yes	No_
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
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	ľ		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	İ		
	the supported organization(s).	1		
Sec	tion D. 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	İ		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	ns):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions	s)	
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		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	research for the organization's position that its supported organization(s) would have engaged in these			

2b

3a

activities but for the organization's involvement.

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

	dule A (Form 990 or 990-EZ) 2014 The Illumination Founda			71-1047686 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recovenes of pnor-year distributions	2	· · · · · · · · · · · · · · · · · · ·	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	·	
6	Portion of operating expenses paid or incurred for production or	1 1		
	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ated Type III supporting org	ganization (see
	instructions)	_		

Sche Par	dule A (Form 990 or 990-EZ) 2014 The Illuminat tV Type III Non-Functionally Integrated 509	ion Foundation (a)(3) Supporting Orga		1-1047686 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
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 t	he 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			
		(i)	(ti)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			·
Li.	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,		*	
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			

e Excess from 2014

Part VI Supp		the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 ormation. (See instructions).								
	Part III lines 1, 2, 6, 9, and 16									
The current period, January 1, 2015 through June 30, 2015, is a short period and is not reported in Part III.										
period and	d is not reported in	1 Part III.								
Part III,		eriod January 1, 2014 through December 31,								
	······									
		short period and revised totals for the								
current sh	nort period and 4 pr	cior year are:								
6 mo	onths ended 6/30/15	Total 4 1/2 years (2011 through 6/30/15)								
Line 1	1,211,146	8,818,248								
Line 2	1,366,973	8,420,108								
Line 6	2,578,119	17,238,356								
Line 9	2,578,119	17,238,356								
Line 15 ar	nd 16: 100%									
		-								

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2014
Open to Public Inspection

Name of the organization

The Illumination Foundation

Employer identification number 71-1047686

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) _ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		umination Fou		<u>-</u>		<u>71-104</u>		
Par	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessing	on, and other records, che	eck any of the f	ollowing that are a	significant i	use of its c	ollection r	tems
	(check all that apply):		_					
а	Public exhibition	d	Loan or exch	ange programs				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain how	they further th	e organization's ex	cempt purpo	ose in Part	XIII	
5	During the year, did the organization solicit o	r receive donations of art,	historical treas	ures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma	aintained as part of the or	ganızatıon's col	lection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Complete if t	the organization	answered "Yes" t	o Form 990	, Part IV, Iir	ne 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	an or other intermediary f	or contributions	s or other assets n	ot included	_	1	
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	ig table					
						L	Amount	
С	Beginning balance				1c	ļ		
d	Additions during the year				1d	ļ		
е	Distributions during the year				1e			
f	Ending balance				1f	L		
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21, fo	or escrow or cu	stodial account lia	bility?		Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.							<u> </u>
Par	t V Endowment Funds. Complete	f the organization answer	ed "Yes" to For	m 990, Part IV, line	10			
		(a) Current year (b) Prior year	(c) Two years back	(d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance .							
b	Contributions				ļ		-	
С	Net investment earnings, gains, and losses							
d	Grants or scholarships				 			
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance (line	e 1g, column (a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organization	that are held ar	nd administered fo	r the organi	zation	_	
	by:						Υ	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations	-				•	3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the	e organization's endowme	nt funds					
Pai	t VI Land, Buildings, and Equipn	nent.						
	Complete if the organization answere	d "Yes" to Form 990, Par	t IV, line 11a Se	ee Form 990, Part	X, line 10			
	Description of property	(a) Cost or other	(b) Cost	or other (c)	Accumulat	.ed	(d) Book	value
		basis (investment)	basis (other) (depreciation	1		
1a	Land							
b	Buildings		16	7,708.	89,1	57.	78	<u>,551.</u>
	Leasehold improvements							
	Equipment		19	4,864.	64,1			,699.
	Other			6,913.	41,7	87.		,126.
	Add lines 1a through 1e (Column (d) must e	equal Form 990 Part X co	olumn (B) line 1	0c)		•	304	,376.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

The Illumination Foundation

71-1047686 Page 3

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

	edule D (Form 990) 2014 The Illumination Foundation				1047686 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statem		n Revenue per H	eturn	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1.		1 1	2 604 770
1	Total revenue, gains, and other support per audited financial statements		• •	1	2,694,770.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 - 1			
	Net unrealized gains (losses) on investments	2a	104 040	-	
b	Donated services and use of facilities	2b	104,940.	-	
С	Recovenes of prior year grants	_2c	4.60 5.05		
đ	Other (Describe in Part XIII.)	2d	160,587.		065 505
е	Add lines 2a through 2d			2e	265,527.
3	Subtract line 2e from line 1			3	2,429,243.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		.	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	<u> </u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,429,243.
Par	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	th Expenses per	Retu	m.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ì.			
1	Total expenses and losses per audited financial statements			1	2,518,905.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a		2a	104,940.		
	Prior year adjustments	2b		i i	
0	Other losses	2c		1	
ي .		2d	160,587.	1 1	
	Other (Describe in Part XIII.)	20	100,307.	7 1	265,527.
	Add lines 2a through 2d			2e	2,253,378.
3	Subtract line 2e from line 1			3	4,455,576.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1			
	•	4a		-	
b	Other (Describe in Part XIII.)	4b		-	
С	Add lines 4a and 4b			4c	0.
5				5	2,253,378.
	rt XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pai 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad				Λ, ιιιε 2, ι αι Λι,
Par	rt XI, Line 2d - Other Adjustments:				
Fur	ndraising events expenses				160,587.
Par	rt XII, Line 2d - Other Adjustments:				
Fur	ndraising events expenses				160,587.
					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization The Tlliin	mination Foundati	on				Employer ide 71-1047	ntification number 686
	omplete if the organization answe		es" to	Form 990, Part IV, II			
Indicate whether the organization raised	e Solicitat f Solicitat g Special ral agreement with any individual VII) or entity in connection with p luals or entities (fundraisers) pursi	tion of tion of fundra (includ	non-govern govern ising of fing of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees o	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundre have co or con contribu	istody trol of	(iv) Gross receipts from activity	tò (or	mount paid retained by) indraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				
		ļ					
		<u> </u>	-		ļ. <u>.</u>		
Total			•				
3 List all states in which the organization is or licensing	s registered or licensed to solicit	contrib	ution	s or has been notifie	d it is e	exempt from r	egistration
					 		
						·	

	Schedule G (Form 990 or 990-EZ) 2014 The Illumination Foundation 71-1047686 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000								
[F	2F L	of fundraising event contributions and gr	-						
	1	or full draising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	is greater than \$5,000			
			(a) Event #1	1 ' '	(C) Other events	(d) Total events			
			n.1. n	Carnival for	2	(add col. (a) through			
				Kids	2	col (c))			
9			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	582,919.	10,510.	10,152.	603,581.			
	2	Less. Contributions	87,532.	1,490.	7,952.	96,974.			
	3	Gross income (line 1 minus line 2)	495,387.	9,020.	2,200.	506,607.			
	4	Cash prizes							
s	5	Noncash prizes							
pense	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses	135,773.	5,263.	19,551.	160,587.			
	10	Direct expense summary. Add lines 4 through	h 9 ın column (d)		. ▶	160,587.			
	11		ine 3, column (d)		•	346,020.			
Pa	art I	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than				
		\$15,000 on Form 990-EZ, line 6a							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
	1	Gross revenue							
ses	2	Cash prizes .							
Expenses	3	Noncash prizes .							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	-			
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•				
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		>				
a	9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain:								
		ere any of the organization's gaming licenses r 'Yes," explain	· · · · · · · · · · · · · · · · · · ·	= -		Yes No			
	_								

Sch	nedule G (Form 990 or 990 EZ) 2014 The Illumination Foundation	71-1047686 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	1 (
а	The organization's facility	13a %
	An outside facility	13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:
	Name ►	
	Address >	
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt
	of gaming revenue retained by the third party > \$	
c	e If "Yes," enter name and address of the third party:	
		•
	Name >	
	Address ▶	
16	Gaming manager information	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
ē	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	L Yes L No
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
<u></u>	organization's own exempt activities during the tax year > \$	- A III 1 0 01 401 401
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	art III, lines 9, 9b, 10b, 15b,

Schedule G (Form 990 or 990-EZ)	The Illumination Foundation	on 71-1047686 Page 4
Part IV Supplemental Info	The Illumination Foundation mation (continued)	
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Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. The Illumination Foundation Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Part I General Information on Grants and Assistance

Open to Public Inspection Employer identification number

71-1047686

2 Schedule I (Form 990) (2014) (h) Purpose of grant or assistance X Yes 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) iRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government

Page 2 (f) Description of non-cash assistance 'ood, clothing, diapers, gift 71-1047686 (e) Method of valuation (book, FMV, appraisal, other) The assistance provided is tracked and recoded monthly t C Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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 and transportation, were provided 181,390,Book (d) Amount of non-cash assistance which is then accumulated into a database used for reporting. 487,767 (c) Amount of cash grant The Illumination Foundation 2615 (b) Number of recipients food, Assistance, including housing, (a) Type of grant or assistance Housing, food, transportation homeless families. Part I, Line 2: Schedule I (Form 990) (2014) Part III

Schedule I (Form 990) (2014)

432102 10-15-14

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization							Employe			on nu	mber	
	The Illum						71-10	<u> 1476</u>	<u>86</u>			
					ion 501(c)(4), and 50							
Complete if the					art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, line 4	0b.				
1 (a) Name of disqualified	person (b)	Relationship betw person and or			lified (c) Description of trans	saction				cted?	
	<u> </u>	person and or	yarıızı	auon	<u>`</u>				- Y	es	No	
			_							\dashv		
										+	<u>-</u>	
									-			
												
2 Enter the amount of tax	c incurred by the	organization man	agers	or disc	qualified persons dur	ing the year under						
section 4958	•	J					▶ \$	S				
3 Enter the amount of tax	k, if any, on line 2,	above, reimburs	ed by	the or	ganızatıon	•	▶ \$	3				
	nd/or From In											
Complete if the	organization ans	wered "Yes" on I	orm 9	990-EZ	, Part V, line 38a or F	orm 990, Part IV, lin	e 26, or if t	he orga	ınızatı	on		
	ount on Form 990	T						(h) Ap	nroved		· · · · · · · · · · · · · · · · · · ·	
(a) Name of (b) Relati			fror	oan to or n the	(e) Original principal amount	(f) Balance due	(g) In default?	by bo	ard or			
interested person	With Organization	Or loan		ization?	pinioipai amodini			1		Yes		
Paul Cho	Troadure	Unpaid e	To X	From	162,190.	172,537.	Yes No	Yes	No X	res	No X	
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Total	anintanaa Da	andition Indo		d Da	<u>▶ \$</u>	172,537.				L		
	ssistance Be											
	e organization ans					(d) Type	of		e) Purp		f	
(a) Name of interested	a person	(b) Relationship interested pers			(c) Amount of assistance	assistan		•	assist		'1	
		the organiza										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

See Part V for Continuations

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

The Illumination Foundation

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

Name of the organization

Employer identification number

71-1047686

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Par	t I	Types of Property									
Art - Historical treasures Art - Fractional inferests Books and publications Cars and other vehicles Boats and planes Intellectual property Boats and planes Intellectual property Securities - Publichy traded Securities - Publichy traded Securities - Publichy traded Securities - Publichy traded Securities - Putriary interests Cars and conservation contribution - Historic structures Qualified conservation contribution - Other Real estate - Residential Real estate - Residential Real estate - Commercial Real estate - Commercial Real estate - Other become securities - S				Check if	Number of contributions or	Noncash contrib amounts reporte	ed on		Method of det		_	3
3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods X 163,217. Thrift store value 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Real estate - Commercial 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other	1	Art -	Works of art .				i					
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X	3	Art -	Fractional interests			<u> </u>						
6 Cars and other vehicles 7 Boats and planes Intellectual property 9 Securities - Publicity traded 10 Securities - Parthership, LLC, or 1 trust interests 12 Securities - Parthership, LLC, or 1 trust interests 13 Cualified conservation contribution - Historic structures 14 Cualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Scientific specimens 24 Archeological artifacts 25 Other	4	Boo	ks and publications									
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Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				policy that r	equires the review	of any non-standar	d contrib	utions?		31		х
contributions?					-							_
	JEA			Ur related 0	- garnzanono to sor	.c, p. 00000, or 3011		•		32a		Х
b If "Yes," describe in Part II	L									<u> </u>		_ _
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,				column (c)	for a type of prope	erty for which colum	n (a) is cl	hecked				ĺ
describe in Part II				Column (c)	.c. a type of prope	, 10. 11.11011 0010111	(4) 15 01	,				l

Schedule M	(Form 990) (2014) The Illumination	Foundation	71-1047686 Pag	je 2
Part II	Supplemental Information. Provide the info is reporting in Part I, column (b), the number of cont this part for any additional information.	ormation required by Part I, lines 30b, 3 inbutions, the number of items received	2b, and 33, and whether the organization d, or a combination of both. Also complete	
		-		

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Schedule M (Form 990) (2014)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 71-1047686 The Illumination Foundation The current period, January 1, 2015 through June 30, 2015, is a short The Illumination Foundation has changed its year end from December 31 to June 30 and the current period includes six months of activity. Form 990, Part VI, Section B, line 11: The Finance Committee reviews the completed Form 990 and makes a recommendation to the full board for approval. A copy is made available for any board members who want to receive a copy. Form 990, Part VI, Section B, Line 12c: The conflict of interest policy is signed annually by the members of the Board and reviewed by the Financial committee Chair and Chairman of the Board. If there is an apparent conflict of interest it is investigated immediately by the head of the Finance committee. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines

the members has failed to disclose an actual or possible conflict of

interest, it shall take appropriate disciplinary and corrective action.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization The Illumination Foundation	Employer identification number 71-1047686
Form 990, Part VI, Section B, Line 15:	
The review procedures for the CEO are: the CFO is asked	to provide
comparable salaries from the most recent edition of Compe	nsation & Benefits
Survey from the Center for Nonprofit Management. This in	formation is
reviewed periodically by the Board Chair and is available	upon request for
other Board members. The Board may also ask for informati	on from other
similar nonprofits whose CEO/ED performs similar duties,	i.e. fund
development, grant writing, etc. At a regular Board meet	ing the Chair
solicited input from Board members regarding the CEO perf	ormance and the
Board established the CEO's compensation for the year. Th	e Chair and CEO
may wish to establish goals for the following year at tha	t time or at
another meeting, for example, in conjunction with the ann	ual budget.
Form 990, Part VI, Section C, Line 19:	
Financial statement is made available on our website and	through
Guidestar.org. Governing documents, including conflict of	interest policy,
are made available at our main office to anyone who wants	to review.

SCHEDULE R (Form 990) Department of the Treasury

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2014 Open to Public

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 71-1047686 The Illumination Foundation Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 Š × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity ε End-of-year assets None status (if section 501(c)(3)) **e** Public charity (e) Line 7 Total income Exempt Code ਉ section 501(c)(3) ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) 9 California Primary activity Primary activity Community Clinic <u>e</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990. Integrated Community Healthcare Solutions Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 8352 Commonwealth Ave. 90064 S Buena Park Part II

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Page 2

Schedule R (Form 990) 2014 The Illumination Foundation

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(q)	(0)	(p)	(e)		(j)	(b)	(£)	(9)	8	(S
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, provinded from tax index		Share of total income	Share of end-of-year	onate 15?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
		toreign country)		sections 51	12-514)		433413	Yes No	K-1 (Form 1065	5) Yes No	
		_									
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or frust during the tax year	Organizations Taxable a corporation or trust dur	as a Corpo	pration or Trust Co	mplete if the c	organization ansv	vered "Yes" on	Form 990, Pa	rt IV, line 34	because it had	one or mo	e related
(a)			(q)	(0)	(p)	(e)	(J)		(6)	(h)	
Name, address, and EIN of related organization	nd EiN	Prim	Primary activity	Legal domicile State or	Direct controlling entity	Type of entity (C corp. S corp.	y Share of total		Share of Popularies Popularies	Percentage ownership	512(b)(13) controlled

	Section	ip controlled entity?	Yes No			 					_
	Percentage					 		_	~	 	
		end-of-year									
Ç	Share of total	, income						,			
(9)	Type of entity	(C corp, S corp,	or mast								
(5)	Direct controlling	entity (C corp, S corp,									
	(5)	(state or	country)								
3	Primary activity										
(4)	Name address and Ein	of related organization									

Schedule R (Form 990) 2014

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				L
Note. Complete line 1 if any entity is listed in Parts II, III, or IV or this schedule 1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	in Parts II-IV?	Yes
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>	1		1a X
 b Gift, grant, or capital contribution to related organization(s) 				db X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				th X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
a Sale of assets to related organization(s)				
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)			٠	1i X
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				*
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			mt X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		: : :	tn X
 Sharing of paid employees with related organization(s) 				10 X
Reimbursement haid to related organization(s) for expenses				<u></u>
				×
				├
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1) Integrated Community Healthcare Solutions	ı	57,509.	cash	
(2)				
S. S. S. S. S. S. S. S. S. S. S. S. S. S				
(6)				
(4)				
(5)				
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Schedule R (Form 990) 2014 The Illumination Foundation

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

tage ship			j				410
(k) Percent owners							2 (066 L
General or managing partner? Yes NO	-		_				R (Forn
(h) (i) (j) (k) (k) Dispropor- Code V-UBI General or Percentage libraria amount in box 20 managing ownership of Schedule K-1 partner?	:						Schedule R (Form 990) 2014
(h) Disproportionate allocations?				1			
Y e e c c c c c c c c c c c c c c c c c c					,		
(g) Share of end-of-year assets							
(f) Share of total							
Are all Are all partners sec 501 (c)(3) orgs?							
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) (b) (c) (c) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e							

Schedule F	R (Form 990) 2014	The Illumina	tion Found	<u>ation</u>	71-1047686 Page 5
Part VII	Supplemental Int	<u>The Illumina</u> formation	· <u>-</u>		
	. Provide additional info	ormation for responses to que	estions on Schedule I	R (see instructions)	
					
					
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