# Form 990

14

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

OMB No. 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection For the 2014 calendar year, or tax year beginning JULY 1 , 2014, and ending 20 15 В Check if applicable: C Name of organization ADRIAN SCHOOLS EDUCATIONAL FOUNDATION D Employer identification number П Address change Doing business as 38-2760130 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 785 RIVERSIDE 517-264-6650 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return ADRIAN, MI 49221 G Gross receipts \$ 458,614 Application pending F Name and address of principal officer: **GEOFF AGNEW** H(a) Is this a group return for subordinates? Tyes Vo 785 RIVERSIDE ADRIAN, MI H(b) Are all subordinates included? Tyes No Tax-exempt status: **✓** 501(c)(3) 501(c) ( If "No," attach a list. (see instructions) ) ◀ (insert no.) 4947(a)(1) or 527 Website: ▶ H(c) Group exemption number ▶ Form of organization: 
☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1987 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE SCHOLARSHIPS TO STUDENTS, AND TO SPONSOR SCHOOL EVENTS, AND TO PROVIDE MINI-GRANTS TO TEACHERS FOR SPECIAL PROJECTS. Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) . . . . . . 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line 1h). 693,896 388,718 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 159,772 64,963 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 3,417 4,458 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 857,085 458,139 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 113,297

	l			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	70,877	74,067
seuses	1 <del>6</del> a	Professional fundraising fees (Part IX, column (A), line 11e)		14,002
Expe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,262		<b>建筑。11年初</b>
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	53,269	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	189,841	
	19	Revenue less expenses. Subtract line 18 from line 12	667,244	
ces.			Beginning of Current Year	End of Year
sets	20 21 22	Total assets (Part X, line 16)	1,823,630	1,963,287
ad B	21	Total liabilities (Part X, line 26)	18,478	
		Net assets or fund balances. Subtract line 21 from line 20	1,805,152	
Pa	irt II	Signature Block		
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the hest of r	ny knowledge and belief it is

Benefits paid to or for members (Part IX, column (A), line 4) . . . . . .

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
I.	Type or print name and title				<u> </u>
Paid Preparer	Print/Type preparer's name PHILIP R RUBLEY,CPA	Preparer's signature	Date		ck / if employed
Use Only	Firm's name ► PHILIP R RUBLEY, CP	PA		Firm's EIN	▶ 38-2209950
	Firm's address ► 133 W. MAIN STREET	MORENCI, MI 49256		Phone no.	517-458-2274
May the IRS	discuss this return with the preparer	shown above? (see instructions) .			· · · ✓ Yes ☐ No
Ear Danonua	rk Doduction Act Matica, and the account	to test out of			- 000

	0 (2014) [[]		Service Accomplishments		Page 2
		Check if Schedule O cont	tains a response or note to any line	in this Part III	
1	Briefl	y describe the organization	n's mission:		• •
	TO PR	ROVIDE SCHOLARSHIPS AN	ID TO SPONSOR SCHOOL EVENTS, AN	ID TO PROVIDE MINI-GRANTS TO TEACHERS FOR S	SPECIAL
	FAFI	TS.			
2	Did th	ne organization undertake a	any significant program services duri	ing the year which were not listed on the	
3	If "Ye	s," describe these new sen		169	☑ No
	servic	es?		nges in how it conducts, any program	☑ No
4	Descr expen	ibe the organization's prog ises. Section 501(c)(3) and	gram service accomplishments for e	ach of its three largest program services, as mea I to report the amount of grants and allocations to orted.	asured by to others
4a	(Code	:) (Expenses \$	47,166 including grants of \$	) (Revenue \$	)
	GRAN	TS-AFFILIATED ORGANIZAT	TIONS		
		(Expenses \$	6,000 including grants of \$	) (Revenue \$	)
	MENTO	OR AWARD			
					<b></b>
-					
•					
				•	
-					
-	<b></b> -				
-					
_	Code:	) (Expenses \$	2,029 including grants of \$	) (Revenue \$	<del></del>
4C (	STIMANAE	R ARTS WORKSHOP			'
40 (	20101101				
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Part IV	klist of		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		1	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1		<b>!</b> —
3	Bid the agrantation required to complete achieving Bid the agrantation of the agrant achieving Bid the achieving Bid the achieving Bid the agrant achieving Bid the achievi	_2	✓	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	_	1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	A	1	<b>,</b>
5		4		<b>Y</b>
J	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	•	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<b>⊢</b> ⊸	<del> </del>	├
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6	l	l
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	10	ļ	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>/</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del> </del>		<del>۱</del>
	complete Schedule D, Part III	8		1
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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<b>├</b>		_
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	د ر خ د ر خ	1. 11.45	
	VII, VIII, IX, or X as applicable.	- C =		1 49.3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		-	120
		11a		✓
a	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			
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	<b>✓</b>	
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	<del>                                     </del>	$\vdash \dashv$	•
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	114		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<del>  • • •</del>	* +	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	ا ا		,
12 -	Did the exemplation obtains an extension and in the event of the exemplation of the exemp	11f		<u> </u>
12 4	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ا ر ا	
	Schedule D, Parts XI and XII	12a	<b>v</b>	
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	40.		✓
13		12b		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>√</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	┌┤		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ŀ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	ا يىرى	ŀ	✓
5	Did the organization report on Part IV column (A) line 0 may the 05 000 (	14b	_	<u> </u>
	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		/
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<del> </del>		<del>'</del> —
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<del>  </del>	+	<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ľ	1
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>- ' '  </del>		<u>•</u>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	ا ا	,	
	Pid the oversite the date of the defendence of Falt II.	18	✓	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		T	
	If "Yes," complete Schedule G, Part III	19	[	✓
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	<del>`</del>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	$\overline{}$	-+	<u>*</u>
	15 into 254, Sid the organization attach a copy of its addition linaricial statements to this return?	20b	L	
		Form	990 (	2014)

Pari	Checklist of Required Schedules (continued)		_	rage
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c		24b		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			<b>∨</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	26	_	<b>&gt;</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	27	france S	1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b	<	√ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>▼</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>√</u> √
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	<u>`</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>·</u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page
	Check if Schedule O contains a response or note to any line in this Part V			٦
			Yes	No
1a	The the hamber reported in box o or commono. Enter to third applicable		\$ . w.	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		24.6	*
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ic	200 m	المارية المارية
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		F = 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2 -	i :	3
b	. The report of the said and the organization the an required leading entiple of tax returns?	2b	1	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	5 2	200	يراور <sup>کا</sup> ر
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		<u> </u>	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country: ▶	4a	N. CENSO	ं र छक्र
_	See interructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	_ F &	14.	-3 A - B
	(FBAR).	A 10	10 T	,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	1	<b>V</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		7
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).	1		a fi
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		فسستا	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
	required to file Form 8282?	7c	ı	
d	If "Yes," indicate the number of Forms 8282 filed during the year	76	1550	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Vertice Andread
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
•	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8	che dia	✓
a	Did the sponsoring organization make any taxable distributions under section 4966?			أحماد
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b	<b>⊕</b> =ਦੁ (	THE RESERVE
а	Initiation fees and capital contributions included on Part VIII, line 12		3.6	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		· .	
11	Section 501(c)(12) organizations. Enter:	افرو ا	المارة المارة المارة	4.3
	Gross income from members or shareholders		45	4 4
b	Gross income from other sources (Do not net amounts due or paid to other sources	31.5-		1
40-	against amounts due or received from them.)	ر با المام المام		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			્રેસ્
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		Tre of	- 4
u	Note. See the instructions for additional information the organization must report on Schedule O.	13a	18.87.5	William .
ь	Enter the amount of reserves the organization is required to maintain by the states in which			3.1
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	· - : -	``. ' <del>`</del>	<i>e</i> }
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	$\vdash$	

Form	990 (2014)			Page 6
Par	<b>t VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	for a	"No"
	Check if Schedule O contains a response or note to any line in this Part VI	066 111	31146	1013. [7]
Sec	tion A. Governing Body and Management	<del></del>	•	<u>. [4]</u>
·			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16		
b 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		E
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	1		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7h		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	رَّةِ . رَبِّيْ الْمُنْ الْمُنْ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	The governing body?	8a	✓	
9 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	a		1
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	<u> </u>
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a 12a 12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	-	
13 14 15	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13	e e e e e e e e e e e e e e e e e e e	<b>/</b> /
a b 16a	and the state of the second to the participate in a joint venture of Similar attainmental	15a 15b	C. S.	<b>✓</b>
b	with a taxable entity during the year? .  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		ending.	1
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► MICHIGAN  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c	;)(3)s	only)
19	Own website Another's website I Upon request I Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	olicy,	and
20	State the name, address, and telephone number of the person who possesses the organization's books and re- GEOFF AGNEW 785 RIVERSIDE ADRIAN, MI 49221	cords:	<b>&gt;</b>	

Form	$\alpha \alpha \alpha$	1001	41
COULT	990	1201	41

Part VIII	Compensation of Officers	Directore Tr	riistoos Kos	Employees Highest	Compensated Employees, and
	compensation of officers,	Directors, II	iusiees, nej	riiipioyees, nignesi	Compensated Employees, and
	Independent Acutor of				,
	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 no		ed ora	ıaniz	zatir	חר כ	omne	nes	ated any currer	at officer directe	v
		1			C)	ompe	1130	Led any currer	it officer, directo	r, or trustee.
(A) Name and Titte	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation	(E) Reportable compensation from	
	hours for related lorganizations below dotted line)	Individua or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRIAN WATSON	2									
PRESIDENT		1		✓				o	0:	0
(2) MICHAEL OLSAVER	2									<u>_</u>
VICE-PRESIDENT		✓		✓				o:	oi	0
(3) SUSIE KAPNICK	2									<u>_</u>
SECRETARY		✓		✓				О	o	0
(4) GEOFF AGNEW	2									<u>_</u>
TREASURER		✓		✓				0	o	0
(5) ROBERT BEHNKE	0.5			ĺ		Ī				
TRUSTEE		✓					_ ]	0	0	
(6) JOHN INHULSEN	0.5				-					
TRUSTEE		✓						0	o	0
(7) JANET MCDOWELL	0.5			ĺ						
TRUSTEE		✓			[		_	0	o	0
(8) PAMELA PETERS	0.5			Ţ		Ī				
TRUSTEE		<b>✓</b>		ļ				0	اه	0
(9) AL WILKERSON	0.5	$\neg$			I					<del></del>
TRUSTEE		✓			_ [		ı	o	o	0
(10) LICIA WILLNOW	0.5									
TRUSTEE		✓				_		0	o	0
(11)										
(12)		-	_	$\dashv$	+		$\dashv$			
(13)			1	+	_	+	7			<del></del> -
(14)				+	1					

	(A)  Name and title	(B) Average hours per week (list any	Average box, unless person is to officer and a director/t					one n an tee)	(D) Reportable compensation from	(E) Reportable compensation	able	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compensation from the organization and related organizations
(15)							_	_			-	
(16)				_								<u></u>
(17)												
(18)					_							
(19)				$\dashv$	_					. <u>–</u>		<u></u>
(20)			-	-						-	_	
(21)		_		$\dashv$		_						<del>-</del>
(22)		_		_			_					
				4		_					_	
(24)				_								
(25)									-			
1b	Sub-total											
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section	n A 	•			. i					
2	Total number of individuals (including but reportable compensation from the organization)	not limited	to the	ose	liste	ed a	bove	) wł	no received mo	re than \$	100,000	 O of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct	or, or	tru ch ii	ıste ndi\	e, ∤ ⁄idu	keye al.	mpl	oyee, or highe	est compo	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	ortab	le c	om	рел	satio	n ar ," (	nd other compo	ensation for a second s	rom the	e 5,775 873
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue co	mpen o <i>mple</i>	sati	on i	fron	n any le J fo	unr or st	elated organiza	ation or in	dividua	5 /
Section	n B. Independent Contractors											
1	Complete this table for your five highest c compensation from the organization. Replyear.	ompensate ort compen	d indessation	epe n fo	nde r the	nt c	ontra Ilenda	icto ar ye	rs that received ear ending with	d more tha or within	an \$100 the org	0,000 of ganization's tax
	(A) Name and business addre	ess					;		(B) Description of se	rvices		(C) Compensation
n/a												
2	Total number of independent contractors received more than \$100,000 of compensations	s (including	but be org	not	t lir zatio	nite	d to	tho	se listed abov	/e) who		

Pai	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
		Office in Schedule C	7 COMMAINS & TES	porise or note i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
ts, Grants Amounts	1a b c	Federated campaign Membership dues Fundraising events.	1b	1,376 34,075	■ part and a comment of the part of the					
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (cor All other contributions, g and similar amounts not inc	ntributions) 1e	<u> </u>						
ontrib nd Ott	g	Noncash contributions inclu-	ded in lines 1a-1f: \$	353,267						
	<u>  h</u>	Total. Add lines 1a-1	<u>†                                    </u>	Business Code	388,718					
Program Service Revenue	2a b c d			-				999444		
Program	e f g	All other program ser Total. Add lines 2a-2								
	3 4	Investment income and other similar amo Income from investmen	(including divide ounts)	ends, interest,	64,963			men in a Comment of the Comment of the Comment		
	5 6a b	Royalties	(i) Real	(ii) Personal						
	c d 7a	Rental income or (loss)  Net rental income or ( Gross amount from sales of  assets other than inventory	loss) (i) Securities	(ii) Other						
	b c	Less: cost or other basis and sales expenses . Gain or (loss)								
	ď	Net gain or (loss)		▶						
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	ŭ							
ther	ь	See Part IV, line 18 . Less: direct expenses	· · · · a							
0	С	Net income or (loss) fr Gross income from ga	om fundraising e	events . >						
	С	Less: direct expenses Net income or (loss) fr	om gaming activ	ities ►						
		Gross sales of in- returns and allowance Less: cost of goods so	s a	1,074 475						
	c	Net income or (loss) fr			599					
	11a b c	misc.		923110	3,859					
	d e	All other revenue .  Total. Add lines 11a-1 Total revenue. See in:		💺	3,859					

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must co	mplete all columns.	All other organization	ns must complete c	olumn (A).
	Check if Schedule O contains a respon	nse or note to any	line in this Part IX		· · · · · · ·
Do no 8b, 9	of include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	113,29	113,297		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	58,777		58,777	
9	Other employee benefits	10,474		10,474	
10	Payroll taxes	4,816	i	4,816	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting	2,800		2,800	
d e	Lobbying		alibe, ten ing naprayan makali Materie	promoting the section states are as well as	
f	Professional fundraising services. See Part IV, line 17 Investment management fees			Carla Talland	
g	Other. (If line 11g amount exceeds 10% of line 25, column	22,938		22,938	
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,660		2,660	
13	Office expenses	4,042	<del></del>	1,392	2,650
14	Information technology	4,4 <u>21</u> 2,816		4,421	
15	Royalties	2,010		2,816	
16	Occupancy			<u> </u>	
17	Travel	1,669		1,669	
18	Payments of travel or entertainment expenses	1,003	<del></del>	1,009	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	·			
20	Interest				
21	Payments to affiliates	-		-	
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				<b>"学说"的"</b> "
	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.)		I was to the second and the		
_	*	The sale of the sale of			
a	BANK/CC FEES	1,531		1,531	
b b	DUES/SUBSCRIPTIONS SUPPLIES	997		997	
d	MISC.	23,408			23,408
e	All other expenses	3,866	-	662	3,204
25	Total functional expenses. Add lines 1 through 24e	250 540	440.00	4400-0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	258,512	113,297	115,953	29,262

Part X Balance Shee	t
---------------------	---

_		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,705	1	2,083
	2	Savings and temporary cash investments	50,477	2	130,885
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.	3	141	
		Complete Part II of Schedule L	-	5	المرابع المرابع المستعددا
	6	Loans and other receivables from other disqualified persons (as defined under section	71 71 2	. ,	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			1944
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	, a	n , 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
şţs		organizations (see instructions). Complete Part II of Schedule L		6	The state of the s
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	3,204	8	2,729
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		ir ≠a	The second
		other basis. Complete Part VI of Schedule D 10a	n ,	4m,111	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	1,768,244	12	1,827,590
	13	Investments—program-related. See Part IV, line 11	<u> </u>	13	
	14	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11		15	
_	17	Total assets. Add lines 1 through 15 (must equal line 34)	1,823,630	_	1,963,287
	18	Accounts payable and accrued expenses	18,478	_	19,610
	19	Grants payable		18	<u> </u>
	20	Tax-exempt bond liabilities	<del></del>	19	·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	<del></del>	20	
္	22	Loans and other payables to current and former officers, directors,		21	· 4 *** • * *****
Liabilities	_	trustees, key employees, highest compensated employees, and	jar e e reing		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
夏し		disqualified persons. Complete Part II of Schedule L	<u> </u>	22	£
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
H	24	Unsecured notes and loans payable to unrelated third parties		24	
-	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
- 1		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	18,478	26	19,610
"		Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and	Control of the contro	i 11, 17	4
8		complete lines 27 through 29, and lines 33 and 34.	-		
힐	27	Unrestricted net assets	436,212	27	464,648
8   B	28	Temporarily restricted net assets	5,340	28	19,585
딛	29	Permanently restricted net assets	1,363,600	29	1,459,444
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
<u>ا پر</u>	30	Capital stock or trust principal, or current funds	The state of the s	30	or and and a second state of the second state of the second secon
38	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا ک	32	Retained earnings, endowment, accumulated income, or other funds .		32	
	33	Total net assets or fund balances	1,805,152	33	1,943,677
ļ	<u>34</u>	Total liabilities and net assets/fund balances	1,823,630	34	1,963,287
					Form <b>990</b> (2014)

Form 9	190 KZ	የበ14ነ

Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> D</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		458,139
2	Total expenses (must equal Part IX, column (A), line 25)	2		258 <u>,</u> 512
3 4	Revenue less expenses. Subtract line 2 from line 1	3		199,627
_	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>1,805,152</u>
5 6	Net unrealized gains (losses) on investments	5		-61,102
_	Donated services and use of facilities	6		
7	Investment expenses	7		<u> </u>
8	Prior period adjustments	8		
9 10	Other changes in net assets or fund balances (explain in Schedule O)	9		<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	l l		
		10		_1,943,677
al.	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>	
_	Assembles with a second			Yes No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<del></del>		THE THE PARTY OF
	If the organization changed its method of accounting from a prior year or checked "Other," expl. Schedule O.	ain in		
Λ-			200	
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓ serial blocks come
	If "Yes," check a box below to indicate whether the financial statements for the year were compil reviewed on a separate basis, consolidated basis, or both:	ea or	e is a	et 54
			4 - A	
L	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	Edinality of Parks and Ca
D	Were the organization's financial statements audited by an independent accountant?		2b	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a	12.	
	·		4	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		i ii.	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight		ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	<b>√</b>
	If the organization changed either its oversight process or selection process during the tax year, expl. Schedule O.	ain in	1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in		in a second
	the Single Audit Act and OMB Circular A-133?		3a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	o the		
_				

### **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.

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

	e of the organization		_			Employer identification	n number
	IAN SCHOOLS EDUCATIONAL FOUR		l averacionations essen	<del></del>			60130
	rt I Reason for Public Cha organization is not a private found						ons.
1	Organization is not a private round A church, convention of church						
2	A school described in section			1000 111 0		0(0)(1)(\(\alpha\)(1).	
3	☐ A hospital or a cooperative ho		-	in sectio	n 170(b)(	1)(A)(iii).	
4	A medical research organizati hospital's name, city, and state	on operated in c	onjunction with a hos	pital desc	cribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	nplete Part II.)				- <del>-</del>	tal unit described in
6 7	A federal, state, or local gover     An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup	in secti port fron	on 170(b) n a gover	i(1)(A)(v). nmental unit or fron	n the general public
8	☐ A community trust described			Part II.)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	receives: (1) mo d to its exempt ent income and	ore than 33½% of its functions—subject to unrelated business	support o certain taxable	exceptio income (l	ns, and (2) no more less section 511 ta	e than 331/3% of its
10	An organization organized and	d operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supporter the box in lines 11a through 11	d organizations d	lescribed in <mark>section 5</mark>	09(a)(1) d	or section	509(a)(2). See sect	ion 509(a)(3). Checi
а	Type I. A supporting organization the supported organization organization. You must con	s) the power to re	egularly appoint or ele	lled by its ect a majo	s supporte ority of the	ed organization(s), ty e directors or trusted	pically by giving so of the supporting
b		ization supervise ne supporting org	d or controlled in con ganization vested in th				
С	Type III functionally integrality is supported organization(s)	ated. A supportir ) (see instructions	ng organization opera s). <b>You must comple</b>	ted in co	nnection v	with, and functionall	y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е		zation received a	written determination	from the	RS that	it is a Type I, Type I	i, Type ili
f	Enter the number of supported						
g	Provide the following informatio	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(000 #10114010114)/	Yes	No		
(A)							
(B)							
(C)			,				i
(D)							
(E)							
Total							-

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 249,343 213,919 281,552 693,896 388.718 1,827,428 2 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . . 249,343 213,919 281,552 693,896 388,718 1,827,428 5 The portion of total contributions by each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 1,827,428 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . . . . 249,343 213,919 281,552 693,896 388,718 1,827,428 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 12,156 43,518 159,772 64,963 280,409 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . 2,640 97,469 11 Total support. Add lines 7 through 10 2,205,306 12 12 39.009 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . 14 82.87 % 15 15 82.79 % 16a 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  $\overline{\mathbf{V}}$ 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Sect	ion A. Public Support				<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees			T : -	· • • • • • • • • • • • • • • • • • • •	,, ====	(*) 1 3 ton	
	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					İ		
	to or expended on its behalf							
5	The value of services or facilities		1					
	furnished by a governmental unit to the							
	organization without charge			L_		i		
6	Total. Add lines 1 through 5							
7a				1	Ì			
	received from disqualified persons		<u></u>					
b				İ				
	received from other than disqualified					i i		
	persons that exceed the greater of \$5,000			1				
	or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b			(		- Section 4		
8	Public support (Subtract line 7c from line 6.)		San State of the San St					
Secti	on B. Total Support	V. J	<u> Kamallanda</u>	The state of the s	4	[[[[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(-) 0010	(4) 0040	(-) 00/4	- <u> </u>	
9	Amounts from line 6	(a) 2010	(0) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
10a	Gross income from interest, dividends,			<del> </del>	<u> </u>	<del></del>		
104	payments received on securities loans, rents,							
	royalties and income from similar sources .			1				
ь	Unrelated business taxable income (less			<u> </u>				
_	section 511 taxes) from businesses							
	acquired after June 30, 1975					l		
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			ĺ				
	(Explain in Part VI.)					<u> </u>		
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for the				•		n 501(c)(3)	
<u> </u>	organization, check this box and stop he			<del></del>		· · · ·	<u>▶</u> □	
	Section C. Computation of Public Support Percentage  15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)							
15 16						15	%	
16 Section	Public support percentage from 2013 School D. Computation of Investment Inc	come Percer	ntage	<u> </u>	<del></del>	16	<u>%</u>	
17	Investment income percentage for 2014 (			u lina 12. aalum	- (A)	1471		
18	Investment income percentage for 2014 (	Schedule A	iii (i) uiviueu Dj Part III. Jina 17	y mie is, colun	···· (4)) · · ·	17	<u>%</u> %	
19a	331/3% support tests—2014. If the organi	zation did not	check the boy	on line 14 er			and line	
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	ia inie 10 is ili Loublick supor	ore man oorayo	on . ► 🗌	
ь	331/3% support tests - 2013. If the organiz	ation did not ch	neck a box on l	line 14 or line 1	9a. and line 16	is more than 33	□ Na% and	
_							, ,u, , u, , EU (U	
	line 18 is not more than 331/3%, check this t	oox and stop he	ere. The organi	zation qualifies	as a publicly su	apported organiz	zation 🕨 🔲	

### Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete	Part V	(.)	
Sec1	tion A. All Supporting Organizations		-/	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	3 F.	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		1000
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	مـند	E 77
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	ئعد	1
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	2 4b	ر آرا گلاشگ	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	7,2 - 2 1,2 -	
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	2	لند
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	10 (1)	
	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.  Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	$\overline{}$		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		2000
va	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	\$ 3° 2°		

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.)

Da	AW Supposition Opposite the second state of th			Page :
Par	t IV Supporting Organizations (continued)		1	T
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а		37	1	
	below, the governing body of a supported organization?	11a	* *********	
	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		$\vdash$
Sec	tion B. Type I Supporting Organizations			
4	Did the directors trustees or mark and in at any angular at the second s		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	276 -50	, E. 7	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		117.54
	controlled the organization's activities, If the organization had more than one supported organization.	- رينو والعداد	1	Anti-
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1.00 ±	39 V
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		THE PERSONS
2	Did the organization operate for the benefit of any supported organization other than the supported	7	3	- Tel 198
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	7.44.4c	ار المراقع ا و مراقع ا	184
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	24.2		ACTION OF
<del></del>	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			
1	Were a majority of the organization's diseases as to the disease of the desired to the desired t	ज्ञास्य र	Yes	No
•	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	البيدال الإسراد	35	1 ( ) ( ) ( ) ( ) ( ) ( )
	or management of the supporting organization was vested in the same persons that controlled or managed	, 2 74	1.5	
	the supported organization(s).	4	المتناسة	سفته
Sect	ion D. All Type III Supporting Organizations	<u> </u>		
		7	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	*	29.735	
	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?	12		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	· 8	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	D* 1	100	5 . Her 1.
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		أتستنع
3	By reason of the relationship described in (2), did the organization's supported organizations have a		j1 - 7.	1 2
	significant voice in the organization's investment policies and in directing the use of the organization's		٠. :	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ا الرفواعي التي الرفواعي التي		
<u> </u>	supported organizations played in this regard.	3		and the second
	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	instruc	tions	):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see inst	ructio	ns).
2	Activities Test. Answer (a) and (b) below.	Г	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 1	1.	
	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,	1	100	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		7.5	
b	·	2a	اعتمادي	1808
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			試別
	reasons for the organization's position that its supported organization(s) would have engaged in these	7. F. 1		44.00
	activities but for the organization's involvement.	2b	فالمتد	أننته
3	Parent of Supported Organizations. Answer (a) and (b) below.	20 S	5 % B	<u> </u>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	14 m g (1) 3 15 g (1) 15	, π 3 <sup>2</sup> , εξ., .	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	uti 5	فصحضت
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ر از از از از از از از از از از از از از		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь	- 1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the containing organization.	g tru	ust on Nov. 20, 1970. See in	nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		-
4 Add lines 1 through 3	4	<del></del>	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	110 (A)		
instructions for short tax year or assets held for part of year):	$\overline{}$		
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	45		
factors (explain in detail in Part VI):	100	The second secon	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		_	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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	TATE OF WINDS	<del></del> -
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		Carry to the same	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions.	y-in	tegrated Type III supporting	organization (see

Par	Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Organ</li></ol>	izations (continued)	
Sect	tion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish	· · ·		
2	Amounts paid to perform activity that directly furthers ex	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is re	sponsive	
	(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			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	<del></del>		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		The second participation of th	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:	Principle of the Control of the Cont		PS 49 . 1751 W
а				
b		a. 可有4000000000000000000000000000000000000	新了。这里 <del>和</del> 巴拉索斯	
C				
d	The state of the s			数据是11度数据
е	From 2013			
f	Total of lines 3a through e			3
g	Applied to underdistributions of prior years			
<u>h</u> _	Applied to 2014 distributable amount	St		
<u>i</u>	Carryover from 2009 not applied (see instructions)		<b>医一种性性病,对</b>	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<b>海点的</b>
4	Distributions for 2014 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years	ta Las (435-45)		
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	a page of the region and the second of the	A Continue	The track of the state of the s
5	Remaining underdistributions for years prior to 2014, if			学员不会,大家就
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
	<u> </u>	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Table 1 September	
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see instructions).			
	Excess distributions carryover to 2015. Add lines 3	The second of the second of the second		e mante in a service of the manter of the agreement
7	and 4c.	_		
8	Breakdown of line 7:			Superior States States States of States
а	The Marian Property of the Parish and the Control of the Control o		3.14.4克·加里克克亚	eluario, p. Orderio
b				
С	Bridge State of the		而1943,其他是如何是 <b>则</b>	
d	Excess from 2013			
е	Excess from 2014	思。这个是不够重要的。 第二章		

Schedule A (Form 990 or 990-EZ) 2014 Page			
Part VI	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.)		
<b></b>			

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

2014

ADRIAN SCHOOLS EDUCATIONAL FOUNDATION 38-2760130 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I. II. and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THE ARGYROS FOUNDATION  949 SOUTH COAST DR SUITE 600  COSTA MESA, CA 92626	\$ 100,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No, 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MRS. ELIZABETH A. HUTT-POLLARD  256 PRESIDEIO AVE, APT 5  SAN FRANCISCO, CA 94115	\$ 10,252	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE FARVER FOUNDATION  626 DEPOT ST  BLISSFIELD, MI 49228	\$ 17,500	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DR. WILLIAM K. HALL  1618 SHERIDAN RD UNIT H  WILMETTE, IL 60091	\$15,000	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PO BOX 605  ADRIAN, MI 49221	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MR. & MRS. DOUGLAS L. KAPNICK  159 N. SCOTT ST.  ADRIAN, MI 49221	\$13,100	Person

Employer identification number

Part I	, , , , , , , , , , , , , , , , , , , ,	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MR. DEAN RUSSELL 9471 S. HURON RIVER DR. YPSILANTI, MI 48197	\$ 25,100	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	STEPHEN L. HICKMAN FAMILY FOUNDATION  2711 E. MAUMEE ST.  ADRIAN, MI 49221	\$\$50,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Oil of the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		of the organization		Employer identification number
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.  1 Total number at end of year .				38-2760130
Total number at end of year .	Pa	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fun	ds or Accounts.
1 Total number at end of year 2 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during 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 legal control?		Complete if the organization answered		
2 Aggregate value of contributions to (during year) 3 Aggregate value of ansist 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 legal control?			(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (cluring 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 legal control?				
4 Aggregate value at end of year		Aggregate value of contributions to (during year)		
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements and advisor included in (a) and the last day of the tax year.  Total number of conservation easements on a certified historic structure included in (a) 2c do Number of conservation easements included in (c) acquired after 8/17/05, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►  Number of states where property subject to conservation easements is located ►  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Number of states where property subject to generating the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  No and the organization experisation explication is properties on servation easements during the year ►  No in Part XIII, describe how the organization reports conservation easements				
funds are the organization's property, subject to the organization's exclusive legal control?		Aggregate value at end of year		
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only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Conservation Easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure is structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements that describes the organization for policy preservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the fotnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical tre	6			
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Conservation Easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1				· · · ·
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection or natural habitat   Preservation of a certified historic structure   Preservation of public use (e.g., recreation or education)   Preservation of a certified historic structure   Preservation easement on the last day of the tax year.   Public at the End of the Tax Year   Total acreage restricted by conservation easements   2a   Protection   Protecti	Pai		<u> </u>	<u>·····</u> Yes ∐ No
Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of natural habitat □ Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements.  1 Number of conservation easements on a certified historic structure included in (a)	1 4		"Voo" to Form 000 Dest IV Ita - 7	
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Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the
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Violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958), let the text of the financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958), let the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		Number of states where property subject to conser	vation easement is located >	
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SEAS 116 (ASC 058) relating to the reported under SEAS 116 (ASC 058	b	works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for public exhibition, edu	cation, or research in furtherance of
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SEAS 116 (ASC 058) relating to the reported under SEAS 116 (ASC 058		(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
following amounts required to be reported under SEAS 116 (ASC 050) relating to the respect of the following amounts required to be reported under SEAS 116 (ASC 050) relating to the reported under SEAS 116 (ASC 050) relating to the respect to the respect of the		(ii) A33013 III CIUGEG III FOITH 330, FAIT A		<b>&gt;</b> \$
a Revenue included in Form 990, Part VIII, line 1		following amounts required to be reported under SE	Thistorical treasures, or other similar a	assets for financial gain, provide the
b Assets included in Form 990, Part X	a h	Revenue included in Form 990, Part VIII, line 1 .		<b>&gt;</b> \$

Pai	d	g Collections of	Art, His	storical '	Treasures, o	r Other Similar As	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	, accession, and o	ther reco	ords, ched	ck any of the f	ollowing that are a s	significant use of its
а	☐ Public exhibition		ď	☐ Loan	or exchange p	programs	
þ			е	☐ Othe	r .		
C	= · · · · · · · · · · · · · · · · · · ·						
4	Provide a description of the organize XIII.						
5	During the year, did the organization	n solicit or receive	donatio	ns of art,	historical treas	sures, or other simil	ar
	assets to be sold to raise funds rathe	r than to be maint	ained as	part of the	e organization'	s collection?	☐ Yes ☐ No
Par	Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.	n answered "Yes				•	
ta	included on Form 990, Part X?					s or other assets ne	ot Yes No
Ь	If "Yes," explain the arrangement in F	art XIII and compl	ete the fo	ollowing to	able:		_
						A	mount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year				i	1e	
f	Ending balance					1f	<u> </u>
2a	Did the organization include an amou	ınt on Form 990, P	art X, line	21, for e	scrow or custo	dial account liability	/? ☐ Yes ☐ No
b	If "Yes," explain the arrangement in F	'art XIII. Check her	<u>e if the e</u>	xplanatio	n has been pro	vided in Part XIII .	🗆
Par	tV Endowment Funds,					<u> </u>	
	Complete if the organization						
		(a) Current year	(b) Pri	or year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and losses						
~		<del></del>	<del>-</del>				
ď	Grants or scholarships						ļ
е	Other expenditures for facilities and programs						
4						<u> </u>	
f	Administrative expenses	<del></del>	_				
g	End of year balance		L		<del></del>		<u> </u>
2	Provide the estimated percentage of t	ine current year en	id balanc	e (line 1g	, column (a)) he	eld as:	
a	Board designated or quasi-endowmer		%				
b	Permanent endowment	%					
С	Temporarily restricted endowment ▶						
20	The percentages in lines 2a, 2b, and 2						
32	Are there endowment funds not in the	e possession of th	ie organii	zation tha	it are held and	administered for th	
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
_	If "Yes" to 3a(ii), are the related organi					· · · · · · ·	3b
4	Describe in Part XIII the intended uses		on's endo	wment tu	inas.		<del></del>
Part				- 000 D		0 5 000 1	
	Complete if the organization						
	Description of property	(a) Cost or oth			her)	(c) Accumulated depreciation	(d) Book value
1a	Land				1 2	· · · · · · · · · · · · · · · · · · ·	
b	Buildings						
C	Leasehold improvements						
q.	Equipment						
е	Other						
Total.	Add lines 1a through 1e. (Column (d) m	oust equal Form 99	O Part X	column	(B) line 10c l		

Part VII	Investments — Other Securitic Complete if the organization at		rm 990, Part IV, line	e 11b. See Form	n 990. Part X. line 12.
	(a) Description of security or categorical (including name of security)		(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1) Financial					
	eld equity interests		1,280,783	END OF YEAR MA	ARKET VALUE
	KED INCOME ASSETS	***************************************	472,550	END OF YEAR MA	ARKET VALUE
(A) CASH	EQUIVALENTS		74,257	END OF YEAR MA	ARKET VALUE
(B)		=======================================			
(C)					
(D)					<del></del>
(E)	***************************************				
(F)					
(G)		**			<del></del>
(H)					
Total. (Column (E	) must equal Form 990, Part X, col. (B) line 12.) 1		1,827,590		
Part VIII	Investments—Program Relat				
	Complete if the organization ar	<u>nswered "Yes" to For</u>	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Me Cost or end	thod of valuation: f-of-year market value
(1)					
(2)		<u></u> _			·
_(3)		<u> </u>	-		
_(4)					
(5)					
	<u> </u>				
_(8)	<u> </u>				
(9)	must equal Form 990, Part X, col. (B) line 13.)			Chille and A. Technic medicate access	a sawaja dimensi ya a sawaja sawa
Part IX	Other Assets.	<u> </u>		10 21 30 22 23 34	Military Company
raitix		owered "Vee" to Fee	000 D N / /:	44.4.0. =	000 D 131 H 15
	Complete if the organization an	(a) Description	m 990, Part IV, ime	Tra. See Form	
(1)	<del></del>	(4) 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		(b) Book value
(2)		<del></del>			
(3)		<del></del>	<del></del>		
(4)	- <u>-</u>				
(5)				<u> </u>	
(6)	-	_	<del></del>	<u></u> -	<del></del>
(7)					
(8)		<del></del> -	<del> </del>		
(9)					
	nn (b) must equal Form 990, Part X,	col. (B) line 15.)	<del></del>		
Part X	Other Liabilities.				
	Complete if the organization an	swered "Yes" to Forr	n 990, Part IV, line	11e or 11f. See	Form 990, Part X.
	line 25.				,
1.	(a) Description of liability	(b) Book value		THE THE MICHAELS	<b>使用的现在分词</b>
(1) Federal inc	ome taxes				
(2)					
(3)					
(4)				4. 产身为4. 产生强	
(5)					是1977年到
(6)	<u> </u>				
(7)				este maria	<b>经验证证证证</b>
(8)					<b>新疆中央,政府通</b>
(9)	15 000 0				
total. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)		4 304	ar visit in	Name of the Paris
2. Liability for L	incertain tax positions. In Part XIII, province	vide the text of the footno	te to the organization	s financial stateme	nts that reports the
organization S	liability for uncertain tax positions unde	er FIN 48 (ASC 740). Chec	CK nere if the text of the	e tootnote has beer	provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ue per Return.	
1	Total revenue, gains, and other support per audited financial statements	1	450.04
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<b>被数</b> 不被	4 <u>58,6</u> 14
а	Net unrealized gains (losses) on investments	7,8 44.2	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	475	
e	Add lines 2a through 2d	2e	470
3	Subtract line 2e from line 1	3	475
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		458,139
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	180 SC-2 (1	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	AEQ 120
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	nses per Return.	458,139
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	por motariti	
1	Total expenses and losses per audited financial statements	1	258,512
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		230,312
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	475	
е	Add lines 2a through 2d	2e	475
3	Subtract line 2e from line 1	3	258,512
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	9 (1.20 (9.15) 9 (1.30 (9.15)	200,012
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	258,512
	Supplemental Information. te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	-	
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi OF GOODS SOLD FROM 990 PART VIII LINE 10B	itional information.	
	· <del></del>		
	·		<del></del>
	·····		
	/		,

Schedule D (Form 990) 2014 Page 5					
Part XIII	Supplemental Information (continued)				
	·				

### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Name of the organization Employer identification numbe **ADRIAN SCHOOLS EDUCATIONAL FOUNDATION** 38-2760130 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e 

Solicitation of non-government grants ☐ Mail solicitations а ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g 

Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (vi) Amount pald to (or retained by) organization (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts from activity custody or control of contributions? (ii) Activity or entity (fundraiser) col. (i) Yes No 1 2 3 5 8 9 10 Total 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.

	rt II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater than	g event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
		gross receipts greater that	(a) Event #1  MAPLE BLUES BL  (event type)	(b) Event #2  MUSICAL (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	32,580	1,390		33,970
ш.	2 3	Less: Contributions Gross income (line 1 minus line 2)	32,580	1,390		33,970
	4	Cash prizes	<del></del>			
	5	Noncash prizes				
uses	6	Rent/facility costs		-		
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	28,934	328		29,262
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)	<i>.</i> ▶	29,262 4,708 reported more
_		than \$15,000 on Form 99		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	cal. (a) through col. (c))
<u>~</u>	1	Gross revenue				1
ses	2	Cash prizes				<u> </u>
rect Expenses	3	Noncash prizes		<u> </u>		<u>-</u>
Direct	4	Rent/facility costs				
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	No	□ No	的基础。12 THE TAIL THE THE
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)	<u>, , , , , , , , , , , , , , , , , , , </u>	
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:		s in each of these states		
				? .   Yes   No		

Schedul	le G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
ь 14	An outside facility
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
c	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name▶
	Gaming manager compensation ▶ \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

### 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.

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	Employer identification number
ADRIAN SCHOOLS EDUCATIONAL FOUNDATION	38-2760130
FORM 990 PART VI, LINE 11-B	
FORM 990 WILL BE REVIEWED AT A REGULAR BOARD MEETING.	
TORM 330 WILL DE REVIEWED AT A REGULAR DOARD MILETING.	
FORM 990 PART VI, LINE 19	
ALL AVAILABLE DOCUMENTS ARE MADE AVAILABLE ON A PER REQUEST BASIS.	
<u></u>	
***************************************	