	0	on	Return of Organization Exempt			OMB No. 1545-0047
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	e Code (ex	cept private foundation	si 2014
		of the Treasury	Do not enter social security numbers on this form a	-	-	Open to Public
		nue Service	Information about Form 990 and its instructions is		rs.gov/form990	Inspection
		1		ending	1	
BC	heck if pplicab	le:	forganization		D Employer identifica	ation number
	Addre chang	B ANDR	E AGASSI FOUNDATION FOR EDUCATION			
	Name chang	e Doing b	usiness as		34-17	59295
	Initial return	Number		Room/suite		
	Final return termin			160		27-5700
	ated CAmen	City or t	own, state or province, country, and ZIP or foreign postal code			136,433,318.
	∐return]Applie		VEGAS, NV 89144		H(a) Is this a group ret	
L	⊥tiòn pendi		nd address of principal officer:STEVE MILLER AS C ABOVE		for subordinates? H(b) Are all subordinates incl	
		empt status: L		or 527	If "No," attach a li	st. (see instructions)
			AGASSIFOUNDATION.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	L Year	of formation: 1993 M	State of legal domicile: OH
Pa	rt I	Summary				
ė	1	Briefly describ	e the organization's mission or most significant activities: THE	ORGAN	IZATION IS DE	DICATED TO
anc			RMING U.S. PUBLIC EDUCATION FOR U			
Governance			$x \triangleright$ if the organization discontinued its operations or dispo	sed of mor	3 1	ets.
jo,			• • • • • • • • • • • • • • • • • • • •			
%			lependent voting members of the governing body (Part VI, line 1b)			5
Activities &			of individuals employed in calendar year 2014 (Part V, line 2a)			1
tivit			of volunteers (estimate if necessary)			5
Act			d business revenue from Part VIII, column (C), line 12			-7,473.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		-8,596.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		1,997,383.	975,010.
Revenue	9	Ģ	ce revenue (Part VIII, line 2g)		0.	
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		3,925,880.	10,513,836.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,859.	11,000.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,939,122.	11,499,846.
			nilar amounts paid (Part IX, column (A), lines 1-3)		3,063,300.	3,195,709.
	14		to or for members (Part IX, column (A), line 4)		424,771.	410,777.
enses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		424,771.	410,777.
	16a	Protessional fi	undraising fees (Part IX, column (A), line 11e)	50.	··· · · · · · · · · · · · · · · · · ·	
EXD					4,124,495.	4,011,467.
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		7,612,566.	7,617,953.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		-1,673,444.	3,881,893.
es	19	nevenue less	expenses, oubtract line to truth line 12		eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		135,251,333.	134,047,805.
Ass Bai		•	(Part X, line 26)		23,568,387.	24,312,458.
Net			fund balances. Subtract line 21 from line 20		111,682,946.	109,735,347.
		Signature				
		-	I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of my	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of w			, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
·;		Í				
Sigr	1	Signature	e of officer		Date	· · · · · · · · · · · · · · · · · · ·
Her		SHAW	N CABLE, CHIEF FINANCIAL OFFICER			
	-		print name and title			,
·		Print/Type prep	parer's name Preparer's signature	$\overline{}$	Date Check	_ PTIN
Paid		KAREN G		,)	11/10/201 Hif-employed	P00078514
Prep		Firm's name	CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749
Use			220 SOUTH SIXTH STREET, SUITE 3	00		
	-		MINNEAPOLIS, MN 55402		Phone no.612	-376-4500
Mav	the I	RS discuss this	s return with the preparer shown above? (see instructions)			X Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Form	990 (2014) ANDRE AGASSI FOUNDATION FOR EDUCATION 34-1759295 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Priothy describe the organization's mission'
	THE ORGANIZATION IS DEDICATED TO TRANSFORMING U.S. PUBLIC EDUCATION
	FOR UNDERSERVED YOUTH. THE FOUNDATION DRIVES REFORM BY ENGAGING IN PRACTICE, POLICY AND PARTNERSHIPS THAT PROVIDE QUALITY EDUCATION AND
	ENRICHMENT OPPORTUNITIES. THE FOUNDATION PRIMARILY FUNDS THE ANDRE
	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,377,834. including grants of \$ 3,195,709.) (Revenue \$) THE ANDRE AGASSI FOUNDATION FOR EDUCATION PROVIDES FUNDS TO AGASSI PREP
	TO HELP CLOSE THE GAP BETWEEN THE LOW LEVEL OF FUNDING THE STATE OF
	NEVADA PROVIDES AND THE APPROPRIATE LEVEL OF FUNDING THAT IS REQUIRED
	TO DELIVER A QUALITY EDUCATION. BY APPLYING PASSION AND DISCIPLINE TO
	OUR WORK, WE CREATE AN ENVIRONMENT IN WHICH CHILDREN CAN EXCEL. THROUGH
	OUR SIGNATURE PROJECT, THE ANDRE AGASSI COLLEGE PREPARATORY ACADEMY, AN
	INDEPENDENT PUBLIC CHARTER SCHOOL, WE ARE PROVIDING A QUALITY EDUCATION
	TO STUDENTS IN GRADES K TO 12. THE FOUNDATION PROVIDES THE
	INSTRUCTIONAL FACILITY FOR AGASSI PREP TO OPERATE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Excenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,377,834.
	Form 990 (2014)
43200 11-07	- 14
	2

Form 990 (2014) ANDRE AGASSI FOUNDATION FOR EDUCATION Part IV Checklist of Required Schedules

			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	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		<u> </u>
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?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-10	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Δ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
	Part VI	114		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			<u> </u>
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization sport an amount of ourse manues in a cos, into Lor a star include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
172	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	x	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	L

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Form 990 (2014) ANDRE AGASSI FOUNDATION FOR EDUCATION Part IV Checklist of Required Schedules (continued)

3	4	-1	75	92	95	Page 4	ŀ

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		100	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		Х
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	Х	
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	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		v	
	complete Schedule L, Part II	26	Х	
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	07		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	28a	: <u>.</u>	х
a	and the second	20a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		28c	х	
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		x
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	2.5		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
ΨZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			[
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014)

Form	990 (2014) ANDRE AGASSI FOUNDATION FOR EDUCATION	34-1759	295	Pa	age 5
Par					,
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 12			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
-	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 1		a dini Maring	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
39			3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
ча	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
h	If "Yes," enter the name of the foreign country:				· · · · · · ·
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAB)			
F -			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
ь			5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6a			6a		х
	any contributions that were not tax deductible as charitable contributions?		Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions of gins	6b		
	were not tax deductible?		00	.	
7	Organizations that may receive deductible contributions under section 170(c).	ulage provided to the power?	l :	ing si	Х
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		<u>~</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	_		х
	to file Form 8282?		7c		A
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	a sub-		, tra ca pa
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	L	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			e den
	sponsoring organization have excess business holdings at any time during the year?		8		<u></u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	•••••	<u>9a</u>	<u> </u>	L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		L
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				·
	amounts due or received from them.)	11b			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1	
5	organization is licensed to issue qualified health plans	13b		1	
~	Enter the amount of reserves on hand	13c	1		
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b	1	
<u>n</u>	In real the removed rounding to report mode believed as the second as a second as the			000	(0014)

Form 9 9	90 (2014)
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ANDRE AGASSI FOUNDATION FOR EDUCATION

Form 990 (2014)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a /			·· · ···
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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	Х	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	–		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			77
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		:: 	an ta ba
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		1	
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
Ð	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
		114		
ь		10-	X	eilden f
12a		12a 12b	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1.100	
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
2	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			·
16 2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
14	taxable entity during the year?	16a	Ľ	Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	· · · · · · · · · · · · · · · · · · ·		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	d gʻu		
	exempt status with respect to such arrangements?	16b	10.00	
<u>For</u>	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed OH			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availai	hle	
18				
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	d fire -	ndal	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u inal	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SHAWN CABLE - 702-227-5700			
	1120 N. TOWN CENTER DRIVE, NO. 160, LAS VEGAS, NV 89144			
43200	i6 11-07-14	For	n 990	(2014)
	6			

Form 990 (2		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	t Compensated
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not c , unie:	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANDRE AGASSI PRESIDENT	20.00	x		x				0.	0.	0.
(2) STEVE MILLER CHIEF EXECUTIVE OFFICER	5.00			x				6,037.	178,963.	24,854.
(3) MARYKAYE CASHMAN TRUSTEE	1.00	x						0.	0.	0.
(4) CHRISTOPHER HANDY	1.00	X				\vdash		0.	0.	0.
TRUSTEE (5) LINDY SCHUMACHER	1.00	∧ X						0.	0.	0.
TRUSTEE (6) KURT STACHE	1.00					$\left \right $		0.	0.	0.
TRUSTEE (7) JOHN WHITE	1.00	X				-				
TRUSTEE (8) SHAWN CABLE	15.00	X					-	0.	0.	0.
CHIEF FINANCIAL OFFICER (9) JULIE PIPPENGER	25.00 40.00			x		<u> </u>		66,638.	83,363.	25,667.
CHIEF OPERATING OFFICER		}			X	╞		155,052.	0.	15,640.
		-								
										Form 990 (2014)

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Form 990 (2014)

orm 990									EDUCATION		59295	Page 8
Part VI	Section A. Officers, Directors, Tru		ploye	ees,			ghes	st C				/
	(A) Name and title	(B) Average hours per week	box,	not ch unles	neck i as per	C) ition more t rson is irector	than c s both	n an	(D) Reportable compensation from	(E) Reportable compensatior from related		(F) stimated nount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) fi org an	ipensation rom the ganization id related anizations
		•										
<i>m</i>												
									227,727.	262,32	26. 6	
c Tot d Tot	p-total al from continuation sheets to Part 1 al (add lines 1b and 1c)	/II, Section A		- · · · · · · ·	· · · · · · ·				0. 227,727.	262,32	0. 26. 6	0.
	al number of individuals (including but npensation from the organization 🕨	not limited to th	nose	liste	ed a	bove	e) wł	10 r	eceived more than \$100	,000 of reportabl	e	1 Yes No
line	the organization list any former office 1a? <i>If</i> "Yes," complete Schedule J for	such individual										X
anc	any individual listed on line 1a, is the s I related organizations greater than \$1 any person listed on line 1a receive or	50,000? /f "Yes,	," со	mple	ete 3	Sche	edule	ə J i	for such individual		4	X
ren	dered to the organization? If "Yes," co. B. Independent Contractors										5	X
1 Cor	nplete this table for your five highest or organization. Report compensation for											
	(A) Name and busines								(B) Description of s	ervices	(Comp	C) ensation
	LL LYNCH WEALTH MAN IRY PARK EAST, 12TH				49				INVESTMENT A	DVISORY	29	91,872.
	al number of independent contractors 00,000 of compensation from the orga		not lii	mite	ed to		se li 1	stee	a abovej who received r	iore trian	Form	1 990 (2014)
2008											1011	, 200 (2014)

11-07-14

art V	/11			LOONDALT	ON FOR EDU	~*** + V+1	34-1759	295 Page
		Check if Schedule O cont	ains a response o	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 514
Amour	b c	Federated campaigns Membership dues Fundraising events Related organizations	1b 1c					
Ē	f	Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	ts, and ve 1f	975,010.				
auc		Total. Add lines 1a-1f		Business Code	975,010.			
a	a b c d			Business Code				
	g	All other program service reve Total. Add lines 2a-2f						
3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond p	roceeds	2,947,313.		-7,473.	2,954,78
	а	Gross rents Less: rental expenses	(i) Real	(ii) Personal				
7	d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	132,499,995. 124,933,472. 7,566,523.					
8	d	Net gain or (loss) Gross income from fundralsin including \$	g events (not		7,566,523.			7,566,52
		contributions reported on line Part IV, line 18 Less: direct expenses	a					
9) a	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less: direct expenses	otivities. See a					
10	c a	Net income or (loss) from gan Gross sales of inventory, less and allowances	ning activities returns a	►				
ļ		Less: cost of goods sold Net income or (loss) from sale	s of inventory					
11	la b c	Miscellaneous Reven. MISCELLANEOUS		Business Code 900099	11,000.			11,00
	d	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		►	11,000. 11,499,846.			10,532,30

ANDRE AGASSI FOUNDATION FOR EDUCATION

Form 990 (2014) Part IX Statement of Functional Expenses 34-1759295 Page 10

	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	······································
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,195,709.	3,195,709.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		4 11 4 4 0	000 400	
	trustees, and key employees	256,602.	17,112.	239,490.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	110 011		110 011	
7	Other salaries and wages	116,241.	1. 10100 have	116,241.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		······	× × × × × ×	
9	Other employee benefits	12,000.	2,044.	9,956.	
10	Payroll taxes	25,934.	1,260.	24,674.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,969.		1,969.	
с	Accounting	58,662.		58,662.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	555,326.		555,326.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ũ	column (A) amount, list line 11g expenses on Sch 0.)	42,000.		42,000. 38,331.	
12	Advertising and promotion	38,331.			
13	Office expenses	10,046.		10,046.	
14	Information technology	2,253.		2,253.	
15	Royalties				
16	Occupancy	77,051.	22,571.	54,480.	
17	Travel	12,256.	, <u> </u>	12,256.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	······			
20	Interest	1,273,976.	1,273,976.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,709,163.	1,709,163.		
23	Insurance	54,792.		54,792.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LETTER OF CREDIT FEES	155,999.	155,999.		
b	TAXES AND LICENSES	18,359.		18,359.	
c	MISCELLANEOUS	950.			950.
d	DUES AND SUBSCRIPTIONS	334.		334.	
e					
25	Total functional expenses. Add lines 1 through 24e	7,617,953.	6,377,834.	1,239,169.	950.
26	Joint costs. Complete this line only if the organization	,			<u> </u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here from the following SOP 98-2 (ASC 958-720)				
			1	L	

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Form 990 (2014)

ANDRE AGASSI FOUNDATION FOR EDUCATION

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Form 990 (2014)
Part X Bala

Par	t X	Balance Sheet					
<u> </u>		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			865,868.	1	1,373,882.
	2	Savings and temporary cash investments			10,707,873.	2	11,397,397.
	3	Pledges and grants receivable, net			772,455.	3	772,455.
	4	Accounts receivable, net	76,277.	4	76,108.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		· · · · · · ·	
		employers and sponsoring organizations of sections					
ts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	0 (11
	9	Prepaid expenses and deferred charges			0.	9	8,611.
	10a	Land, buildings, and equipment: cost or other		40 041 000			
		basis. Complete Part VI of Schedule D	10a	42,041,802. 11,792,979.	30,940,835.		30,248,823.
	b	Less: accumulated depreciation	10b		56,982,764.	10c	63,380,398.
	11	Investments - publicly traded securities			33,920,138.	11	26,348,913.
	12	Investments - other securities. See Part IV, line 1			33,320,130.	12	20,340,915.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			985,123.	14 15	441,218.
	15	Other assets. See Part IV, line 11			135,251,333.	15	134,047,805.
	16	Total assets. Add lines 1 through 15 (must equa			162,823.	17	158,125.
	17	Accounts payable and accrued expenses			1,485,000.	18	1,570,000.
	18	Grants payable				19	
	19 20	Deferred revenue Tax-exempt bond liabilities			16,725,000.	20	15,905,000.
	20	Escrow or custodial account liability. Complete F				21	
'n	22	Loans and other payables to current and former					
Liabilities	~~	key employees, highest compensated employee					
lide					35,784.	22	18,596.
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			5,159,780.	25	6,660,737.
	26	Total liabilities. Add lines 17 through 25		·····	23,568,387.	26	24,312,458.
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🔣 and		· · · · · · · · · · · · · · · · · · ·	
es		complete lines 27 through 29, and lines 33 an	d 34.		100 011 000	3	
anc	27	Unrestricted net assets		•••••	109,811,023.	27	107,911,752.
Bala	28	Temporarily restricted net assets		••••••	1,726,659.		1,678,331. 145,264.
pd	29				145,264.	29	145,204.
ů.		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
° or		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			· · ·	30	
Asi	31	Paid-in or capital surplus, or land, building, or ec	• •			31 32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			111,682,946.		109,735,347.
_	33	Total net assets or fund balances			135,251,333	34	134,047,805
	34	Total liabilities and net assets/fund balances		****	1 200/202/0000	1 04	

Form 990 (2014)

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	990 (2014) ANDRE AGASSI FOUNDATION FOR EDUCATION	34	L/59.	295	Paç	<u>je 12</u>
Par	t XI Reconciliation of Net Assets					r==-1
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>		X
		1			~ ~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,61		
3	Revenue less expenses. Subtract line 2 from line 1	3		,88		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111			
5	Net unrealized gains (losses) on investments	5	- 4	,31	7,0	35.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		,51	<u>2,4</u>	<u>57.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	109	<u>,73</u>	<u>5,3</u>	<u>47.</u>
Pa	t XII Financial Statements and Reporting					
L	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			: i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			(1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:				····	
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			Зb		
	of dampi events				000	

Form **990** (2014)

432012 11-07-14

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Co	rity Status an ization is a section 50 7(a)(1) nonexempt cha Attach to Form 990 or 9 Form 990 or 990-EZ) and	l(c)(3) orga ritable tru form 990-l	anization of st. EZ.	a section		OMB No. 1545-0047 2014 Open to Public Inspection	
Name of the organizati							1	identification number
Dest L. Desser			OUNDATION FO					4-1759295
The organization is not a			All organizations must co			Instruction	s.	· · · · · · · · · · · · · · · · · · ·
1 A church, cor 2 A school designed 3 A hospital or 4 A medical rescrity, and state 5 An organizati	nvention of chu cribed in sectio a cooperative I search organiza e: on operated fo	irches, or associatio on 170(b)(1)(A)(ii). (/ nospital service orga ation operated in cor	n of churches describe	d in sectio ection 170 described	n 170(b)(1)((b)(1)(A)(iii) I in section	170(b)(1)(4		
6 A federal, sta	te, or local gov	ernment or governn	nental unit described in	section 17	′0(b)(1)(A)(v).		
section 170(8 A community 9 An organizati activities rela	b)(1)(A)(vi). (Co trust describe on that normal ted to its exem	omplete Part II.) d in section 170(b)(ly receives: (1) more pt functions - subjec	ntial part of its support (1)(A)(vi). (Complete Par than 33 1/3% of its sup to certain exceptions (less section 511 tax) fr	t II.) port from . and (2) no	contributior o more than	is, membei 33 1/3% o	ship fees, a f its suppor	and gross receipts from t from gross investment
10 An organizati 11 An organizati more publicly lines 11a thro a Type I. A s	on organized a v supported orgough 11d that or upporting orga	nd operated exclusi and operated exclusi ganizations describe describes the type o nization operated, s	ively to test for public sa ively for the benefit of, t ed in section 509(a)(1) of f supporting organization upervised, or controlled gularly appoint or elect	o perform f or section and on and com by its sup	the function 509(a)(2). So polete lines ported orga	s of, or to o ee section 11e, 11f, ar nization(s),	509(a)(3). (nd 11g. typically by	Check the box in / giving
organizatio b Type II. A s control or r organizatio c Type III fur	n. You must c supporting orga nanagement of n(s). You must nctionally inte	omplete Part IV, Se anization supervised the supporting organization to complete Part IV, grated. A supporting	ections A and B. I or controlled in connect anization vested in the s Sections A and C. g organization operated	tion with it ame perso in connec	ts supported ons that con tion with, ar	d organizati itrol or man nd function	on(s), by ha age the sup	aving oported
			s). You must complete					·••
			orting organization ope					
			zation generally must sa				id an aπeni	liveness
e Check this functionally f Enter the number	box if the orga y integrated, or of supported o	nization received a Type III non-functio	nplete Part IV, Section written determination fra nally integrated suppor	om the IRS ing organi	that it is a		e II, Type II	
g Provide the follow (i) Name of supp		(ii) EIN	(iii) Type of organization			(v) Amount o	of monetary	(vi) Amount of
organization		for house a	(described on lines 1-9	listed	in your document?	suppo	•	other support (see
-			above or IRC section	Yes	No	Instruc	tions)	Instructions)
			(see instructions))					
Total	eduction Act N	latica saa tha Inst	ructions for			Sche	dule A (Fo	rm 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 ANDRE AGASSI FOUNDATION FOR EDUCATION 34-17592 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v) 34-1759295 Page 2

I	,	а	ľ	t	11

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,536,463.	16,229,041.	11,508,157.	1 997 383.	975,010.	38,246,054.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
з	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,536,463.	16,229,041.	11,508,157.	1,997,383.	975,010.	38,246,054.
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,378,229.
6	Public support. Subtract line 5 from tine 4.						34,867,825
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	7,536,463.	16,229,041.	11,508,157.	1,997,383.	975,010.	38,246,054.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,016,590.	1,359,688.	2,044,261.	1,987,399.	2,954,786.	10,362,724
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on			42,510.	30,051.		72,561.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,810,580.	1,416,200.	58,214.	15,859.	11,000.	5,311,853.
11	Total support. Add lines 7 through 10						53,993,192.
12	Gross receipts from related activities	, etc. (see instructi	ons)	•		12	_
13	First five years. If the Form 990 is fo			d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	p here					
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2014 ((line 6, column (f) d	ivided by line 11, o	column (f))		14	64.58 %
	Public support percentage from 2013					15	67.23 %
16 a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						
t	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	iis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□□
17a	10% -facts-and-circumstances tes	st - 2014. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
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Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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

Page 3

(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.)

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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.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) DUIDOSES.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c 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 6 anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

432024 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

16 09111109 131839 053-16749900 2014.05000 ANDRE AGASSI FOUNDATION FOR 053-5KC1

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2014 ANDRE AGASSI FOUNDATION FOR EDUCATION 34-1759295 Page 5

rai	Supporting Organizations (continued)		V	N-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	,:* ····	1 t i i
	below, the governing body of a supported organization?	11b		
b	A family member of a person described in (a) above?	11c		
<u> </u>	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. tion B. Type I Supporting Organizations	1 110		L
Jec	tion B. Type Foupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	•		
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		····:	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		· · · · ·	·
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			*
	Part V how providing such benefit carried out the purposes of the supported organization(s) that operated,			· · · · · · · ·
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
		.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	A Countral ana sa		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1.11.1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in part VI the role the organization's		• • • • • • • • • • • • • • • • • • •	
	supported organizations played in this regard.	3	L	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
์ 1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction		T
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	•••••••••••••••••••••••••••••••••••••••		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			·
	that these activities constituted substantially all of its activities.	<u>2a</u>		
b			·	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		i i i i i i	11 11 11 11 11 11 11 11 11 11 11 11 11
	activities but for the organization's involvement.	2b	<u> </u>	-
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	•		· [· · · · · ·	1. Pre is
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	<u> </u>	+
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1000
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	<u>3b</u>		
43202	25 09-17-14 Schedule A (Form 17	990 or 9	90-EZ	.) 2014

Schedule A (Form 990 or 990-EZ) 2014 ANDRE AGASSI FOUNDATION FOR EDUCATION 34-1759295 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Γd	IT V Type III Non-Functionally integrated busy	(a)(s) supporting organ	lizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All								
	other Type III non-functionally integrated supporting or	ganizations must complete Se	ctions A through E.						
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2		ļ					
3	Other gross income (see instructions)	3							

3	Other gross income (see instructions)	<u> </u>		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	1 11 11		
а	Average monthly value of securities	1a		
	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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	: :: • : :		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integ	rated Type III supporting org	anization (see
-	instructions).			
				(E 000 +- 000 EZ) 0014

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 ANDRE AGASSI FOUNDATION FOR EDUCATION 34-1759295 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount

	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
î	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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CHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
PECIAL EVENT IN	COME
2010 AMOUNT: \$	3,810,580.
2011 AMOUNT: \$	1,415,240.
IISCELLANEOUS	
2011 AMOUNT: \$	960.
2012 AMOUNT: \$	58,214.
2013 AMOUNT: \$	15,859.
2014 AMOUNT: \$	11,000.
· · · · · · · · · · · · · · · · · · ·	

* *	PUBLIC	DISCLOSURE	COPY	* *
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<u>.</u>		ule	

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

2014

Employer identification number

Name of the organization

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (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 33 1/3% 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 totaling \$5,000 or more during the year

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

	Page 2
Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization	Employer identification number
ANDRE AGASSI FOUNDATION FOR EDUCATION	34-1759295

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

until ovinua		······································	()
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>630,000.</u>	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Payroll Poncash Payroll Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E Name of org	3 (Form 990, 990-EZ, or 990-PF) (2014)	Employ	er identification number
			-1759295
ANDRE	AGASSI FOUNDATION FOR EDUCATION		-1159295
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- 	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
· <u>·····</u>		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page **3**

Schedule E Name of org	3 (Form 990, 990-EZ, or 990-PF) (2014)		Page Employer identification number
			34-1759295
ANDRE Part III	AGASSI FOUNDATION FOR E Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	butions to organizations described in sec lumns (a) through (e) and the following hi charitable, etc., contributions of \$1,000 or less for	tion 501(c)(7), (8), of (10) that total more than \$1,000 for 18 entry, For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	ad ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
	iransteree s name, address, a		

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

		Comulate if the over	al Financial Statements			OMB No. 154	5-0047
(Form		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	, 2b.		Open to I	
	nent of the Treasury Revenue Service	tion about Schedule D (For	m 990) and its instructions is at www.ir	<u>rs.gov/form</u>		Inspectio	
Name	e of the organization	F AGASST FOIND	ATION FOR EDUCATION	E	mployer ider 34-	ntification	
Par		taining Donor Advise	ed Funds or Other Similar Funds	s or Acc			
1	-	es" to Form 990, Part IV, line	e 6.				
			(a) Donor advised funds	(b) F	unds and oth	ner accour	nts
1	Total number at end of year						
2	Aggregate value of contributions	s to (during year)					
З	Aggregate value of grants from (
4	Aggregate value at end of year						<u> </u>
5			writing that the assets held in donor advi			Yes	No.
			exclusive legal control?			Jies	
6	Did the organization inform all gr	rantees, donors, and donor a	advisors in writing that grant funds can be or donor advisor, or for any other purpose	e useu oray	,		
			or dunor advisor, or for any other purpose			Yes	
Par	t II Conservation Ease	ments. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line	e 7.		
	Purpose(s) of conservation ease						
•		ublic use (e.g., recreation or e		torically im	portant land a	area	
	Protection of natural habit		Preservation of a cer	tified histo	ric structure		
	Preservation of open spac						
2			ified conservation contribution in the form	n of a conse	ervation ease	ment on t	ne last
	day of the tax year.	0				<u> </u>	
					Held at th	e End of the	e Tax Year
а	Total number of conservation ea	asements		2	a		
b				2	b		
с			ructure included in (a)				
d	Number of conservation easeme	ents included in (c) acquired	after 8/17/06, and not on a historic struc	ture			
	listed in the National Register				2d		
3	Number of conservation easeme	ents modified, transferred, re	eleased, extinguished, or terminated by th	ne organiza	ition during th	ne tax	
	year 🕨						
4	Number of states where propert	ty subject to conservation ea	asement is located				
5			eriodic monitoring, inspection, handling of		<u> </u>	Yes	
	violations, and enforcement of the	he conservation easements	it holds?	during the	<u> </u>		
6	Staff and volunteer hours devot	ed to monitoring, inspecting	, and enforcing conservation easements	a the year	year 🚩		
7	Amount of expenses incurred in	monitoring, inspecting, and	enforcing conservation easements durin we satisfy the requirements of section 17	ິດ(h)(4)(₽\/i)	φ		-
8						Yes	
~	and section 170(n)(4)(B)(II)?	aspization reports conservat	tion easements in its revenue and expens	se stateme	nt. and balan		
9	in Part All, describe now the or	f the footnote to the organization	ation's financial statements that describe	s the organ	nization's acc	ounting fo	r
	conservation easements.					5	
Pa	rt III Organizations Mai	ntaining Collections of	of Art, Historical Treasures, or (Other Si	milar Asse	ets.	
		tion answered "Yes" to Form					
	If the organization elected, as p	ermitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement and	balance shee	et works of	i art,
	historical treasures, or other sim	nilar assets held for public ex	chibition, education, or research in further	rance of pu	iblic service,	provide, in	Part XIII,
	the text of the footnote to its fin	ancial statements that desc	ribes these items.				
b	If the organization elected, as p	ermitted under SFAS 116 (A	SC 958), to report in its revenue stateme	nt and bala	ance sheet w	orks of art,	, historical
	treasures, or other similar asset	s held for public exhibition, e	education, or research in furtherance of p	ublic servi	ce, provide th	ne following	g amounts
	relating to these items:						
					► \$		
				••••••••••••••••••••••••••••••••	►.\$		· · · · ·
2			easures, or other similar assets for financ	al gain, pr	ovide		
			116 (ASC 958) relating to these items:		b		
a					\$		
b	Assets included in Form 990, Pa	art X			φ		
	Fau Dan an and Dada attack	Nation on the last until	ns for Form 990		Schedule	D (Form	990) 2014
43205	For Paperwork Reduction Act	notice, see the instruction	na tor 1 Unit 220.		JANGAR		
10-01	-14		25				

		GASSI FOUN						95 Page	2
	t III Organizations Maintaining C								_
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	are a sig	nificant use o	f its collect	ion items	
	(check all that apply):		r						
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co						Part XIII.		
5	During the year, did the organization solicit o						 ;		
	to be sold to raise funds rather than to be ma						Ves Yes		<u>o</u>
Par	t IV Escrow and Custodial Arran	- '	ete if the organizatio	n answered "Y	es" to F	orm 990, Parl	t IV, line 9, (or	
	reported an amount on Form 990, Pa							••••	
ta	Is the organization an agent, trustee, custod								
	on Form 990, Part X?				•••••		Yes	N:	0
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amou	unt	—
С	Beginning balance				•••••	1 1			
d	Additions during the year								
е	Distributions during the year				••••••				
f	Ending balance					f			
	Did the organization include an amount on F					y?	📖 Yes	: [] N	0
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete i			1					<u> </u>
		(a) Current year	(b) Prior year	(c) Two years	·····	d) Three years I		our years bac	_
1a	Beginning of year balance	212,358.	216,293.		323.	219,3	302.	219,244	4 .
b	Contributions				100.				
С	Net investment earnings, gains, and losses	237.	106.	-5,	130.		21.	51	8.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses		4,041.	ļ					
g	End of year balance	212,595.	212,358.	· · · · · · · · · · · · · · · · · · ·	,293.	219,3	323.	219,30	2.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment 🕨	.00	_%						
b	Permanent endowment . 00	%							
с	Temporarily restricted endowment 10	<u>0.00 %</u>							
	The percentages in lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	nd administere	ed for th	e organizatio	า		
	by:							Yes No	
	(i) unrelated organizations						3a(
	(ii) related organizations							ii) X	<u>í</u>
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?				3t	<u> </u>	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment funds.						
Pa	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	d "Yes" to Form 990), Part IV, line 11a. S	iee Form 990, l	Part X, li	ine 10.			
	Description of property	(a) Cost or c	other (b) Cost	or other	(c) Ac	cumulated	(d) B	look value	
		basis (investr	ment) basis	(other)	dep	reciation			
1a	Land								
	Buildings					30,633		264,215	
c	Leasehold improvements		3,52	4,603.		42,583		82,020	
d	Equipment		92	2,351.	9	19,763		2,588	3.
	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)			30,2	248,823	3.
		·····	\ \			Sche	edule D (Fr	orm 990) 20	114

Schedule D (Form 990) 2014 ANDRE AGASS	I FOUNDATION	FOR EDUCATI	ON 34	-1759295 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		1b. See Form 990, P	art X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	01 007 000			
(A) HEDGE FUNDS	21,037,800.		EAR MARKET	
(B) REAL ESTATE FUND OF FUNDS			CAR MARKET	
(C) PRIVATE EQUITY	469,425.		EAR MARKET	VALUE
(D) PRIVATE EQUITY	100,000.	COST		373 T 111
(E) OTHER INVESTMENTS	1,067,657.	END-OF-YI	EAR MARKET	VALUE
(F)				
(G)				
(H)	06 240 012			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	26,348,913.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line (b) Book value	11c. See Form 990, P	art X, line 13.	d-of-year market value
(a) Description of investment	(D) BOOK value		idation. Cost of en	-oryear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			· ·	11.11.10/F
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	to Form 990 Part IV line	11d See Form 990 F	Part X line 15	
	Description	11d. 0001 0111 000,1		(b) Book value
	boconplian			
(1)				
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(5)			1.108-00-00-00-00-00-00-00-00-00-00-00-00-0	
(6)		·····		
(7)				
(8)	YYY 0.1000000000000000000000000000000000			
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) INTEREST RATE SWAP LIABIL		6,528,208.		
	JTY.	0,520,200.		
		132,529.		
(3) ANNUITY LIABILITY	JTY	132,529.		
(3) ANNUITY LIABILITY (4)		132,529.		
(3) ANNUITY LIABILITY (4) (5)		132,529.		
(3) ANNUITY LIABILITY (4) (5) (6)		132,529.		
(3) ANNUITY LIABILITY (4) (5) (6) (7)		132,529.		
(3) ANNUITY LIABILITY (4) (5) (6) (7) (8)		132,529.		
(3) ANNUITY LIABILITY (4) (5) (6) (7) (8) (9)		6,660,737.		
(3) ANNUITY LIABILITY (4) (5) (6) (7) (8)	the text of the footnote t	132,529. 6,660,737. o the organization's f	inancial statements	that reports the

Schedule D (Form 990) 2014

Sche	edule D (Form 990) 2014 ANDRE AGASSI FOUNDATION FOR EDUCATION		1759295 Page 4	
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	leturi	ז.	
A	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	5,115,028.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d -1,512,457.			
е	Add lines 2a through 2d	2e	-5,829,492.	
3	Subtract line 2e from line 1	3	10,944,520.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а				
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b	4c	555,326.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,499,846.	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per			
5 Pa	Total revenue. Add lines 3 and 4c. (1/his must equal Form 990, Part 1, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	r Reti	ırn.	
5 Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per			
Pa	Image: style="text-align: center;">rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	r Reti	ırn.	
Pa 1	Image: Second structure Image: Second structure <th image:="" second="" structure<="" t<="" th=""><th>r Reti</th><th>ırn.</th></th>	<th>r Reti</th> <th>ırn.</th>	r Reti	ırn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b	r Reti	ırn.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2b Prior year adjustments 2c	r Reti	ırn.	
Pa 1 2 a	Image: Second state in the organization answered "Yes" to Form 990, Part IV, line 12a. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	r Reti	ım. 7,062,627.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d		rn. 7,062,627. 0.	
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1		ım. 7,062,627.	
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Line Lease EFE 2006	r Retu	rn. 7,062,627. 0.	
Pa 1 2 4 5 6 3	Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	r Retu	ım. 7,062,627. 0.	
Pa 1 2 a b c d e 3 4	Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses at through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 555, 326	Retu 1 2e 3	um. 7,062,627. 0. 7,062,627.	
Pa 1 2 a b c d 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Add lines 4a and 4b 4b	Retu 1 2e 3 4c	um. 7,062,627. 0. 7,062,627. 555,326.	
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: 4a Dother (Describe in Part XIII.) 4a	Retu 1 2e 3	um. 7,062,627. 0. 7,062,627.	

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

PART V, LINE 4:

THE ENDOWMENT WAS SETUP BY SLETTON CONSTRUCTION TO FUND COLLEGE

SCHOLARSHIPS FOR HIGH SCHOOL GRADUATES OF THE ANDRE AGASSI COLLEGE PREP

ACADEMY. IN 2009, THE FIRST GRADUATING CLASS GRADUATED FROM AACPA.

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME

TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND RECOGNIZED

BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PUBLICLY SUPPORTED CHARITY

OTHER THAN A PRIVATE FOUNDATION. OCCASIONALLY, THE FOUNDATION MAY BE

SUBJECT TO UNRELATED BUSINESS INCOME TAX. ANY UNRELATED BUSINESS INCOME

TAX PREVIOUSLY PAID BY THE FOUNDATION HAS BEEN MINIMAL. 432054 10-01-14

Schedule D (Form 990) 2014

09111109 131839 053-16749900 2014.05000 ANDRE AGASSI FOUNDATION FOR 053-5KC1

 Schedule D (Form 990) 2014
 ANDRE AGASSI FOUNDATION FOR EDUCATION
 34-1759295
 Page 5

 Part XIII
 Supplemental Information (continued)
 Page 5
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 Page 5

THE FOUNDATION HAS ADOPTED THE ACCOUNTING STANDARD WHICH ADDRESSES THE DETERMINATION WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH POSITIONS ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAIN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE. THE FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.

THE FOUNDATION FILES FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX). WHEN THE RETURN IS FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. EXAMPLES OF TAX POSITIONS COMMON TO THE FOUNDATION INCLUDE SUCH MATTERS AS THE TAX STATUS OF THE ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE BENEFIT OF A TAX POSITION IN THE FINANCIAL STATEMENTS IS IN THE PERIOD DURING WHICH, BASED Schedule D (Form 990) 2014 ⁴²²⁰⁵⁵ ⁴²⁹

 Schedule D (Form 990) 2014
 ANDRE AGASSI FOUNDATION FOR EDUCATION
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 Part XIII
 Supplemental Information (continued)
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 Page 5

ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE-LIKELY-THAN-NOT

THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE

RESOLUTION OF APPEAL OR LITIGATION PROCESSES, IF ANY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON INTEREST RATE SWAP

-1,512,457.

Schedule D (Form 990) 2014

			ivities Outside the Ur n answered "Yes" on Form 990, Part		5, or 16.	IB No. 1545-0047
Department of the Treasury Internal Revenue Service	Information ab	out Schedule F	Attach to Form 990. (Form 990) and its instructions is at a second se	www.irs.aov/fa		pen to Public spection
Name of the organization					Employer identifi	cation number
ANDRE AGASSI FO	កោសស្រុកស្រុកស្រុកស្រុកស្រុកស្រុកស្រុកស្រុ	มิดส สุดส	ሮልሞፐርስ		34-175929	5
			tside the United States. Complete	te if the organ		
Form 990, Part IV	/, line 14b.			_	a 1112 1 1 1 1	
			ds to substantiate the amount of its gra the selection criteria used to award the			Yes 🗌 No
United States.			procedures for monitoring the use of its		her assistance out	side the
			an be duplicated if additional space is r		the listed in (d)	(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type æ(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEA	n	0	INVESTMENTS			9,500,985.
THE CARIBBEA			INVEDILENIS			9,500,505.
						2 888 587
EUROPE	0	0	INVESTMENTS			2,888,587
				1		
3 a Sub-total	() 0				12,389,572.
b Total from continuation	, ,	0				0.
sheets to Part I c Totals (add lines 3a	`					
and 3b)		0 0				12,389,572.

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

Schedule F (Form 990) 2014

432071 09-24-14

Part II Grants and Other recipient who rece	r Assistance to Orga eived more than \$5,00	inizations or Entities (00. Part II can be dupli	Grants and Other Assistance to Organizations or Entitles Outside the United States. Complete if the organization answered "Yes" on Form 990, Part 17, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	complete if the org eded.	ganization answered	TY es ON FORM	зео, Рап IV, шпе 15, 15	r any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	 (h) Description of non-cash assistance 	(i) Method of valuation (book, FMV, appraisal, other)
	recipient organization he grantee or counsel	s listed above that are has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	e foreign country,	recognized as tax-	xempt by		
3 Enter total number of other organizations or entities	other organizations or	entities					Sched	Schedule F (Form 990) 2014

i

32

432072 09-24-14

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2014
	.V, line 16.	(g) Description of non-cash assistance					Schedu
34-1759295	on Form 990, Part	(f) Amount of non-cash assistance		 			
EDUCATION 34	n answered "Ye	(e) Manner of cash disbursement					
FOR	tes. Complete if	(d) Amount of cash grant					
FOUNDATION	e the United Sta d.	c) Number of recipients					
ANDRE AGASSI	e to Individuals Outsid Iditional space is neede	(b) Region					
Schedule F (Form 990) 2014 A	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

09-24-14

Schedule F (Form 990) 2014 ANDRE AGASSI FOUNDATION FOR EDUCATION Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	No No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014	ANDRE	AGASSI	FOUNDATI	ON FOR	EDUCATIO	N	34-3	175929	5 Page 5
Part V Supplementa	l Informa	tion							

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3:

ACCRUAL METHOD

432075 09-24-14

Schedule F (Form 990) 2014

SCHEDULE I (Form 990)	Comp Comp	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22}	er Assistand d Individual n answered "Yes"	ce to Organ s in the Uni to Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Informati	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .	Attach to Form 990. Form 990) and its instru	n 990. instructions is af	t www.irs.cov/form99	0	Open to Public Inspection
he organization	ANDRE AGASSI FOUNDATION	ATION FOR E	EDUCATION				Employer identification number 34-1759295
Part I General Information on Grants and Assistance	Grants and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	records to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selec	tion X Yes No
criteria used to award the grants of assistance?	s or assistance r tion's procedures for moni	ttoring the use of grant	funds in the United	i States.	> > * * * * * * * * * * * * * * * * * *]
E.	ance to Domestic Organ	izations and Domestic	c Governments. C	omplete if the orge	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received mo	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	n be duplicated if addit	ional space is need	ed.			
1 (a) Name and address of organization or government	ization (b) EiN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO FUND THE DIFFERENCE
ANDRE AGASSI COLLEGE PREPARATORY	TORY						BETWEEN THE STATE FUNDING
ACADEMY - 1201 LAKE MEAD BLVD	- 6						AND THE COST OF A QUALITY
ŝ	88-0499565	501(C)(3)	3,039,424.	• 0	0.N/A	N/A	EDUCATION,
ATHLETES FOR HOPE 3 BETHESDA METRO, STE 450		501 201 201 201 201	195 000 195	c	2/M	4 2 2	TO SUPPORT GENERAL PROGRAM EXPENSES
BETHESDA, MD 20814	20-4//3044	(c)(c)Tnc	• nnn' c7T		4/N	4/N	
						:	
	01(c)(3) and government o	rganizations listed in th	ie line 1 table				2.
3 Enter total number of other organizations listed in the line I table	anizations listed in the line ct Notice, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2014)

10-15-14

Schedule I (Form 990) (2014) ANDRE AGASSI FOUNDATION	UNDATION	FOR EDUCATION	TION		34-1759295 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" to Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				2	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part II, column (b), and any other additional information.	uired in Part I, Iir	ne 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
THE FOUNDATION REQUIRES PERIODIC U	IPDATES F	UPDATES FROM GRANTEES,		AS WELL AS ANNUAL	
FINANCIAL STATEMENTS ON EITHER THE		OVERALL ENTITY OR	FOR	THE PROGRAM THAT	
THE FOUNDATION IS SUPPORTING. REPORTS	RTS ARE NOT		REQUIRED FOR GEN	GENERAL	
OPERATING SUPPORT.					
432102 10-15-14		37			Schedule I (Form 990) (2014)

SCHEDULE J	Compensation Information	OMB No.	1545-00	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	47	
(101111000)	Compensated Employees	<u> </u> 20	4	ł
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open t	o Publ	ic
Department of the Treasury Internal Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form9	igo Inspo	ection	
Name of the organization		nployer identificat	ion nu	mber
	ANDRE AGASSI FOUNDATION FOR EDUCATION	34-175929	5	
Part I Question	s Regarding Compensation			
L			Yes	No
1a Check the approp	iate box(es) if the organization provided any of the following to or for a person listed in Form 990),		
	line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or		use		
Travel for con		ence		
<u> </u>	cation and gross-up payments Health or social club dues or initiation fees			
······	spending account Personal services (e.g., maid, chauffeur, chef) in na		
		í sa tha		
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
	provision of all of the expenses described above? If "No," complete Part III to explain	tb		
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	ers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
trustees, and ernor			: : :	
3 Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organizatio	n's		:-: : :
	ector. Check all that apply. Do not check any boxes for methods used by a related organization			
	ation of the CEO/Executive Director, but explain in Part III.			
				· ::: ::
·	compensation consultant III Compensation survey or study			1.1.1.1.1.1 1.111.1.1
·	other organizations Approval by the board or compensation com	mittee		
		maee		
4 Duving the year di	d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1. 11. 1 1. 1. 1		
		a tatan A tatan	· · · · · · · · · · · · · · · · · · ·	
-	elated organization: ce payment or change-of-control payment?	4a		X
	ce payment or change-of-control payment?		+	x
	ceive payment from, a supplemental nonqualitieu retirement plan?		+	X
-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			····
If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Fart in.	·········		
0.1	(0) $(0, 1)$ (1) $($			
, ,	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the		5a		X
			+	X
	zation?			
	pr 5b, describe in Part III.			
	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
contingent on the	•			x
			┼──	X
	zation?		<u> </u>	
	or 6b, describe in Part III.			
	in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			x
	nes 5 and 6? If "Yes," describe in Part III		<u> </u>	
	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	rawer.		х
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		+	_
	id the organization also follow the rebuttable presumption procedure described in			i de la composition de la comp
Regulations section			<u>ــــــــــــــــــــــــــــــــــــ</u>	
LHA For Paperwork F	eduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	J 2014

432111 10-13-14

Schedule J (Form 990) 2014 ANDRE AGASSI FOUNDATION FOR EDUCATION 34-1759295	E	ANDRE AGASSI FOUNI	FOUNDATION FOR	EDUCATION	34-1759295	295 2000 is pooded		Page 2
Fractine Jointoors, Directors, respects, and ruginest Compensated Employees, one upplicate copies in additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	t be re n Forn sted in	ported in Schedule J ported in Schedule J n 990, Part VII. dividual must equal th	, report compensati , retort compensati ne total amount of F	on from the organiz orm 990, Part VII, S	ation on row (i) and froi ection A, line 1a, appli	m related organizations cable column (D) and (F	s, described in the inst Ξ) amounts for that ind	ructions, on row (ii). ividual.
		(B) Breakdown of W	W-2 and/or 1099-MI	-2 and/or 1099-MISC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)()-(D)	lin column (B) reported as deferred in prior Form 990
(1) STEVE MILLER	0	6,037.	.0	• 0	.0	862.	6,899.	.0
CHIEF EXECUTIVE OFFICER	2 (j	178,	.0	.0	0	23,	, 955	0.
(2) SHAWN CABLE		66,	.0	.0	.0	12,	.110,071.	•0
CHIEF FINANCIAL OFFICER	E		.0	0		13,	96,	0.
(3) JULIE PIPPENGER	Ξ	155,05	•0	• 0		15,640.	170,692.	0.
CHIEF OPERATING OFFICER	(II)	•0	0.	.0	.0	•0	•0	.0
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Schedule J (Form 990) 2014	ANDRE AGASSI FOUNDATION FOR EDUCATION	34-1759295 Page 3	ဗ
Provide the information, explanation	Part III Supplemental Information Part III Supplemental Information Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	his part for any additional information.	
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01100		Schedule J (Form 990) 2014	2014

10-13-14

SCHEDULE K (Form 990) Department of the Treasury Internal Revorces	th	 Supplemental Information on Tax-Exempt Bonds e organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Information about Schedule K (Form 990) and its instructions is at www its nov/form990. 	ormation on Ta I "Yes" on Form 91 any additional Info nedule K (Form 99	ax-Exempt Bo 30, Part IV, line 2 mmation in Part ¹	onds 4a. Provide descr VI. stions is at _{www.li}	iptions, s. <i>aov/form</i> 990		OME Open	OMB No. 1545-0047 2014 Open to Public Inspection	-0047
Name of the organization ANDRE AGASSI	FOUNI	ON FOR EDI	EDUCATION				Employ 34-	Employer identification number 34-1759295	ation nu 9.5	Imber
Part I Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose	(g) Defea	(g) Defeased (h) On behalf of issuer		(I) Pooled financing
							Yes	No Yes h	No Yes	s No
CITY OF LAS VEGAS, A NEVADA	88-6000198	51770PAC9	10/21/05	35,705,00	FUND BU	BUILDING OF CAMPUS		X		×
В										
C										
۵										
Part II Proceeds				-						
			19 800	000	ш	0				
 Annount of bonds featible Amount of bonds leasing defeased 	********			.		-				
Total proceeds of issue			35,705	,000.						
Gross proceeds in reserve funds		1 3								
<u>s</u>			1 1							
6 Proceeds in refunding escrows			12,887	,375.						
7 Issuance costs from proceeds		******	508	~						
اة ا			33	1,406.						
9 Working capital expenditures from proceeds				1						
10 Capital expenditures from proceeds			22,275	275,565.		-				
11 Other spent proceeds										
13 Year of substantial completion			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_	Vac	voe	NO	Vac	Ň	
14 Were the bonds issued as part of a current refunding issue?	funding issue?		2			3	2	8		
	refunding issue?			×						
16 Has the final allocation of proceeds been made?	ie?		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	to support the final allocation	an of proceeds?	×							
Part III Private Business Use			V		α	C				
1 Was the organization a partner in a partnership, or a member of an	b. or a member of ar	, LLC.	Yes	No	Yes No	Yes	No	Yes	Ŷ	0
	it bonds?									
2 Are there any lease arrangements that may result in private business use of bond-financed property?	sult in private busine	ss use of		×			-			
⁴³²¹²¹ ∟HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructi	ons for Form 990.	41				<i></i> у	Schedule K (Form 990) 2014	Form 99	0) 2014

Schedule K (Form 990) 2014 ANDRE AGASSI FOUNDATION FOR E	EDUCATION	N	34-1	1759295				Page 2
Part III.:: Private Business Use (Continued)								
3a Are there any management or service contracts that may result in private	Yes		Yes	No	Yes	No	Yes	PN
		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
c. Are there any research agreements that may result in private business use of bond-financed property?		X						
1								
 Counsel to review any research agreements relating to the mean-set property :								
entities other than a section 501 (c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another		ž		à		č		2
section buil(c)(3) organization, or a state or local government		\$ 8		% %		\$ 8		% %
		X						
m		1						
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
9 Has the organization established written procedures to ensure that all nonqualified								
oonds of the Issue are remediated in accordance with the requirements under Requiations sections 1 141-12 and 1 145-22		Х						
Part IV Arbitrage			-					
		4		B		o		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	٩	Yes	No	Yes	٩	Yes	۵N
Penalty in Liau of Arbitrage Rebate?	×							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	×							
Ι,								
אם רופו אינוים האיני איני איני איני איני איני איני אינ	×							
tieuge with respect to the borld issuer	BANK OF NEW	W YORK AN						
	, r							
c Term of hedge								
d Was the hedge superintegrated?		< ♪			·····			
e Was the hedge terminated?		×						
432.122 10-16-14						Sci	redule K (Fo	Schedule K (Form 990) 2014

Schedule K (Form 990) 2014 ANDRE, AGASSI FOUNDATION FOR EL	EDUCATION	N	34-	34-1759295				Page 3
ued)								
	A			8		0		
	Yes	No	Yes	No	Yes	٩	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						1
F								
section 148?		X						
res To Undertake Corrective Action								
	A			B		0	Δ	
	Yes	٥N	Yes	No	Yes	٥N	Yes	No
Has the ornanization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under apolicable								
regulations?		X						
Part VI Sumbemental Information Provide additional information for resonances to questions on Schedule K (see Instructions)	on Schedule	K (see instr	uctions).					
			1					
	1							
		-						
			- Andrea					
432123 10-15-14						S	Schedule K (Form 990) 2014	m 990) 2014

	- , I	т.	opposition	- W	6+h I	nterested	Dersons		1	ОМ	B No. 15	45-004	17
	r 990-EZ) 🕨 Co	mplete if the	organization ans 28b, or 28c, o ▶ Atta	swered r Form ch to F	l "Yes" 1990-E form 99	on Form 990, Par Z, Part V, line 38a 00 or Form 990-E2	t IV, line 25a, 25b, 2 or 40b. 2.				20 [.]		' Ic
epartment of the ternal Revenue S	iervice	Information ab	out Schedule L (For	m 990 o	r 990-EZ	2) and its instruction	s is at www.irs.gov/fo				specti		
lame of the c	organization									identi		n nur	mber
	A	NDRE AG	ASSI FOUN	DAT.	ION	FOR EDUCA	TION	_		592	95		
							11(c)(29) organization						
(Complete if the o	rganization an	swered "Yes" on	Form 9	90, Par	t IV, line 25a or 25t	o, or Form 990-EZ, Pa	art V, lir	ne 40	b.			sted?
1 (a) Name	of disqualified p	erson (b	Relationship betw person and or	ween di ganizat	isqualifi tion	ied (a) Description of tran	saction	1		(a) (Ye		No
	»												
	<u></u>												
	······································												
2 Enter the	e amount of tax in	ncurred by the	e organization mar	nagers	or disqu	ualified persons du	ring the year under		\$				
section	4958		0 shave roimbur	and by t	the ord	anization	••••••		► \$				
3 Enter the	e amount of tax, i	if any, on line	2, above, reimbur:	sea by	uie olg	anization	•••••••••••••••••••••••••••••••••••••		•				
			nterested Per										
<u></u>	Complete if the a	rganization a	nswered "Yes" on	Form 9	90-EZ,	Part V, line 38a or	Form 990, Part IV, Iir	ne 26; c	or if th	ne orga	nizatio	on	
	reported an amo		90, Part X, line 5,	6, or 22	2		· · · · · · · · · · · · · · · · · · ·	<u> </u>		(h) A0	oroved	(1) 1A	ritten
	Name of	(b) Relationsh		from		(e) Original principal amount	(f) Balance due	(g)		by bo	proved ard or	agree	ment?
interes	ted person	with organizati	on of loan	organiz		рппсрагатюви		Yes	No	Yes		Yes	T
ACAGGT	ENTERPRI	ENTTY	1GENERAL	To X	From	18,596.	18,596.	100	X	X		Х	
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		<u>l.,</u> ,			<u> </u>	•	18,596.		÷.				
Part III	Grants or As	sistance E	Benefiting Inte	reste	d Per								
السينة: `` `` `` السيا			nswered "Yes" on										
(a) Na	me of interested		(b) Relationship interested pe the organiz	o betwe rson an	en	(c) Amount of assistance	(d) Type assistar			(e	e) Purp assist		of
			······································										
	·												
		<u></u>											
	aperwork Reduc						1			orm 99			

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990 EZ) 2014 ANDRE AGASSI FOUNDATION FOR EDUCATION 34-1759295 Page 2 Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	Name of interested person				een intereste ganization	d	(c) Amount of transaction	(d) Descriptior transaction		(e) Sha organiz rever	aring of zation's aues?
										Yes	No
AGASSI	ENTERPRISES,	INC.	ENTITY	100%	OWNED	в	249,371.	RENT AND	ST		Х
	<u> </u>					T					
			[
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						+				1	

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: AGASSI ENTERPRISES, INC.

(B) RELATIONSHIP WITH ORGANIZATION: ENTITY 100% OWNED BY ANDRE

AGASSI-OFFICER/TRUSTEE

(C) PURPOSE OF LOAN: GENERAL AND ADMINISTRATIVE COSTS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AGASSI ENTERPRISES, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY 100% OWNED BY ANDRE AGASSI-OFFICER/TRUSTEE; S. MILLER EMPLOYEE-TRUST

(D) DESCRIPTION OF TRANSACTION: RENT AND STAFF COSTS

Schedule L (Form 990 or 990-EZ) 2014

432132 10-06-14

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	ZU 14 Open to Public
Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www Irs gov/for	m990 Inspection
Name of the organization	ANDRE AGASSI FOUNDATION FOR EDUCATION	Employer identification number 34-1759295

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AGASSI COLLEGE PREPARATORY ACADEMY AND THE ANDRE AGASSI BOYS AND GIRLS

CLUB.

FORM 990, PART VI, SECTION A, LINE 2:

A. AGASSI, S. MILLER, AND S. CABLE HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WILL BE PRESENTED INDIVIDUALLY TO ALL SEVEN TRUSTEES OF THE

GOVERNING BODY PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ANY DIRECTOR, OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THESE PROCEEDINGS ARE DOCUMENTED IN THE BOARD MEETING MINUTES.

IN ADDITION, EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH

BOARD-DELEGATED POWERS SHALL SUBMIT AN ANNUAL CONFLICT OF INTEREST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14 46

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization ANDRE AGASSI FOUNDATION FOR EDUCATION	Employer identification number 34–1759295
DISCLOSURE STATEMENT DESCRIBING ANY RELATIONSHIPS, TRANSA	CTIONS OR
POSITIONS HELD (VOLUNTEER OR OTHERWISE) OR CIRCUMSTANCES	WHICH HE OR SHE
BELIEVES COULD CAUSE A CONFLICT OF INTEREST AS OF SUCH DA	TE OR IN THE
FUTURE BETWEEN SUCH PERSON'S PERSONAL INTERESTS, FINANCIA	L INTERESTS OR
OTHERWISE. IN THE EVENT THERE IS ANY MATERIAL CHANGE IN 7	HE INFORMATION
CONTAINED IN SUCH DISCLOSURE STATEMENT, THE PERSON WHO SU	BMITTED IT SHALL
PROMPTLY SUBMIT WRITTEN NOTIFICATION OF THE CHANGE.	
FORM 990, PART VI, SECTION B, LINE 15A:	

COMPENSATION FOR TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE DETERMINED BY

COMPARABILITY DATA SUPPLIED BY VARIOUS RECRUITING COMPANIES AND

COMPENSATION IS IN LINE WITH OTHER COMPARABLE ORGANIZATIONS. THIS PROCESS

WAS CONTEMPORANEOUSLY DOCUMENTED AND LAST PERFORMED IN 2008 FOR CEO STEVE MILLER.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON INTEREST RATE SWAP

-1,512,457.

Schedule O (Form 990 or 990-EZ) (2014)

432212 08-27-14

09111109 131839 053-16749900 2014.05000 ANDRE AGASSI FOUNDATION FOR 053-5KC1

SCHEDULE R (Form 990) Department of the Treasury	Rel ▶Complete if	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.	ions and Unrelated Pa ered "Yes" on Form 990, Part IV, 1 Attach to Form 990.	rtnersnips ine 33, 34, 35b, 3	6, or 37.		2014 Open to Public Inspection
Internal Revenue Service Name of the organization ANDRE	AGAS	TITION TO ADOUT SCHEDULE IN LOT IN 3901 AND IN A LOT IN A	EDUCATION	WWW IFS DOVIDIN	.0AAC	Employer identification number 34-1759295	ication number 295
Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	Entities Complete if the	e organization answered "Yes"	on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity	olicable)	(b) Primary activity	(c) Legal domicile (state or foreign country)	r (d) Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations Complete	Exempt Organizations ar.		if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 b	ecause it had one	or more related tax-exe	smpt
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(cV(3))	(f) Direct controlling entity	atty (6)
TER SCHOOL	- , #160,				0 2141	ANDRE AGASSI FOUNDATION FOR	
LAS VEGAS, NV 89144		EDUCATION	NEVADA			NOT 1 1000000	4
For Paperwork Reduction Act Notice. see the Instructions for Form 990	tee the Instructions for	r Eorm 990				Cohodula B	Schodule D (Earm 990) 2014

08-14-14 LHA

partill identifications treated as a partnership during the tax year.	axable as a Par ng the tax year.	tnership Complete if	the organize	ation answered "	Yes" on Form 9	190, Part IV, lin	e 34 becaus:	e it had one or r	nore related	
(a) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	tivity (c) comicile (state or foreign country)	(d) Direct controlling entity	Predomina (related, i excluded fro sections.	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	() General or DX managing partner? 55) Yes No	(J) (k) General or Percentage managing ownership Yes No
part N Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	axable as a Co ust during the ta	rporation or Trust Co ax year.	amplete if the	e organization ar	nswered "Yes"	on Form 990, I	oart IV, line 3	4 because it ha	d one or ma	ore related
(a) Name, address, and EIN of related organization	Ē	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section Sector S
ţ			country)							Yes No
AGASSI ENTERPRISES, INC 88-0310444 1120 N. TOWN CENTER DRIVE, #160 LAS VEGAS, NV 89144	SPORTS	SPORTS MANAGEMENT	NV	N/A	C CORP	N	N/A	N/A	N/A	X
ANDRE AGASSI TRUST - 53-0136559 1120 N. TOWN CENTER DRIVE, #160 1120 V. TOWN CENTER DRIVE, #160	TNUTESUMENTIG	Sums	NIV	₹/N	ШКЦКЧ	N	M/A	N/A	4/N	×
									•	
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ANDRE AGASSI FOUNDATION FOR E	R EDUCATION
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		kotoli enelterinense istatu		Les No
1 During the tax year, did the organization engage in any of the following transactions with one of ritore related of ganizations listed in ratis listy of	s with one or more re	ומופט טונטמווצמוטווא וואופט		×
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	······		***************************************	
b Gift, grant, or capital contribution to related organization(s)				1b A
(0				1c X
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L LUAIS OF DAIL GUARANTERS OF OF THARE OF DAAL STATION (S)				+
e Loans or loan guarantees by related organization(s)				1e
f Dividends from related organization(s)				tf X
	* * * * * * * * * * * * * * * * * * * *			
h Purchase of assets from related organization(s)			* * * * * * * * * * * * * * * * * * * *	
i Exchange of assets with related organization(s)				1i X
i Lease of facilities. equipment, or other assets to related organization(s)				1j X
k I eace of facilities equipment or other assets from related organization(s)				¥ ¥
 Doutourmono of continue or membership or fundratising collettations for related organization(c) 	anization(e)		* * * * * * * * * * * * * * * * * * * *	- X
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			***************************************	>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			
 Sharing of paid employees with related organization(s) 				10 Å
a Reimburseement naid to related organization(s) for evnenses				10 X
	*************************	* * * * * * * * * * * * * * * * * * * *		<u> </u>
d reinbursement paid by related organization(s) for expenses		*****		
				*
s Other transfer of cash or property from related organization(s)	** * * * * * * * * * * * * * * * * * * *			v:
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	ils line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved
	type (a-s)			
(1)				
(2)				
Ĩ				
(3)				
5				
(4)				
(5)				
(6)				
432163 08-14-14	50		Schedul	Schedule R (Form 990) 2014

9295 Page 4	1	r gross revenue)	(i) (i) (k) Code V-UBI General of Percentage amount in box 20 managing of Schedule K-1 <u>partner?</u> ownership (Form 1065) <u>yes No</u>	 	 	 ·		 	 		 		 		 	Schedule R (Form 990) 2014
34-1759295		d by total assets o	(i) or- Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			 		 		 -					 	Schedul
		tivities (measured	(g) (h) Share of Dispropor- tionations? assets Yes No				 	 			 		 		 	
	IV, line 37.	percent of its ac			 			 	 		 	-	 			
	i Form 990, Part I	ed more than five	(f)		 	 	 	 					 		 	
EDUCATION	If the organization answered "Yes" on Form 990, Part IV, line 37.	he organization conducte estment partnerships.	(d)													
ATION FOR	plete if the organiz	iip through which t sion for certain inve	(c) Legal domicile (state or foreign country)													
ANDRE AGASSI FOUNDATI	ble as a Partnership Com	intity taxed as a partnersh itructions regarding exclue	(b) Primary activity													
Schedule R (Form 990) 2014 ANDRE	Part VI Unrelated Organizations Taxable as a Partnership Complete	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity													

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134,047,085. [6 Check organization type] [X] 501(c) corporation [] 501(c) trust [] 101(c) trust [] 01(c) trust <t< td=""><td>at and of year</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	at and of year								
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 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000. 33 1,000. 34 -8,596. 	32 I prolated business t	tavahla ir	nome before specific dad	uction Subtract line 21 fr	 om line	30	••••••		-8 596
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 -8,596.									
line 32									
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									Form 990-T (2014)

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Form 990-T (34-175	9295	Page 2
	Tax Computation				
35 (Irganizations Taxable as Corporations. See instructions for tax computation.				
C	ontrolied group members (sections 1561 and 1563) check here 🕨 🗔 See instructions an	d:			
a E	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	r):			
(1) \$ (2) \$ (3) \$				
	nter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
(2) Additional 3% tax (not more than \$100,000) [\$				
	icome tax on the amount on line 34		►	35c	0.
	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				
Г	Tax rate schedule or Schedule D (Form 1041)		►	36	
37 F	roxy tax. See instructions			37	
	Iternative minimum tax			38	
	otal. Add lines 37 and 38 to line 35c or 36, whichever applies			39	0.
	Tax and Payments	·····	*****	1.00.1	
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
		40b			
	ther credits (see instructions)				
	teneral business credit. Attach Form 3800				
	redit for prior year minimum tax (attach Form 8801 or 8827)			40.0	
	otal credits. Add lines 40a through 40d			40e	0.
41 8	ubtract line 40e from line 39 hther taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 88	0.0		41	v.
				42	0.
	otal tax. Add lines 41 and 42	1 1		43	U.
	ayments: A 2013 overpayment credited to 2014	44a			
	014 estimated tax payments	44b			
	ax deposited with Form 8868	44c			
	oreign organizations: Tax paid or withheld at source (see instructions)	44d			
	ackup withholding (see instructions)	44e			
f (redit for small employer health insurance premiums (Attach Form 8941)	44f			
g (ither credits and payments: Form 2439				
[☐ Form 4136 Other Total ►	44g			
45 1	otal payments. Add lines 44a through 44g			45	
46 E	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄			46	
47 1	ax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		►	47	0.
48 (verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		🕨	48	0.
49 E	nter the amount of line 48 you want; Credited to 2015 estimated tax 🕨	Refu		49	
Part V	Statements Regarding Certain Activities and Other Informati	on (see instruct	ons)		
1 At an	r time during the 2014 calendar year, did the organization have an interest in or a signature or c	ther authority over	a financial ad	count (bank	, Yes No
secur	ities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form	114, Report of For	eign Bank ar	id Financial	
Accor	ints. If YES, enter the name of the foreign country here 🕨				X
2 During If YES.	the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a loreign to see instructions for other forms the organization may have to file.	ust?			X
	the amount of tax-exempt interest received or accrued during the tax year > \$				al t att
Schedu	Ie A - Cost of Goods Sold. Enter method of inventory valuation 🕨 N/Z	ł			
1 Inven	tory at beginning of year	ar		6	
	ases 7 Cost of goods sold. S				
3 Cost	of labor 3 from line 5. Enter here		2	7	
	anal section 263A costs (att. schedule) 4a 8 Do the rules of section	1 263A (with respe	t to		Yes No
	costs (attach schedule) 4b property produced or				
	Add lines 1 through 4b	-			
- 10(0)	Under penalties of pertury. I deplace that I have examined this return, including accompanying schedules and	statements, and to the	best of my kn	wiedge and b	elief, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of taxpayer (other than taxpayer) is based on all information of taxpayer (other taxpayer) is based on all information of taxpayer (other taxpayer) is based on all information of taxpayer (other taxpayer (rer has any knowledge			
Here	• OFFICE		1	•	cuss this return with own below (see
	Signature of officer Date Title			structions)?	
		ite C	_ _	if PTIN	
			if- employed		
Paid	KAREN GRIES	110/205	a sapoyou		078514
Prepar	er CAREN GRIED		irm's EIN 🕨		0746749
Use Or	220 SOUTH SIXTH STREET, SUITE		unio Env		
	Firm's address MINNEAPOLIS, MN 55402		hone no.	512-37	6-4500
	THE AND A MANAGE MANAGEMENT AND	11	10/16 110,		orm 990-T (2014)
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Form 990-T (2014) ANDRE AGASSI FOUNDATION FOR EDUCATION 34-1759295 Page 3 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)^(see instructions)

1. Description of property

(1)									
(2)	<u> </u>			· · ·					· · · · · · · · · · · · · · · · · · ·
						<u> </u>			
(4)									
		ed or accrue					3(a) Deductions dire	ctly co	nnected with the income in
(a) From personal property (if the rent for personal property is n 10% but not more than 5	nore than	(b) F o	f rent for pe	ad personal propert ersonal property exe is based on profit	ceeds 50% c	entage or if	columns 2(a	a) and 2	(b) (attach schedule)
(1)		1							
(2)									
(3)									
(4)									
Total	0.	Total				0.			
(c) Total income. Add totals of colum here and on page 1, Part I, line 6, colu						0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	1, .	0.
Schedule E - Unrelated D	ebt-Financed	i Incom	ie (see i	nstructions)					
							3. Deductions directly		
_				 Gross inc or allocable 	come from e to debt-	(2)	to debt-fir Straight line depreciation		(b) Other deductions
1. Description of deb	ot-financed property			financed p	property	(")	(attach schedule)		(attach schedule)
(1)									
(2)	-								
(3)				·	•				
(4)									······································
4. Amount of average acquisition	5 Average	adjusted ba	asis	6, Column 4	4 divided		7. Gross income	1.	8, Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	allocable to inced proper h schedule)		by colu			reportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))
(1)	-				%	6			
(1) (2)					%			- t	
					%	_			· · ·
(3)					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_			
(4)							nter here and on page 1,		Enter here and on page 1,
							art I, line 7, column (A).		Part I, line 7, column (B).
Totals					1			0.	0.
Total dividends-received deduction									0.
Schedule F - Interest, An	nuities. Rova	ties, ar	nd Ren	ts From C	ontrolle	d Orga	nizations (see i	nstruc	ctions)
		,		t Controlled O					
1. Name of controlled organization	2			3.	T ³	4.	5. Part of column	4 that is	s 6. Deductions directly
T. Name of comoned organization	Employer id	entification	Net un	related income see instructions)		of specified ients made	included in the cor organization's gross	trolling	connected with income
	11041	061	(1033) (3	ee man bedonay	paym		organization a gross	,	e in comme
/4)									
(1)						_			
(2)	·····				+				
(3)				, "					· · · · ·
(4) Nonexempt Controlled Organizati					1		. I		1
	8. Net unrelated incon	a (loss)	<u>о</u> то	al of specified pay	mente	10 Part of	column 9 that is included	1 11	Deductions directly connected
	(see instruction:		3,10	made	internas	in the con	trolling organization's ross income	'''	with income in column 10
						5			
(1)	· "								
(2)			+						
(3)								+	
(4)									
							olumns 5 and 10, and on page 1, Part I,		Add columns 6 and 11,
							and on page 3, Part 1, 8, column (A).	=	nter here and on page 1, Part I, Jine 8, column (B).
								1	
Totals				••••••••••••••••••••••••••••••••••••••	►		0.	·1	0.
423721 01-13-15				50	6				Form 990-T (2014)

34-1759295

Page 4

Form 990-T (2014) ANDRE AGASSI FOUNDATION FOR EDUCATION Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income 2. Answell of Yourks 4. Additional and additional additionad additionad additional additional additional additionad addition	1011 000)								
(2) (3) (4) (5) (5) (4) (5) (5) (5) (5) (5) Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (6) (7) (7) 1. description of exclosing 2, Gace (3) (5) (6) (6) (7) (1) 2, Gace (2) (3) (7)	1. Descr	iption of income			2. Amount of income	directly o	onnected		5. Total deduction and set-asides (col. 3 plus col. 4
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Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income 1. Description d explores activity 2. Gooss Income tom broken or banknosi 3. Express discrete consultant with graduation business income business income 4. Nat income tom press compute india press compute in	Totals			. ►İ	0.				(
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1. Description of explored actively business focure (1) Unsplicit (1) Description (1) Description (1) Interactive (1) Interactive (1) <thinteractive (1) Interactive (1)</thinteractive 		2 Gross			4. Net income (loss) from unrelated trade or	5. Gross	sincome	e _	7. Excess exempt
exploring active of circrelated buillings income mining active in the distribution and distribution column 5 bott and column 5 (1)		unrelated business				from act	ivity that		expenses (column 6 minus column 5,
Image of periodical 2. Gross subsetting income 3. Direct inclusion in the periodical is brought 7. 5. Cacuation is contained in the periodical is brought 7. (1) Image f. Fort I. Image of periodical is Reported on a Consolidated Basis 5. Cacuation is contained in the periodical is brought 7. 7. Excess in the periodical is the periodical is brought 7. (1) Image f. Fort I. Image of periodical is Reported on a Consolidated Basis 5. Cacuation is contained in the periodical is brought 7. 7. Excess in the periodical is the periodical is brought 7. (1) Image f. Fort I. Image of periodical is advertising income 3. Direct is provide 7. 5. Cacuation is contained in the periodical is the periodical is the periodical is the periodical is advertising contained on the periodical is advertising income 6. Readewith periodical is the periodical i	exploited activity		of unrelate	ed i					but not more than
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