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Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions

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.

OMB No 1545-0047 2014 Open to Public Inspection

Form 990 (2014)

For the 2014 calendar year, or tax year beginning 10/01/14, and ending 09/30/15C Name of organization EAST VALLEY INSTITUTE OF TECHNOLOGY D Employer identification number Check if applicable EDUCATION FOUNDATION INC Address change Doing business as 86-0953896 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 480-461-4000 1601 WEST MAIN STREET Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code MESA 85201 97,214 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending LINDA SOMO 1601 WEST MAIN STREET H(b) Are all subordinates included? AZ85201 If "No," attach a list (see instructions **X** 501(c)(3) 501(c) Tax-exempt status WWW.EVIT.COM Website: H(c) Group exemption number X Corporation Year of formation 1998 Form of organization Association Other > M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 287,993 92,810 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 1,696 2,089 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,483 -3,799 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 312,17212 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 91,100 87,503 46,080 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 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 2,875 7,729 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 90,378 18 Total expenses Add lines 13–17 (must equal Part IX, column (AR) Per 25 F 53,809 19 Revenue less expenses Subtract line 18 from line 12 221,794 37,291 Beginning of Current Year End of Year AUG 25 2016 722,259 760. 20 Total assets (Part X, line 16) 012 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 760. Part II 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 Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge **G**ign Here KONA PURCELL EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name PTIN Paid DAVID R BALDWIN P00184135 Preparer BALDWIN & BALDWIN 46-4370753 Firm's EIN Firm's name Use Only 701 N 44TH ST PHOENIX, AZ 85008 480-736-9200 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

orm 990 (2014)	EAST VALLEY INSTI	TUTE OF TECHNOLOGY 86-0)953896	Page 2
	tatement of Program Servi			
		a response or note to any line in this F	Part III	X
1 Bnefly descri	nbe the organization's mission			
			A losted on the	
-	anization undertake any significant μ 390 or 990-EZ?	program services during the year which were no	t isted on the	Yes X No
•	scribe these new services on Sched	ule O		
•		e significant changes in how it conducts, any pr	ogram	
services?				Yes X No
	scribe these changes on Schedule (
	-	complishments for each of its three largest prog inizations are required to report the amount of g		
•	penses, and revenue, if any, for eac		yana ana anadatana ta othera,	
4a (Code		51,559 including grants of \$	46,080) (Revenue \$)
		ATION EXISTS TO HELP ST		
		T A WRITTEN APPLICATION EES. STUDENTS ATTEND TH		
		CIAL ASSISTANCE IS PAID		
	ONAL INSTITUTION.			
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
	•			
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other progr	ram services (Describe in Schedule	0)		
(Expenses			(Revenue \$	
	am service expenses	51,559		- 000
DAA				Form 990 (2014)

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<u> </u>	Checklist of Required Schedules			,
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	\vdash
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		X
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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		,	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	-		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	l ,		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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		X
20a		20a	-	X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grents or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization columnt and former officers, directors, insistees, key employees, and highest compensated employees" If "Yes," complete Schedule J 24 Did the organization have at severent 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 J 24 Did the organization invest eny proceeds of its-exempt bonds beyond a temporary period exception? 24b Did the organization mirest an an escrow account other than a refunding escrow at any time during the year 25c Section \$91(c)(3), 501(c)(4), and \$501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a designating elegenaturing the year? If "Yes," complete Schedule I, Part I 25c If "Yes," complete Schedule I, Part II 25c If "Yes," complete Schedule I, Part III 25c If "Yes," complete Schedule I, Part IV 25c If "Yes," complet				Yes	No
22 M the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), the 2°I f** "res*, complete Schedule I. Parts I and III 22 M organization answer "ves* to Part VII, Section A, line 3.4, or 5 about compensation of the organization surver and former efficiers, directions, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and III and	21	, ,			
Part IX, column (A), line 27 If "Yes," complete Schedule I. Parts I and III 22 X 3 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 24 A 25 Did the organization have star 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 256 26 Did the organization invest any proceeds of flar-exempt bonds beyond a temporary peniod exception? 26 Did the organization mixed an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 27 Did the organization and as an "one behalf of" issuer for bonds cutstanding at any time during the year? 28 Section 901(c)(3), 901(c)(4), and 501(c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a principal transaction in a principal transaction in a pr		· · · · · · · · · · · · · · · · · · ·	21		X
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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 pror Forms 990 or 990-E27 if "Yes," complete Schedule I, Part II 25b	230		250	İ	v
year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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, furstees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A Carmily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, tru	h	· · · · · · · · · · · · · · · · · · ·	23a		
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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, fustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26			25h		Y
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Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable □ the treat the number of Forms W-2G included in time 1a Enter -0- if not applicable □ the treatment of the forms W-2G included in time 1a Enter -0- if not applicable □ the treatment of the forms W-2G included in time 1a Enter -0- if not applicable □ the treatment of the forms W-2G included in time 1a Enter -0- if not applicable □ the treatment of the companies of the treatment of the treatment of the companies o	333333		eck if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W-26 included in line 18. Enter 4-of float applicabile Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? Statements, fleed for the calendar year ending with or within the year covered by this return? Statements, fleed for the calendar year ending with or within the year covered by this return? All the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) All clifs the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) All clifs the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) All clifs the sum of lines 1s and 2s is greater than 250, you or more during the year? But 14 least on the sum of lines 1s and 2s is greater than 250, you or more during the year? All any time during the calendary year, dit the organization have an interest in, or a singular or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FSAN) If "Yes," either the name of the foreign country (such as a bank account, securities accounts or such as a bank account in a foreign country (such as a bank account, securities accounts or such as a bank account in a foreign country (such as a bank account, securities accounts or such as a bank account in a foreign country (such as a bank account, securities accounts or such as a such as				1			Yes	No
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 10 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7h stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8ь 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 Section 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 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b 12a X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? \mathbf{x} Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure ΑZ List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 1601 WEST MAIN STREET

480-461-4025

AZ 85201

Form 990 (2014	4) EAST VALLEY INSTITUTE OF TECHNOLOGY 86-0953896	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, 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

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

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

(A) Name and Title	(B) Average hours per week (list any	box	c, unle	ss pe	tion more rson i irecto	than one s both an r/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CRAIG BERGE									
	1.00	\ , '						o	
BOARD MEMBER (2) JASON PISTILLO	0.00	X		-	├	\vdash	0	1	0
(2) JASON PISTILLO	1.00		ļ						
BOARD MEMBER	0.00	x						o	0
(3) GIOVANNI BRISENO		† <u></u>							
(-,	1.00								
BOARD MEMBER	0.00	X					0	0	0
(4) JOHN RANG									
	1.00								_
BOARD MEMBER	0.00	X				\vdash	<u> </u>	0	0
(5) LARRY CHRISTIANS						}			
	1.00	x		x				o	
BOARD VICE CHAIR (6) BILL OKLAND	0.00	┿	├	^	┢	 		, , ,	0
(6) BILL OKLAND	1.00								
BOARD MEMBER	0.00	x						o	0
(7) ART PICCINATI	3.55	+	 	1	T	1 1			<u>-</u> _
(.,	1.00								
BOARD MEMBER	0.00	X			1) 0	
(8) LINDA SOMO									
	1.00	ļ							
BOARD CHAIR	0.00	X	<u> </u>	X	<u> </u>	\bot \bot		0	0
(9) MARTY WHALEN				1					
	1.00					l i	_		
BOARD SECRETARY	0.00	X	\vdash	X	╀			0	0
(10) JOE ZAVISLAK	1.00								
BOARD MEMBER	0.00	$ _{\mathbf{x}}$							0
(11)	3.00	+^	+-	+	+	+-+			
(11)									
DAA					-			·	Form 990 (2014)

DAA

b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual is a For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 section B. Independent Contractors		Section A. Office (A) Name and title	(B) Average hours per week (list any hours for	offi	cer ar	Position (C) Posit	tion nore son is rector	s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual is for any individual istend into 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual istending the sum of reportable compensation and other compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual istending the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person istending the sum of reportable schedule J for such person is the sum of reportable schedule J			organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	lighest compensated imployee	ormer	(W-2/1099-MISC)		and related
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ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	5	Did any person listed on lin	e 1a receive or ac	crue	com	pens	atio	n fro	m ar	ny unrelated organization o	or individual	5
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year	ect			165,	COI	iipiet	e 30	neut	JIE J	Tor such person		
	1	Complete this table for you	r five highest com	pens	ated	ınde	pen	dent	cont	tractors that received more	than \$100,000 of	aar.
Name and dusiness address Compans.				COM	Jens.	aliun	101	ine c	aleii	Description of will be will be will be will	(B)	(C)
		Name	and ousiness address							Descr	puon or services	Compensa
									-			

Form 990 (2014) EAST VALLEY INSTITUTE OF TECHNOLOGY 86-0953896 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue excluded from tax under sections exempt function business revenue revenue 512-514 1a Federated campaigns 1a **b** Membership dues 1b 74,875 c Fundraising events 1c d Related organizations 1d Contributions, and Other Sim e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 17,935 g Noncash contributions included in lines 1a-1f 92,810 h Total. Add lines 1a-1f ▶ Program Service Revenue Busn Code 2a b C f All other program service revenue \triangleright g Total. Add lines 2a-2f Investment income (including dividends, interest, 2,089 2,089 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets other than inventor Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events 74,875 (not including \$ of contributions reported on line 1c) 2,315 See Part IV, line 18 Other I 6,114 b Less direct expenses -3,799 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses ▶ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b

91,100

0

2,089

c

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Statement of Functional Expenses

١,

Section	on 501(c)(3) and 501(c)(4) organizations must confide the Check of Schedule O contains a response			mplete column (A)	
		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals See Part IV, line 22	46,080	46,080		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	1,600		1,600	
d	Lobbying				
e	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 Schedule O)	1 100	1 100		
12	Advertising and promotion	1,190 650	1,190		
13	Office expenses	650		650	
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy				
17 18	Travel				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,088	1,088		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	REIMBURSEMENTS	2,082			
b	PROPERTY TAXES	1,029			
C	TAXES AND LICENSES	90	90	ļ	
d		<u> </u>	<u> </u>		
е	All other expenses	F0 000	F4 FFA	0.050	
25	Total functional expenses Add lines 1 through 24e	53,809	51,559	2,250	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
DAA	following SOP 98-2 (ASC 958-720)	ı			Form 990 (2014)

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		47,544	1	82,745
	2	Savings and temporary cash investments		540,974	2	543,063
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office	cers, directors,			
		trustees, key employees, and highest compensated emp	loyees			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			
ts		organizations (see instructions) Complete Part II of Sche	edule L		6	
Assets	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	· 1		9	
	10a	Land, buildings, and equipment cost or				
		other basis. Complete Part VI of Schedule D	10a 30,000			
	b	Less accumulated depreciation	10b	30,000		30,000
	11	Investments—publicly traded securities		103,741	11	104,204
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		<u></u>	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		722,259	15	760,012
	16	Total assets. Add lines 1 through 15 (must equal line 34)	122,239	16	780,012
	17	Accounts payable and accrued expenses			18	
	18 19	Grants payable Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
"	22	Loans and other payables to current and former officers,				
Liabilities		trustees, key employees, highest compensated employee				
Ē		disqualified persons Complete Part II of Schedule L	,		22	***************************************
:2	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables to				
	ļ	parties, and other liabilities not included on lines 17-24)				
	ł	of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117 (ASC 958), check	there ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.		510.050		
an	27	Unrestricted net assets		519,859		545,312
Ва	28	Temporanly restricted net assets		202,400	1	214,700
ဋ	29	Permanently restricted net assets			29	
Ŧ		Organizations that do not follow SFAS 117 (ASC 958)	, check here ▶ and			
Net Assets or Fund Balances		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds	A4		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment			31	
Š	32	Retained earnings, endowment, accumulated income, or	otner tunas	722,259	32	760,012
	33	Total net assets or fund balances		722,259		760,012
	34	Total liabilities and net assets/fund balances		122,239	<u> </u>	Form 990 (2014)

orm	990 (2014) EAST VALLEY INSTITUTE OF TECHNOLOGY 86-0953896			Page	12
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[l
1	Total revenue (must equal Part VIII, column (A), line 12)	1		91,10	
2	Total expenses (must equal Part IX, column (A), line 25)	2		53,80	<u>9</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		37,29	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72	22,25	
5	Net unrealized gains (losses) on investments	5		46	<u> 52</u>
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	70	60,01	<u>.2</u>
	Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII				丄
				Yes N	0
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				▓
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				▓
	Schedule O				**
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	<u>.</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				▓
	reviewed 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	<u> </u>	<u>{</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				▓
	separate basis, consolidated basis, or both				▓
	Separate basis Consolidated basis Both consolidated and separate basis				*
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				▓
	Schedule O				#
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	X	<u>{</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		_
			Forr	n 990 (20	014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. EAST VALLEY INSTITUTE OF TECHNOLOGY EDUCATION FOUNDATION INC

Employer identification number

86-0953896

87	Reason for Public Charity Status (All organizations must complete this part) See instructions.											
he	orgai	nization is not	a private foundation becaus	e it is (For lines 1 through 11, c	check only	one box)					
1	\Box	A church, cor	vention of churches, or ass	ociation of churches described i	ın sectior	170(b)(1	I)(A)(i).					
2	П	A school des	cribed in section 170(b)(1) (A)(ii). (Attach Schedule E)								
3	П			ce organization described in sec	ction 170	(b)(1)(A)(iii).					
4	П	-		d in conjunction with a hospital o				ospital's name.				
	ш	city, and state	-	,				,				
5	\Box	•		of a college or university owned	or operate	ed by a g	overnmental unit described in					
•	ш	•	b)(1)(A)(iv). (Complete Part			, - 5						
6		-		overnmental unit described in s e	ection 17	'0(b)(1)(A	.)(v).					
7	X											
•		_	section 170(b)(1)(A)(vi). (C		om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ant of non the general paon	•				
8	\Box			1 70(b)(1)(A)(vi) . (Complete Part	111.							
9	H	•		l) more than 33 1/3% of its supp	-	contributio	ons membership fees and dr	nss				
3	ш	-		npt functions—subject to certain								
				nd unrelated business taxable in								
		• •	•	0, 1975 See section 509(a)(2).	•							
10			J	exclusively to test for public safe								
11	H	•	•	exclusively for the benefit of, to	-			oses of				
•		_	=	ions described in section 509(a								
				cribes the type of supporting org								
а				ed, supervised, or controlled by								
_				o regularly appoint or elect a ma				α				
			You must complete Part I		.,o, o			.9				
b		Ū	-	rised or controlled in connection	with its s	upported	organization(s), by having					
_		•		organization vested in the same								
			s) You must complete Par				and the same of th					
С		•	•	orting organization operated in o	connectio	n with, an	d functionally integrated with.					
Ū	ш	-		tions) You must complete Par								
ď				supporting organization operate)				
	ш	• •		janization generally must satisfy				,				
				t complete Part IV, Sections A								
е		•	•	d a written determination from the								
_				nctionally integrated supporting								
f	Ent	•	of supported organizations	, , , , , ,	•							
a	Pro	vide the follow	ving information about the su	ipported organization(s)								
(1) Nam	e of supported	(II) EIN	(III) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of				
	org	anization		(described on lines 1–9		ır governing	support (see	other support (see				
				above or IRC section (see instructions))	docui	ment?	instructions)	instructions)				
					Yes	No						
A)												
-												
B)		-	· — — — 									
					<u> </u>							
C)						į						
					ļ							
D)												
					<u> </u>	<u> </u>						
E)												

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		_						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	91,088	44,649	124,375	287,993	92,810	640,915		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge	15,000	15,000	15,000	15,000	15,000	75,000		
5	Total. Add lines 1 through 3 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)	106,088	59,649	139,375	302,993	107,810	715,915		
6	Public support. Subtract line 5 from line 4						715,915		
Sec	tion B. Total Support								
Caler	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	106,088	59,649	139,375	302,993	107,810	715,915		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,382	1,544	1,696	2,089	7,711		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						723,626		
12	Gross receipts from related activities, etc					12	57,418		
13	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax yea	ar as a section 501	I(c)(3)	. —		
	organization, check this box and stop her		4						
	tion C. Computation of Public Su								
14	Public support percentage for 2014 (line 6			in (f))		14	98.93%		
15	Public support percentage from 2013 Sch			40	22 4/20/	15	71 96%		
16a	33 1/3% support test—2014. If the organ				33 1/3% or more, 0	cneck this	▶ [X]		
L	box and stop here . The organization qual 33 1/3% support test—2013. If the organ				15 is 33 1/3% or m	oro			
D	check this box and stop here . The organi				13 15 33 1/3 /6 01 111	ore,	▶ □		
170	•	· · · · · · · · · · · · · · · · · · ·		_	Sa or 16h and line	14 16			
17a	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
b	10%-facts-and-circumstances test—20° 15 is 10% or more, and if the organization Explain in Part VI how the organization me	meets the "facts-a	and-circumstances	s" test, check this b	oox and stop here .	•	. □		
18	supported organization Private foundation. If the organization di instructions	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	ee	▶ □		
					Sch	edule A (Form 990	or 990 E7\ 2014		

Day II

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				_		
4	Tax revenues levied for the organization'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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	4-> 0040	(h) 2011	(a) 2012	(d) 2013	(a) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(u) 2013	(e) 2014	(i) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			_			
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her						<u> </u>
Sec	ction C. Computation of Public S	upport Percen	tage				
15	Public support percentage for 2014 (line 8	3, column (f) dıvıde	ed by line 13, colur	nn (f))		15	%
<u>16</u>	Public support percentage from 2013 Sch				 	16	<u>%</u>
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2014 (3, column (f))		17	%
18	Investment income percentage from 2013				th 20 4/0		%_
19a							▶ □
_	17 is not more than 33 1/3%, check this b						
Ь	33 1/3% support tests—2013. If the orgaline 18 is not more than 33 1/3%, check t	anization aid not ch	leck a box on line	in or illie 19a, and stion qualifies as a	nublicly supported	organization	▶ □
20	Private foundation. If the organization d						
20	Private toundation. If the organization of	THE HOLD CHECK A DOX	OIT IIIE 14, 198, U	i 130, Check this D	ox and see madde		

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 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
- 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
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 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.)

			2 3a 3b 3b 3c 4a 4b 4b 5a 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c
			2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c
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			2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6
			2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6
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	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
	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
Sect	ion B. Type I Supporting Organizations	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Yes No
	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,	
04	supervised, or controlled the supporting organization	2
Sect	ion C. Type II Supporting Organizations	V N-
	We will be a second of the directors	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s)	1
Sect	ion D. All Type III Supporting Organizations	
000.	ion Divariyes in Supporting Organizations	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sect	ion 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		
b		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions)
		<u> </u>
2	Activities Test Answer (a) and (b) below.	Yes No
а	· · · · · · · · · · · · · · · · · · ·	
	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	2-
	that these activities constituted substantially all of its activities	2a
b	• •	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b
_	activities but for the organization's involvement	20
3	Parent of Supported Organizations Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a
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b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b
	or no deposition organizations in the decision in the state of project by the eigenmentation with regions	

Schedule A (Form 990 or 990-EZ) 2014 EAST VALLEY INSTITUTE OF			896 Page 6
Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	t on Nov 20, 19	70 See instructions. Al	l
other Type III non-functionally integrated supporting organizations must complete	Sections A three	ough E	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Pror Voer	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	-	
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
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 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	-	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-inte	grated Type III	supporting organization (s	see

instructions)

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	AND THE PROPERTY OF THE PROPER			1 age 7
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purpos	ses		
	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation 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		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014		-	
а				
b				······
с				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years		-	
<u>h</u>	Applied to 2014 distributable amount			
- 	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D. line 7: \$			
	D, line 7: \$ Applied to underdistributions of prior years			
	Applied to 2014 distributions of prior years Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
3	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			
		1	1	1

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014 Schedule A (Form 990 or 990-EZ) 2014 EAST VALLEY INSTITUTE OF TECHNOLOGY 86-0953896

Page 8

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,

➤ 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.

OMB No 1545-0047 2014

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

Open to Paper.

Employer identification number

	AST VALLEY INSTITUTE OF TECHNOLOGY DUCATION FOUNDATION INC		86-09	953896
	Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or A		
*********	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 6.		
	- January - Janu	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		 	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	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 subject to the organization and subject to the			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
6	only for charitable purposes and not for the benefit of the donor or dono			
	conferring impermissible private benefit?	advisor, or for any other purpose		Yes No
	Conservation Easements.			1.00 1.10
***************************************	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check			
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land	area
	Protection of natural habitat	Preservation of a certified historic		0.00
	Preservation of open space	Trosorvation of a continue motion.		
2	Complete lines 2a through 2d if the organization held a qualified consei	vation contribution in the form of a conse	rvation	
2	easement on the last day of the tax year	validit contribution in the form of a conse	10000000000	leld at the End of the Tax Year
_	Total number of conservation easements		2a	iola de uno esta or use sux seus
a			2b	
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure incl	uded in (a)	2c	
C	Number of conservation easements included in (c) acquired after 8/17/		1	
a		oo, and not on a	2d	
	historic structure listed in the National Register Number of conservation easements modified, transferred, released, ex	tinguished or terminated by the organiza		the
3		unguished, or terminated by the organiza	uon danng	uie
	tax year Number of states where preparts subject to concentration concentration	ocated >		
4	Number of states where property subject to conservation easement is I			
5	Does the organization have a written policy regarding the periodic moni	tioning, inspection, nandling of		☐ Vos ☐ No
_	violations, and enforcement of the conservation easements it holds?			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the y	ear	
_				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year		
_	> \$,	
8	Does each conservation easement reported on line 2(d) above satisfy to	the requirements of section 170(n)(4)(B)(i)	□ va- □ Na
	and section 170(h)(4)(B)(II)?			Yes No
9	In Part XIII, describe how the organization reports conservation easem			
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	organization's imancial statements that o	escribes in	ie.
		Historical Treasures or Other	Similar A	Accete
	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F	form 990 Part IV. line 8.	Jillillai F	133613.
			halanaa ah	
та	If the organization elected, as permitted under SFAS 116 (ASC 958), neworks of art, historical treasures, or other similar assets held for public			eet
	public service, provide, in Part XIII, the text of the footnote to its financial			
	If the organization elected, as permitted under SFAS 116 (ASC 958), to			
Đ				
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in lutth	CIGILLE UI	
	public service, provide the following amounts relating to these items			•
	(i) Revenues included in Form 990, Part VIII, line 1		*	\$ \$
_	(ii) Assets included in Form 990, Part X	other aimiler accets for financial gave and	Duido the	Ψ
2	If the organization received or held works of art, historical treasures, or		JVIUE (NE	
	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 Paperwork Reduction Act Notice, see the Instructions for Form 990.			\$ Schedule D (Form 990) 2014
ror	- adel Holk (7688610) Pol 110806, 366 life ili3880680113 (0) 1 0/11 330	•		

	dule D (Form 990) 2014 EAST VAL									Page 2
	Organizations Maintainin	g Collections of	Art, H	istorical Tr	easures,	or Othe	r Simil	ar Assets	(continu	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check	any of the foll	owing that a	re a signifi	icant use	e of its		
а	Public exhibition	d 🗌	Loan or	exchange pro	grams					
ь	Scholarly research	е 🗍	Other		-					
c	Preservation for future generations	_								
4	Provide a description of the organization's of	collections and explain	n how the	y further the	organization's	s exempt _l	purpose	ın Part		
	XIII	·			-					
5	During the year, did the organization solicit	or receive donations	of art, his	torical treasur	res, or other	sımılar				
	assets to be sold to raise funds rather than	to be maintained as	oart of the	e organization	's collection?)			Yes	No No
	Escrow and Custodial Ar				-					
	Complete if the organization	n answered "Yes	" to For	m 990, Par	t IV, line 9	, or repo	orted a	n amount o	n Form	
	990, Part X, line 21.	···	_							
1a	Is the organization an agent, trustee, custo-	dian or other intermed	diary for d	contributions o	r other asset	s not				_
	included on Form 990, Part X?								Yes	· No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing to	able			,			
									Amount	
c	Beginning balance							1c		
d	Additions during the year							1d		
е	Distributions during the year							1e		
f	Ending balance						l	1f		
-	Did the organization include an amount on	•	•			•			Yes	No No
**********	If "Yes," explain the arrangement in Part XI	II Check here if the e	xplanatio	n has been pr	rovided in Pa	rt XIII				_
	Endowment Funds.	1 43 4	". –	000 B	. 0. / 12	^				
	Complete if the organization		ĭ							
		(a) Current year	(b)	Prior year	(c) Two yea	irs back	(d) Thr	ee years back	(e) Four	rears back
1a	Beginning of year balance		 						<u> </u>	
b	Contributions		1							
С	Net investment earnings, gains, and									
	losses		1		·	-			 	
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs		<u> </u>							
f	Administrative expenses		<u> </u>	 						
g	End of year balance		<u> </u>		<u> </u>		l	·		
2	Provide the estimated percentage of the cu		e (line 1	g, column (a))	held as					
a	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment	%								
2-	The percentages in lines 2a, 2b, and 2c sh		ation tha	t are hold and	administara	d for the				
зa	Are there endowment funds not in the poss	session of the organiz	ation tha	t are neiu anu	aummisteret	i lor lite			L.	res No
	organization by (i) unrelated organizations								3a(i)	es No
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organization	one listed as required	on Sched	fule R?					3b	-
A	Describe in Part XIII the intended uses of t								00	
	Land, Buildings, and Equ		OWINCIA	41103						
*********	Complete if the organization	•	" to Fo	rm 990. Pai	rt IV. line 1	1a. See	Form	990. Part X	. line 10	
	Description of property	(a) Cost or other		(b) Cost or o			Accumulate		(d) Book va	
		(investment		(oth			epreciation			
	Land				30,000				3	0,000
	Buildings				<u> </u>					
c	Leasehold improvements									
d	Equipment									
	Other								<u> </u>	
	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Pa	rt X, colu	mn (B), line 1	0c.)			•	3	0,000
								Sahadi		000\ 2044

	Complete if the organization answered "Ye	es" to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial d			
	d equity interests		
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12) ▶		
Part VIII	Investments—Program Related.	os" to Form 900 Port IV line	11a Sac Form 000 Part V line 12
	Complete if the organization answered "Y	(b) Book value	(c) Method of valuation
	(a) Description of investment	(b) book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)	(h) 000 Port V col (P) line 12)		
Iotal. (Column	n (b) must equal Form 990, Part X, col (B) line 13) ▶ Other Assets.	<u> </u>	
	Complete if the organization answered "Y	es" to Form 990. Part IV. line	11d. See Form 990. Part X. line 15.
	(a) Descri		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
_(7)			
(8)			-
(9)	n (b) must equal Form 990, Part X, col (B) line 15)		
rotal. (Colum	Other Liabilities.		
***************************************	Complete if the organization answered "Y	es" to Form 990. Part IV. line	11e or 11f. See Form 990. Part X.
	line 25.	, ,	,
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
_(3)			
_(4)			
_(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col (B) line 25)		
	uncertain tax positions In Part XIII, provide the text of		nancial statements that reports the

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

DAA

	Reconciliation of Revenue per Audited Financial Statemer		leturn.	
	Complete if the organization answered "Yes" to Form 990, Par	TIV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	l		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b	_	
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII)		_	
е	Add lines 2a through 2d		2e	_
3	Subtract line 2e from line 1	ı l	3	
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	_	
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
				_
0000000	Reconciliation of Expenses per Audited Financial Stateme		r Return.	_
0000000			r Return.	
0000000	Reconciliation of Expenses per Audited Financial Stateme		r Return.	_
	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Par			_
1	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25			
1 2	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	rt IV, line 12a.		_
1 2 a	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments	t IV, line 12a.		_
1 2 a b	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" to Form 990, Pal Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses	1 IV, line 12a.		_
1 2 a b	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" to Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)	2a 2b 2c		
1 2 a b c	Reconciliation of Expenses per Audited Financial Statemes Complete if the organization answered "Yes" to Form 990, Pal Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)	2a 2b 2c	1	_
1 2 a b c d	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" to Form 990, Pal Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d	2a 2b 2c	1	
1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" to Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1	2a 2b 2c	1	
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" to Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1	2a 2b 2c 2d	1	
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" to Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1	

Part XII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 VALLEY INSTITUTE OF TECHNOLOGY Employer identification number

EDUCATION FOUNDATION	ON INC				86-09538	96
Fundraising Activities. Complete if the Form 990-EZ filers are not required to				ed "Yes" to Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through a				Check all that apply	-	
a Mail solicitations				ernment grants		
b Internet and email solicitations	Solicitation	of gov	/emm	ent grants		
c Phone solicitations	g Special fund	draisir	ng eve	ents		
d In-person solicitations						
 Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity in bit "Yes," list the ten highest paid individuals or entities (further compensated at least \$5,000 by the organization 	n connection with j	profes nt to a	siona igreei	I fundraising services?	•	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contr contribi	have dy or ol of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-	
1						
2						
4		į				
5						
6						
7						
8						
9						
0						
otal			•			

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	CVCIIIS WITH GIV	iss receipts greater triair 40,0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		(a) Event #1	(b) Event #2	(c) Other events	49.7
ļ		DDD3 WEIS CHI. FEB IDD		NONE	(d) Total events
		BREAKFAST FUNDR	(event type)	NONE (total number)	(add col (a) through col (c))
ą		(event type)	(event type)	(total number)	35. (6),
Revenue		77 100			77 100
Re	1 Gross receipts	77,190			77,190
_		74,875			74,875
	2 Less Contributions	74,813			74,873
	3 Gross income (line 1 minus	2,315			2,315
	line 2)	2,313	-		2,313
	1				
	4 Cash prizes				
	5 Noncolo				
	5 Noncash prizes				
s	C Dest/feethersets				
ıse	6 Rent/facility costs		· ·		·
ρe	7 Fred and haverages	3,890			3,890
Û	7 Food and beverages	3,030		- 	3,030
Direct Expenses	8 Entertainment				
Δ	Cintertainment				
	9 Other direct expenses	2,224			2,224
					-
	10 Direct expense summary	Add lines 4 through 9 in column (d	1)		6,114
	1	ubtract line 10 from line 3, column (c		!	6,114 -3,799
	Gaming. Com	plete if the organization ansv	vered "Yes" to Form 990,	Part IV, line 19, or rep	orted more

	than \$15,000 d	on Form 990-E <u>Z, line 6a. </u>			
<u> </u>	than \$15,000 c		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enue	than \$15,000 c	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
enue	than \$15,000 c		, ,	(c) Other gaming	
Revenue	than \$15,000 c		, ,	(c) Other gaming	
Revenue			, ,	(c) Other gaming	
			, ,	(c) Other gaming	
	1 Gross revenue		, ,	(c) Other gaming	
	1 Gross revenue		, ,	(c) Other gaming	
	1 Gross revenue 2 Cash prizes 3 Noncash prizes		, ,	(c) Other gaming	
rect Expenses	Gross revenue Cash prizes		, ,	(c) Other gaming	
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs		, ,	(c) Other gaming	
rect Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes	(a) Bingo	bingo/progressive bingo		col (a) through col (c))
rect Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo	bingo/progressive bingo Yes %	Yes	
rect Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	bingo/progressive bingo		col (a) through col (c))
rect Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(a) Bingo Yes % No	Yes %	Yes	col (a) through col (c))
rect Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(a) Bingo	Yes %	Yes	col (a) through col (c))
rect Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	(a) Bingo Yes % No Add lines 2 through 5 in column (column)	Yes % No	Yes	col (a) through col (c))
rect Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	(a) Bingo Yes % No	Yes % No	Yes	col (a) through col (c))
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summan	Yes % No Add lines 2 through 5 in column (comary Subtract line 7 from line 1, co	Yes % No	Yes	col (a) through col (c))
6 Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summany 8 Net gaming income sum Enter the state(s) in which the	Yes % No Add lines 2 through 5 in column (or mary Subtract line 7 from line 1, column e organization conducts gaming active subtract line 7 from line 1.	Yes % No Diumn (d)	Yes	col (a) through col (c)) %
 6 Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summany 8 Net gaming income sum Enter the state(s) in which the is the organization licensed	Yes % No Add lines 2 through 5 in column (comary Subtract line 7 from line 1, co	Yes % No Diumn (d)	Yes	col (a) through col (c))
 6 Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summany 8 Net gaming income sum Enter the state(s) in which the	Yes % No Add lines 2 through 5 in column (or mary Subtract line 7 from line 1, column e organization conducts gaming active subtract line 7 from line 1.	Yes % No Diumn (d)	Yes	col (a) through col (c)) %
 6 Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summany 8 Net gaming income sum Enter the state(s) in which the is the organization licensed	Yes % No Add lines 2 through 5 in column (or mary Subtract line 7 from line 1, column e organization conducts gaming active subtract line 7 from line 1.	Yes % No Diumn (d)	Yes	col (a) through col (c)) %
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summany 8 Net gaming income sum Enter the state(s) in which the list he organization licensed in the price of the prize of the pr	Yes % No Add lines 2 through 5 in column (or many Subtract line 7 from line 1, column conducts gaming action conduct gaming action conduct gaming action conduct gaming action conduct gaming action conducts in each	Yes % No d) blumn (d) tivities of these states?	Yes No	% Yes No
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summany 8 Net gaming income sum Enter the state(s) in which the last the organization licensed in If "No," explain:	Yes % No Add lines 2 through 5 in column (or mary Subtract line 7 from line 1, column e organization conducts gaming active subtract line 7 from line 1.	Yes % No d) blumn (d) tivities of these states?	Yes No	col (a) through col (c)) %
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summany 8 Net gaming income sum Enter the state(s) in which the list he organization licensed in the price of the prize of the pr	Yes % No Add lines 2 through 5 in column (or many Subtract line 7 from line 1, column conducts gaming action conduct gaming action conduct gaming action conduct gaming action conduct gaming action conducts in each	Yes % No d) blumn (d) tivities of these states?	Yes No	% Yes No

Sche	dule G (Form 990 or 990-EZ) 2014	EAST	VALLEY	INSTITUTE	OF	TECHNOLOG	Y 86-095	3896	Pag	ge 3
11	Does the organization conduct gaming				·				Yes	No
12	Is the organization a grantor, beneficial	ry or trustee	e of a trust or a	a member of a partne	rship o	or other entity		_	_	-
	formed to administer chantable gaming	g?							Yes [No
13	Indicate the percentage of gaming activ	vity conduc	ted in.							
а	The organization's facility							13a		<u>%</u>
b	An outside facility							13b		<u>%</u> _
14	Enter the name and address of the per	rson who pi	epares the org	ganızatıon's gamıng/s	pecial	events books and				
	records									
	Name ▶									
	Address ▶									
15a	Does the organization have a contract	with a third	party from wh	nom the organization	receive	es gaming				7
	revenue?								Yes	No
b	If "Yes," enter the amount of gaming re			ganization ► \$		6	and the			
	amount of gaming revenue retained by									
С	If "Yes," enter name and address of the	e tnira part	,							
	Name ▶									
	Address ▶									
16	Gaming manager information									
	Name ▶									
	Gamıng manager compensation ▶ \$									
	Description of services provided ▶									
	Director/officer Em	nployee	In	dependent contractor	•					
17	Mandatory distributions									
а	Is the organization required under stat	te law to ma	ake chantable	distributions from the	gamın	g proceeds to			, -	_
	retain the state gaming license?								Yes _	J No
b	Enter the amount of distributions requ				exempt	organizations or				
	spent in the organization's own exemp	ot activities	during the tax	year ▶ \$		Danil Ima Ob -				—
Pa	rt IV Supplemental Informa									
	Part III, lines 9, 9b, 10b), ISB, 15	c, io, and 1	vo, as applicable	. AISC	provide any ad	uidonai iniorr	nation (Se	ee	
	instructions).									—

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. EAST VALLEY INSTITUTE OF TECHNOLOGY

EDUCATION FOUNDATION INC

Employer identification number 86-0953896 ક ˈ |

	General Information on Grants and Assistance	on Grants and	Assistance						
- 4	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? the selection criteria used to award the grants or assistance?	rds to substantiate the	e amount of the gr ce?	rants or assi	istance, the grantees'	eligibility for the grants	s or assistance, an	ַם	X Yes
7	Grants and Other Assistance to Domestic Org	ssistance to Dor	nestic Organi	zations a	and Domestic Go	vernments. Com	plete if the orga	anization answe	janizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	y recipient that re	eceived more t	han \$5,00	00. Part II can be	duplicated if additi	onal space is n	needed.	3
-	(a) Name and address of organization or government	ınızatıon	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
£									
(5)									
(3)						,			
(4)									
<u>(S)</u>									
(9)									
6									
8)		,							
(6)									
7 0	Enter total number of section 501(c)(3) and government organizations	(3) and government o		isted in the line 1 table	1 table				A .

Schedule I (Form 990) (2014)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

86-0953896
OF TECHNOLOGY
INSTITUTE
EAST VALLEY
(2014)

Schodule I (F.	Schedule (Form 990) (2014) EAST VALLEY INSTITUTE OF		TECHNOLOGY 86-0953896	9-0953896		Page 2
Part #	Grants and Other Assistance to Domestic Individu		als. Complete if the o	rganization answered	als. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	V, line 22.
_	Part III can be duplicated if additional space is needed	onal space is needed.				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	ok,	(f) Description of non-cash assistance
	i i	recipients	cash grant	non-cash assistance	FIMV, appraisal, otner)	
1 SCHO	1 SCHOLARSHIP AND FEE PMT	147	46,080			
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•						•
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4						
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) (
, ,						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information re	equired in Part I, line	2, Part III, column (b)	, and any other additional	nformation.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

EAST VALLEY INSTITUTE OF TECHNOLOGY EDUCATION FOUNDATION INC

Employer identification number 86-0953896

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE EVIT EDUCATIONAL FOUNDATION IS TO SECURE AND DISTRIBUTE CONTRIBUTIONS FROM INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS FOR THE BENFIT OF PROMOTING EXCELLENCE IN VOCATIONAL TECHNOLOGICAL EDUCATION AND ENHANCING EDUCATIONAL AND EMPLOYMENT OPPORTUNITIES FOR THE YOUTH AND ADULTS APPLYING, ATTENDING, OR WHO HAVE ATTENDED THE EAST VALLEY INSTITUTE OF TECHNOLOGY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE SIGNING BOARD MEMBER REVIEWS THE RETURN BEFORE SIGNING, THE FORM 990 IS

PRESENTED DURING THE NEXT BOARD MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE OFFICE LOCATION.

SCHEDULE R (Form 990)

i

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

EAST VALLEY INSTITUTE OF TECHNOLOGY

Department of the Treasury Internal Revenue Service Name of the organization

EDUCATION FOUNDATION INC

Employer identification number 86-0953896

Section 512(b)(13) controlled entity? (f)
Direct controlling
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. (f)
Direct controlling
entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) AZ (b) Primary activity (b) Primary activity SCHOOL (a)
Name, address, and EIN (if applicable) of disregarded entity EAST VALLEY INSTITUTE OF TECHNOLOGY Name, address, and EIN of related organization 85201 AZ WEST MAIN STREET 1601 MESA Ξ Ξ 3 3 2 <u>છ</u> **₹** <u>ල</u> 3 9

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Schedule R (Form 990) 2014

Page 2

Schedule R (Form 990) 2014 EAST VALLEY INSTITUTE OF TECHNOLOGY 86-0953896

Part ##

Schedule R (Form 990) 2014 (i) Section 512(b)(13) controlled Percentage ž ownership 3 (J) General or managing partner? Yes No 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 trust during the tax year. 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. омпегѕнр Percentage Ξ amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) end-of-year assets Share of (h) Dispro-portionate Yes No **6** alloc 7 Share of end-of-year assets (B) Share of total Share of total income Type of entity (C corp, S corp, ε or trust) (d) Direct controlling tax under sections 512-514) (e)
Predominant
income (related,
unrelated,
excluded from entity (d) Direct controlling (c) Legal domicile foreign country) (state or (c) Legal domicale state or foreign country) Primary activity Primary activity Name, address, and EIN of related prganization . Name, address, and EIN of related organization Part IV Α E ΙE 3 ල € 2 <u>@</u> €

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

ransactions with Related Organizations Complete II the organization answered	ខ្ន	on Form 990, Pare 1V, line 34, 335, or	04, 00b, or 00.		L	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	٩ ۷
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?	organizations listed II	n Parts II–IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	`	×
b Gift, grant, or capital contribution to related organization(s)				1b	^	×
c (Sift grant or cantal contribution from related organization(s)				<u>2</u>	^	×
				7		 ×
 Loans of loan guarantees to or for related organization(s) 				2	1	. .
e Loans or loan guarantees by related organization(s)				1e	^	×
f Dividends from related organization(s)				11		 ×
g Sale of assets to related organization(s)				19	~	×
				두	^	×
i Exchange of assets with related organization(s)				=	^	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	^	×
				;	,	▓,
k Lease of facilities, equipment, or other assets from related organization(s)				¥		<u>،</u>
I Performance of services or membership or fundraising solicitations for related organization(s)				=	^	×
m Performance of services or membership or fundraising solicitations by related organization(s)				Ę	^	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1	^	×
o Sharing of paid employees with related organization(s)				9	_	×
p Reimbursement paid to related organization(s) for expenses				1р	^	×
q Reimbursement paid by related organization(s) for expenses				19	^	×
r Other transfer of cash or property to related organization(s)				+	^	×
s Other transfer of cash or property from related organization(s)				1s	_	×
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	, including covered re	elationships and transact	on thresholds			
(e)	(q)	(9)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ount involved		_
						ŀ
(1)						1
(2)						١
(3)						
(4)						
(5)						
(9)						1
			Schodula	Schodule R (Form 990) 2014	00 (000	}

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

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.

	 domicile (state or	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	-	otal income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ownership
	country)	sections 512-514)	Yes No	9			Yes	2		Yes	ş	•
(1)												,
(2)						:						
(3)							_					
(4)												
(5)												
(9)												
(2)												
(8)												
(6)	_											
(10)												
(11)												

Dart VIII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).