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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2015

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

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

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
STEAM INITIATIVE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
10000 CELTIC DRIVE SUITE 202

City or town, state or province, country, and ZIP or foreign postal code
Baton Rouge, LA 70809

D Employer identification number
47-4672091

E Telephone number

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

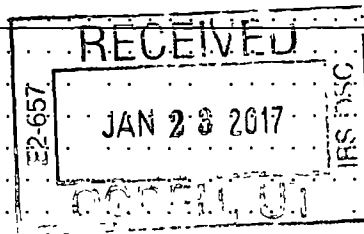
J Tax-exempt status (check only one) - 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **3,637**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1 Contributions, gifts, grants, and similar amounts received																	3,637																	
	2 Program service revenue including government fees and contracts																																		
	3 Membership dues and assessments																																		
	4 Investment income																																		
	5a Gross amount from sale of assets other than inventory																																		
	b Less cost or other basis and sales expenses																																		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																		
	6 Gaming and fundraising events																																		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																																		
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																		
c Less direct expenses from gaming and fundraising events																																			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																			
7a Gross sales of inventory, less returns and allowances																																			
b Less cost of goods sold																																			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																			
8 Other revenue (describe in Schedule O)																																			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																			
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																		
	11 Benefits paid to or for members																																		
	12 Salaries, other compensation, and employee benefits																																		
	13 Professional fees and other payments to independent contractors																																		
	14 Occupancy, rent, utilities, and maintenance																																		
	15 Printing, publications, postage, and shipping																																		
	16 Other expenses (describe in Schedule O)																																		
17 Total expenses. Add lines 10 through 16																																			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																		
	20 Other changes in net assets or fund balances (explain in Schedule O)																																		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																																		



SCANNED JAN 26 2017

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Table with 3 columns: Description, Expense amount, Expense label. Rows 28-32 describe program services and their expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: KEVIN L MCQUARN, EXECUTIVE DIRECTOR, 0.00 hours, 0 compensation, 0 other compensation.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns and value 46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

Table with Yes/No columns and value 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns and value X

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here KEVIN L MCQUARN Signature of officer KEVIN L MCQUARN, EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only PATRICK Q McBRIDE Preparer's signature PATRICK Q McBRIDE Date 01-09-2017 Check if self-employed PTIN P01073537 Firm's name MONTROSE ENTERPRISES LLC Firm's address 521 EAST ASCENSION ST Gonzales LA 70737 Firm's EIN Phone no 225-647-9401

May the IRS discuss this return with the preparer shown above? See instructions Yes No

