Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A I	or tr	ie 201	4 calendar year, or tax year beginning , 2014,	and ending			20			
R o	heck if a	nnlicable:	C Name of organization		D Employer ider		nber			
	_		THE SPROUT FUND		20-4077	7513				
	Addre		Doing business as							
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nur	nber				
	Initial	return	5423 PENN AVENUE		(412) 32	5-0646				
	Final termin	return/ nated	City or town, state or province, country, and ZIP or foreign postal code							
	Amen		PITTSBURGH, PA 15206-3423		G Gross receipt	G Gross receipts \$ 3,781,263.				
	Applio pendi		F Name and address of principal officer: CATHY LEWIS LONG		H(a) Is this a grou subordinates?	p return for	Yes X No			
		-	5423 PENN AVENUE PITTSBURGH, PA 15206-3423		H(b) Are all subordi		Yes No			
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	r 527	If "No," attac	h a list. (see inst	ructions)			
J	Websi	te: 🕨	WWW.SPROUTFUND.ORG		H(c) Group exemp	otion number	•			
K	Form (of organ	nization: X Corporation Trust Association Other	L Year of for	mation: 2005 M	State of legal of	domicile: PA			
Pa	art I	Su	ımmary	•						
	1	Briefly	y describe the organization's mission or most significant activities: THE SP.	ROUT FUND	WORKS TO PO	OSITIVEI	LY			
ė			ECT THE CIVIC AND PHILANTHROPIC COMMUNITY BY P.							
and		POI	NT FOR YOUNG PEOPLE TO BECOME INVOLVED AND ACT	IVE IN TH	EIR					
ern	2	Check	k this box F if the organization discontinued its operations or disposed	d of more than 2	5% of its net assets	 5.				
Governance	ı		per of voting members of the governing body (Part VI, line 1a)			3	14.			
			per of independent voting members of the governing body (Part VI, line 1b)			4	13.			
Activities &			number of individuals employed in calendar year 2014 (Part V, line 2a)			5	12.			
Ξ̈́	ı		number of volunteers (estimate if necessary)			6	50.			
Acı			unrelated business revenue from Part VIII, column (C), line 12			7a	0			
			nrelated business taxable income from Form 990-T, line 34			7b	0			
		1401 01	The lated business taxable mount from one 1, mile of 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		Prior Year		irrent Year			
	8	Contri	ibutions and grants (Part VIII, line 1h)		1,411,56	9 3	769,751.			
Jue	9		am service revenue (Part VIII, line 2g)		1,111,00	0	0			
Revenue	10	Invoct	tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,77		2,091.			
Re	11		revenue (Part VIII, column (A), lines 5, 4, and 70)		4,47		9,421.			
	12				1,417,82	_	7,781,263.			
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		456,96		611,940.			
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		430,90	0	011,940.			
	14		fits paid to or for members (Part IX, column (A), line 4)		610,99		615,729.			
Expenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)				013,729.			
Sen	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		18,55	5.				
Ä	D D		fundraising expenses (Part IX, column (D), line 25) 122,480.		450 44	2	051 730			
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		450,44		951,730.			
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,536,95	_	.,179,399.			
_ s	19	Rever	nue less expenses. Subtract line 18 from line 12		-119,13		,601,864.			
ts o				Бе			nd of Year			
sse	20		assets (Part X, line 16)		2,073,54		3,587,286.			
Net Assets or Fund Balances	21		liabilities (Part X, line 26)		310,14	_	221,943.			
			ssets or fund balances. Subtract line 21 from line 20.		1,763,40	0. 3	,365,343.			
	rt II		gnature Block							
Uno	der per e, corre	nalties o ect, and	of perjury, I declare that I have examined this return, including accompanying schedule complete. Declaration of preparer (other than officer) is based on all information of which	es and statement h preparer has an	s, and to the best of y knowledge.	my knowledg	ge and belief, it is			
					, j					
Sig	n		0:							
He			Signature of officer		Date					
110			CATHY LEWIS LONG PRESIDE	NT						
			Type or print name and title	I.B.		p				
Paic	ı		Type preparer's name Preparer's signature	Date	_ Check	if PTIN				
	oarer	REBI	EKUH A ELEY KULUN CUL	11/16/19			247672			
	Only		sname ▶BDO USA, LLP		Firm's EIN ▶ 1					
	Jy	Firm's	saddress ▶339 SIXTH AVE, 8TH FL PITTSBURGH, PA 152	222	Phone no. 4	12-281-2	2501			
Мау	the I	RS dis	ccuss this return with the preparer shown above? (see instructions)			Х	Yes No			
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			Fo	orm 990 (2014)			

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	filing for an Automatic 3-Month Extension,				▶ X				
	filing for an Additional (Not Automatic) 3-Me								
Do not comp	<i>lete Part II unless</i> you have already been gra	nted an au	tomatic 3-month exten	sion on a previously filed Form 8	868.				
a corporation	ling <i>(e-file)</i> . You can electronically file Form n required to file Form 990-T), or an addition	nal (not au	tomatic) 3-month exter	nsion of time. You can electroni	ically file Form				
8868 to req	uest an extension of time to file any of the	forms liste	ed in Part I or Part II w	ith the exception of Form 887	0, Information				
instructions)	Fransfers Associated With Certain Personal For more details on the electronic filing of the control of the cont	l Benefit	Contracts, which mus	it be sent to the IRS in pape	r format (see				
					onpronts.				
	tomatic 3-Month Extension of Time. Or								
	n required to file Form 990-T and requesting				. \Box				
Part Tonly	and the second s				▶ 🗀				
to file incom	porations (including 1120-C filers), partnersh	ips, K⊑MIC	is, and trusts must use i						
to me mcom	Name of exempt organization or other filer, see in	structions		Enter filer's identifying number					
Type or	Traine or exempt organization or other mer, see in	Sirucions.		Employer identification number (El	N) or				
print	THE SPROUT FUND			20 4077512					
File by the	Number, street, and room or suite no. If a P.O. bo	v see instru	rtions	20-4077513					
due date for	5423 PENN AVENUE	r, 500 mand	Buons.	Social security number (SSN)					
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress see instructions						
instructions.	PITTSBURGH, PA 15206-3423								
					0 1				
Enter the Re	turn code for the return that this application	is for (file a	a separate application to	or each return)	[
Application		Return	Application		Return				
ls For		Code	Is For		Code				
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	tion)	07				
Form 990-BL		02	Form 1041-A		08				
Form 4720 (03	Form 4720 (other tha	un individual)	09				
Form 990-PF	·	04	Form 5227	in marriada)	10				
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11				
	(trust other than above)	06	Form 8870		12				
			1 01111 007 0		1 12				
• The books	are in the care of ▶MATT HANNIGAN, V	ICE_PRE	SIDENT, 5423 PEN	IN AVENUE PITTSBURGH,	PA 15206-3				
Telephone	No. ▶ 412 325-0646	F	FAX No. ▶						
• If the orga	nization does not have an office or place of t	usiness in	the United States, ched	ck this box	▶				
 If this is for 	r a Group Return, enter the organization's for	ır digit Gro	up Exemption Number ((GEN) . If	f this is				
for the whole	group, check this box ▶	it is for pa	art of the group, check t	this box and	attach				
a list with the	names and EINs of all members the extensi	on is for.							
1 I reques	st an automatic 3-month (6 months for a cor	poration re	quired to file Form 990)-T) extension of time					
until	08/15_, 20_15_, to file the	exempt org	anization return for the	e organization named above. The	e extension is				
	organization's return for:								
	calendar year 20 14 or								
>	ax year beginning	, 20	, and ending	, 20	69				
2 If the ta	x year entered in line 1 is for less than 12 m	onths, chec	ck reason: 🔲 Initial re	eturn Final return					
	nange in accounting period								
3a If this a	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any					
nonrefu	ndable credits. See instructions.			3a \$	0				
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	efundable credits and					
estimat	ed tax payments made. Include any prior year	overpaym	nent allowed as a credit	. 3b \$	0				
	due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS					
	nic Federal Tax Payment System). See instruc				0				
	are going to make an electronic funds withdrawal	(direct debi	t) with this Form 8868, se	ee Form 8453-EO and Form 8879-EC) for payment				
instructions.									
For Privacy A	t and Paperwork Reduction Act Notice, see instru	uctions.		Form 886	68 (Rev. 1-2014)				

Form 8868 (R					Page 2	
If you are	e filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part	Il and check this box	X	
	complete Part II if you have already been gra					
 If you are 	e filing for an Automatic 3-Month Extension,	complete d	only Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the original	ginal (no copies needed).		
			E	nter filer's identifying number, see	instructions	
	Name of exempt organization or other filer, see in	structions.	-	Employer identification number (E	_	
Type or						
print	THE SPROUT FUND			20-4077513		
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)		
File by the due date for	5423 PENN AVENUE					
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
instructions.	PITTSBURGH, PA 15206-3423					
Enter the Re	eturn code for the return that this application	is for (file a	separate application for ea	ach return)	. 01	
Application		Return	Application		Return	
ls For		Code	Is For		Code	
Form 990 (or Form 990-EZ	01			Jouc	
Form 990-E		02	Form 1041-A		08	
) (individual)	03	Form 4720 (other than in	dividual)	09	
Form 990-F		04	Form 5227	idividual)	10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	T (trust other than above)	06	Form 8870		12	
	not complete Part II if you were not already			sion on a previously filed Form		
Telephon	s are in the care of ► _{MATT HANNIGAN, Was are No. ► 412 325-0646}	TOE PRE	SIDENT, 5423 PENN_ Fax No. ▶	AVENUE PITTSBURGH, PA	15206-3	
	anization does not have an office or place of	·		nie boy		
 If this is for 	or a Group Return, enter the organization's for	ır digit Gra	un Evenntion Number (GE	N) If the	n in	
for the whol	e group, check this box	it is for no	ert of the group, shock this	hov box		
	names and EINs of all members the extension		int of the group, check this	box▶ and atta	icn a	
	est an additional 3-month extension of time un		1	1/15 00 15		
	lendar year 2014, or other tax year beginni			1/15, 20 15.	20	
	ax year entered in line 5 is for less than 12 m				20	
	Change in accounting period	OTILIS, CITEC	ck reason: Initial re	turn Final return		
	n detail why you need the extension ADDIT	TONIAT. TO	IME IS NEEDED TO G	ATURD THE		
	MATION NECESSARY TO FILE A COM					
1141 011	difficulty and applied to the A COM	THE AL	ND ACCURATE TAX RE	ORIN		
8a If this	application is for Forms 990-BL, 990-PF, 99	O.T. 4720	or 6060 ontor the tent	totivo tov loca and		
	undable credits. See instructions.	90-1, 4/20	, or obos, enter the tent	· _ _		
	application is for Forms 990-PF, 990-T,	4720 or	6060 optor any rotun	doble eredite and	0	
	ted tax payments made. Include any price					
	it paid previously with Form 8868.	oi yeai o	verpayment allowed as			
			and with this face if	8b \$	0	
	te Due. Subtract line 8b from line 8a. Include		ent with this form, if require			
(Electiv	onic Federal Tax Payment System). See instruc		- 11 16 B	8c \$	0	
In day	Signature and Verifica					
under penalti Indwiedae an	ies of perjury, I declare that I have examined that I have examined that I and belief, it is true, correct, and complete, and that I a	ils form, inc	cluding accompanying sched	ules and statements, and to the	best of my	
ocage all	a bond, it is true, correct, and complete, and that it	am authorize	ou to prepare this form.			
Signature >			Tialo	D		
Jigilatule -			Title	Date >		
				Form 8868 (Rev. 1-2014)	

Form 990 (2014) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No 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 Yes X No If "Yes," describe these changes on Schedule O. 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. 248,113. including grants of \$ 112,664.) (Revenue \$ 4a (Code:) (Expenses \$ THE SEED AWARD FUND FOR COMMUNITY INNOVATION AT THE SPROUT FUND SUPPORTS PITTSBURGH-BASED PROJECTS AND CIVIC ENGAGEMENT INITIATIVES OCCURRING AT THE GRASSROOTS-LEVEL. BY SUPPORTING MANY SMALL PROJECTS, SPROUT IS SEEDING COMMUNITY CHANGE, ENERGIZING CIVIC AND CULTURAL LIFE, AND CATALYZING LOCAL SOLUTIONS TO GLOBAL CHALLENGES. BY TAKING CHANCES ON PEOPLE AND THEIR IDEAS, SPROUT IS PUSHING THE BOUNDARIES OF WHAT'S POSSIBLE FOR COMMUNITIES IN SOUTHWESTERN PENNSYLVANIA, SUPPORTING TODAY'S THOUGHT-PROVOKING CHANGE MAKERS AND TOMORROW'S INVENTIVE VISIONARIES. 768,673. including grants of \$ $_{154,876}$.) (Revenue \$ 4b (Code:) (Expenses \$ THE SPROUT FUND STEWARDS THE REMAKE LEARNING NETWORK BY PROVIDING CATALYTIC SUPPORT FOR NEW LEARNING INITIATIVES, BUILDING THE LEARNING INNOVATION FIELD THROUGH PROGRAM DESIGN AND PROFESSIONAL DEVELOPMENT, RAISING AWARENESS AND UNDERSTANDING THROUGH KNOWLEDGE SHARING AND ENHANCED COMMUNICATIONS, AND TELLING THE STORY OF LEARNING INNOVATION IN THE REGION THROUGH MULTIMEDIA DOCUMENTATION - ALL IN AN EFFORT TO PROVIDE MORE RELEVANT, IMAGINATIVE, AND ACCESSIBLE LEARNING OPPORTUNITIES FOR CHILDREN, YOUTH, AND FAMILIES IN THE GREATER PITTSBURGH REGION. 344,400.) (Revenue \$ 4c (Code:) (Expenses \$ 932,324. including grants of \$ THE SPARK FUND FOR EARLY LEARNING AND THE HIVE FUND FOR CONNECTED LEARNING AT THE SPROUT FUND ARE COMPLEMENTARY CATALYTIC FUNDING INITIATIVES THAT PROVIDE SUPPORT FOR INNOVATIVE SOLUTIONS AND IMAGINATIVE APPROACHES TO LEARNING THAT ARE OPEN AND ACCESSIBLE TO ALL CHILDREN, YOUTH, AND TEENS IN THE GREATER PITTSBURGH REGION. SPARK HELPS CHILDREN DEVELOP HANDS-ON SKILLS AND DIGITAL LITERACIES WITH TARGETING CHILDREN AGE 10 AND UNDER. HIVE BUILDS CONNECTED LEARNING EXPERIENCES FOR YOUTH AND TEENS AGES 10 AND UP. 4d Other program services (Describe in Schedule O.) (Expenses \$ 4,025. including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 1,953,135.

JSA 4E1020 1.000

Part IV Checklist of Required Schedules Page 3

rai	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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Χ
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		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		77
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.1		7.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
'	the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	111		Λ
12 a		12a		Χ
h	complete Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		- 22
	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
	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		Х
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		Χ
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		Χ
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 4 Form 990 (2014)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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			
23	·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		v
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
		ZJa		21
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?			3.7
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		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 of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
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):			
•	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
b		206		Χ
	Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
0_	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		22		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			3.7
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Χ
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? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
		37		Х
20	Part VI	31		21
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3.7	
	19? Note . All Form 990 filers are required to complete Schedule O		X	

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Statements Regarding Other IRS Fillings and Tax Compliance

Par	- · · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable 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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	UD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
и	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filled a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		X
h	IT YES THE IT THE CONTROL OF A PARTY THE PROPERTY AND A PARTY OF A	1/Ib		

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Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 1	1		
	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 1	3		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O			X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Code	<u> </u>	21
0001	CHELL CHOICE (TIME COCACH E TOQUECE INTOTTIALENT ABOUT PONOTO HOLTOGAMOU BY LITE INTOTIAL TROVONAC	Oout	Yes	No
102	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,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			3.7
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	1 C h		
Sect	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶_PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	-)(3)	
10	available for public inspection. Indicate how you made these available. Check all that apply.	1001(0	,,(3)5	orny)
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of the conflic	erest	policy	/. and
. •	financial statements available to the public during the tax year.	3.500	_ = =	,,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls:▶		

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

				(C)	١	•			,	
(A) Name and Title	(B) Average hours per week (list any	box,	not che unless	Posit eck n s pers	Position eck more than one person is both an a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)HENRY SIMONDS	1.00									
DIRECTOR		X						0	0	0
_(2)MARK BROADHURST	2.00									
CHAIR	40.00	X		Х				0	0	0
_(3)CATHY_LEWIS_LONG PRESIDENT	40.00	Х		Х				109,670.	0	9,467.
(4)JOHN RHOADES	1.00									
DIRECTOR		X						0	0	0
_(5)STEPHAN_BONTRAGER DIRECTOR	1.00	X						0	0	0
(6)DAN BYERS	1.00									
SECRETARY	0.00	X		Х				0	0	0
_(7)MIKE_HAGGERTY TREASURER	2.00	X		Х				0	0	C
_(8)KEN_SPRUILL DIRECTOR	1.00	X						0	0	
(9)SEEMA PATEL	1.00							-		
DIRECTOR (10)JASDEEP KHAIRA	1.00	X						0		
DIRECTOR	1 00	X		_	_			0	0	C
(11)LUKE_SKURMAN DIRECTOR	1.00	X						0	0	C
(12)JOHN ROBINSON DIRECTOR	1.00	Х						0	0	0
(13)ANDREW BUTCHER DIRECTOR	1.00	Х						0	0	
(14) JEREMY SHAPIRA DIRECTOR	1.00	X						0		0

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	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Emplo	yees (co	ontinued)	. age c
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from ed	Estim amou oth comper	ated int of er nsation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from organi: and re organiz	zation elated
15)	MATT HANNIGAN	40.00											
	VICE PRESIDENT				Х				94,181.		0	4	4,711.
1b	Sub-total								109,670.		0	(9,467.
	Total from continuation sheets to Part VII, S	ection A							94,181.		0		4,711.
	Total (add lines 1b and 1c) Total number of individuals (including but not							o re	203,851.	\$100 000	of.	14	1,178.
_	reportable compensation from the organization			1	a ui		3) WIII		ocived more than	Ψ100,000	01		
												Υ	es No
3	Did the organization list any former office employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>											3	X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. If	"Yes	5,"	complete Schedu			4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	un	related organization			5	X
Se	ction B. Independent Contractors	,											
1	Complete this table for your five highest comcompensation from the organization. Report of year.												
	(A) Name and business add	dress							(B) Description of se	rvices	C	(C) ompensat	ion
_													

2. Total number of independent contractors (including but not limited to those listed above) who received

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

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Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to an	iy line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	10	Federated campaigns 1a					
and	1a	. odoratod dampaigno I I I I I I I I					
ي ق	b	Membership dues 1b					
ts, An	С	Fundraising events 1c					
ar a	d	Related organizations 1d					
S, E			7,848.				
Sign	е	Government grants (contributions) 1e	7,040.				
ë E	f	All other contributions, gifts, grants,					
들		and similar amounts not included above . 1f	3,761,903.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
ă Č	h	Total. Add lines 1a-1f		3,769,751.			
<u>e</u>	"		Business Code	3,703,731.			
'n		<u>-</u> '	Busiliess Code				
eVe	2a						
2	b						
نَ	C						
eZ							
S	d						
an	е						
Program Service Revenue	f	All other program service revenue					
Pr	g	Total. Add lines 2a-2f	🕨	0			
	3	Investment income (including dividende					
		and other similar amounts)	🏲	2,091.			2,091.
	4	Income from investment of tax-exempt bond p	oroceeds . 🕨	0			
	5	Royalties	<u> ▶ </u>	0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0			
d)				- U			
	8a	Gross income from fundraising					
en		events (not including \$					
ě		of contributions reported on line 1c).					
2		See Part IV, line 18 a					
Other Revenue	b	Less: direct expenses b					
÷	c	Net income or (loss) from fundraising events	•	0			
O		` '		0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.		0			
	100						
	10a	Gross sales of inventory, less					
		returns and allowancesa					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory	<u> ▶</u>	0			
		Miscellaneous Revenue	Business Code				
	44	Office Devenie		0 401			0.401
	11a	OTHER REVENUE		9,421.			9,421.
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		9,421.			
	12	Total revenue. See instructions		3,781,263.			11,512.
				0,,01,200.		!	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 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	603,940.	603,940.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,000.	8,000.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	0			
5 Compensation of current officers, directors,	0			
trustees, and key employees	218,027.	110,120.	30,259.	77,648.
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0	007.004	00 077	2 240
7 Other salaries and wages	310,641.	287,224.	20,077.	3,340.
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	44,588.	36,703.	2,912.	4,973.
10 Payroll taxes	42,473.	31,991.	4,209.	6,274.
11 Fees for services (non-employees):	·			· · · · · · · · · · · · · · · · · · ·
a Management	6,435.	6,318.	117.	
b Legal	0			
c Accounting	23,272.		23,272.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	O .			
G Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	17,430.	13,261.	3,305.	864.
12 Advertising and promotion	110,947.	107,598.	156.	3,193.
13 Office expenses	57,785.	37,007.	12,732.	8,047.
14 Information technology	24,762.	19,673.	2,084.	3,005.
15 Royalties	0			
16 Occupancy	30,145.	24,903.	2,638.	2,604.
17 Travel	20,970.	20,842.	88.	40.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,984.	37,591.	210.	182.
20 Interest	0	01,70321		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization	4,918.	4,063.	430.	425.
23 Insurance	8,412.	6,949.	736.	727.
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
DOCUMENTATION	120,742.	119,742.		1,000.
b PROGRAMMATIC COSTS	292,462.	292,462.		1,000.
cevent-related	183,321.	183,163.		158.
dBAD DEBTS & PENALTIES	10,560.	,	560.	10,000.
e All other expenses	1,585.	1,585.		
25 Total functional expenses. Add lines 1 through 24e	2,179,399.	1,953,135.	103,785.	122,480.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
following SOP 98-2 (ASC 958-720)	0			Form 990 (2014)

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Part X Balance Sheet Check if Schedule O contain

Pa	rt X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,151,030.	1	49,899.
	2	Savings and temporary cash investments	799 , 822.	2	1,677,464.
	3	Pledges and grants receivable, net	116,522.	3	1,858,101.
	4	Accounts receivable, net	C	4	(
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	C	5	(
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L	C	6	(
Assets	7	Notes and loans receivable, net	C	7	(
Ass	8	Inventories for sale or use	C	8	(
	9	Prepaid expenses and deferred charges	C	9	(
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 47, 432.			
	b	Less: accumulated depreciation	6,174.		1,822.
	11	Investments - publicly traded securities	С	11	
	12	Investments - other securities. See Part IV, line 11	С	12	0
	13	Investments - program-related. See Part IV, line 11	C	13	0
	14	Intangible assets	C	14	(
	15	Other assets. See Part IV, line 11	0.070.540	15	0 507 006
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,073,548. 66,648.		3,587,286.
	17	Accounts payable and accrued expenses		17	75,326. 146,617.
	18	Grants payable	243,500.	18	140,017.
	19 20	Deferred revenue		19	
"	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,		21	
iliq	22	trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L	(22	(
	23	Secured mortgages and notes payable to unrelated third parties	(23	(
	24	Unsecured notes and loans payable to unrelated third parties	C	24	(
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	C	25	C
	26	Total liabilities. Add lines 17 through 25	310,148.	26	221,943.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	402,383.	27	466,624.
Bal	28	Temporarily restricted net assets	1,361,017.	28	2,898,719.
Fund Balances	29	Permanently restricted net assets	C	29	(
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,763,400.	33	3,365,343.
	34	Total liabilities and net assets/fund balances	2,073,548.	34	3,587,286.

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<i>.</i>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	81,2	263.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,1	79,3	399.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,6	01,8	364.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,7	63 , 4	100.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				79.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3,3	65,3	343.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	According with a local transverse the Francisco Cook. V Accord. College				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," ex Schedule O.	кріаіі	1 111			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were com			Za		
	reviewed on a separate basis, consolidated basis, or both:	plied	1 01			
	Separate basis Consolidated basis Both consolidated and separate basis					
L	<u> </u>			2b		X
D	Were the organization's financial statements audited by an independent accountant?					
	separate basis, consolidated basis, or both:	eu o	II a			
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	were	iaht			
·	of the audit, review, or compilation of its financial statements and selection of an independent acc		_	2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	, tp .c				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit 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 und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization THE SPROUT FUND 20-4077513 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	endar 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.")	929,883.	1,805,702.	1,580,297.	1,411,569.	3,769,751.	9,497,202.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	929,883.	1,805,702.	1,580,297.	1,411,569.	3,769,751.	9,497,202.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)						5,610,494.
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support						3,886,708.
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	929,883.	1,805,702.	1,580,297.	1,411,569.	3,769,751.	9,497,202.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,039.	3,231.	1,965.	2,079.	2,091.	12,405.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	235.	565.	10,415.	4,172.	9,421.	24,808.
11	Total support. Add lines 7 through 10						9,534,415.
12	Gross receipts from related activities, etc. (se	ee instructions) .			l	12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
14	Public support percentage for 2014 (lin		-			14	40.77%
15	Public support percentage from 2013					15	48.06%
16a	331/3% support test - 2014. If the or	•					
	this box and stop here . The organization	•		•			
b	331/3% support test - 2013. If the o	-					
	check this box and stop here. The orga	-					
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	meets the "fac	cts-and-circumsta	ances" test, che	eck this box an	d stop here. Ex	plain in
	Part VI how the organization meets the			_			pported
b	organization						and line
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-
18	supported organization						▶ □
	instructions	<u></u>					. ▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page **3**

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

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

Sec	tion A. Public Support						
Caler	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.")	<u> </u>					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	_					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2013 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2014 (li			13, column (f))		17	%
18	Investment income percentage from 2013					18	%
	331/3% support tests - 2014. If the or						
	17 is not more than 331/3%, check th	-					
b	331/3% support tests - 2013. If the orga	-	-	•			
-	line 18 is not more than 331/3%, check						
20	Private foundation If the organization		•	•			<u> </u>

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Schedule A (Form 990 or 990-EZ) 2014 Page **4**

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
	and a section FOO(s)(4) on (0)0 If IIVes II complete in Port VII have the appropriate determined that the appropriate

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

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sacti	on C. Type II Supporting Organizations			
occin	on o. Type ii oupporting organizations		Yes	No
	Many and the fifth of the consected that Proposes are trusted and the formation and the consection of the Proposes		163	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		
Section	on D. All 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 organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 ins	tructi	ons):	
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 instruc	tions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	61		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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THE SPROUT FUND

Schedule A (Form 990 or 990-EZ) 2014 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must com			
Section A. Adjusted Not Income		(A) Dries Vees	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y-integra	ted Type III supporting	organization (see
instructions).			,

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page **7**

Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continuea)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(ii)	
8	Section E - Distribution Allocations (see instructions)	(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			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
C	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
O	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:			
a				
b				
C				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page **8**

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2010 AMOUNT: \$ 235.

2011 AMOUNT: \$ 565.

2012 AMOUNT: \$ 10,415.

2013 AMOUNT: \$ 4,172.

2014 AMOUNT: \$ 9,421.

Schedule B

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

Department of the Treasury Internal Revenue Service

THE SPROUT FUND

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number Name of the organization

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

		20-4077513
Organization type (check one)	ı:	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a pri	ivate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7) instructions. General Rule For an organization	covered by the General Rule or a Special Rule . (a), (8), or (10) organization can check boxes for both the General Rule (b), (8), or (10) organization can check boxes for both the General Rule (c), (8), or (10) organization can check boxes for both the General Rule (d), (8), or (10) organization can check boxes for both the General Rule (d), (8), or (10) organization can check boxes for both the General Rule (e), (8), or (10) organization can check boxes for both the General Rule (e), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for both the General Rule (f), (8), or (10) organization can check boxes for boxes for boxes for	contributions totaling \$5,000
Special Rules		
regulations under set 13, 16a, or 16b, and \$5,000 or (2) 2% of For an organization contributor, during t literary, or education	described in section 501(c)(3) filing Form 990 or 990-EZ that met extions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form that received from any one contributor, during the year, total contribute amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, described in section 501(c)(7), (8), or (10) filing Form 990 or 990-the year, total contributions of more than \$1,000 <i>exclusively</i> for religional purposes, or the prevention of cruelty to children or animals. Condescribed in section 501(c)(7), (8), or (40) filing Form 900 or 900 or 900 described in section 501(c)(7), (9), or (40) filing Form 900 or 900 o	orm 990 or 990-EZ), Part II, line ributions of the greater of (1) line 1. Complete Parts I and II. EZ that received from any one gious, charitable, scientific, mplete Parts I, II, and III.
contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-le year, contributions exclusively for religious, charitable, etc., purp I more than \$1,000. If this box is checked, enter here the total cont an exclusively religious, charitable, etc., purpose. Do not complete as to this organization because it received nonexclusively religious, charitable, etc., purpose.	oses, but no such ributions that were received any of the parts unless the haritable, etc., contributions
=	is not covered by the General Rule and/or the Special Rules does r at answer "No" on Part IV, line 2, of its Form 990; or check the box	The state of the s

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).

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)

Name of organization THE SPROUT FUND

Employer identification number 20-4077513

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	THE BUHL FOUNDATION 650 SMITHFIELD STREET, SUITE 2300 PITTSBURGH, PA 15222	\$500 , 000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	EAT'N PARK HOSPITALITY GROUP 285 EAST WATERFRONT DRIVE HOMESTEAD, PA 15120	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	GIANT EAGLE FOUNDATION 101 KAPPA DRIVE PITTSBURGH, PA 15238	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE GRABLE FOUNDATION 650 SMITHFIELD STREET SUITE 240 PITTSBURGH, PA 15222	\$1,426,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
5 _	JULIET LEA HILLMAN SIMONDS FOUNDATION 330 GRANT STREET STE 2000 PITTSBURGH, PA 15219	\$ 5,000.	
(a) No.	JULIET LEA HILLMAN SIMONDS FOUNDATION 330 GRANT STREET STE 2000		Person X Payroll Noncash (Complete Part II for

Name of organization THE SPROUT FUND

Employer identification number 20-4077513

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

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	MCCUNE FOUNDATION THREE PPG PLACE SUITE 400 PITTSBURGH, PA 15222	\$300,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _	COMMONWEALTH OF PENNSYLVANIA 216 FINANCE BUILDING HARRISBURG, PA 17120	\$7 <u>,</u> 848.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _	PITTSBURGH FOUNDATION 5 PPG PL STE 250 PITTSBURGH, PA 15222	\$268,864.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _	UNITED WAY OF ALLEGHENY 1250 PENN AVE PITTSBURGH, PA 15230	\$24,366.	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.)

Name of organization THE SPROUT FUND

Employer identification number

20-4077513

Part II	Notices in Froperty (see instructions). Use duplicate copies of Fa	art ir ir additional space is nee	aeu.
(a) No. from Part I	(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 I	(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 I	(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
		\$	

Name of organization THE SPROUT FUND

Employer identification number
20-4077513

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the

	Use duplicate copies of Part III if additi	onal space is needed.	ce. See instructions.) ►\$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
aiti			
		(e) Transfer of gift	
	Touristant and a state of the s		
	Transferee's name, address, an	a zır + 4	Relationship of transferor to transferee
a) No.			
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 F	Relationship of transferor to transferee
) No. rom 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
	Transferee's name, address, an	ed ZIP + 4 F	Relationship of transferor to transferee
	Transferee's name, address, an	d ZIP + 4 F	Relationship of transferor to transferee
) No. rom art I	Transferee's name, address, an	(c) Use of gift	(d) Description of how gift is held
) No. rom art I			
) No. rom art I			
ı) No. rom art I			
) No. rom art I		(c) Use of gift (e) Transfer of gift	
) No. rom art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE SPROUT FUND 20-4077513 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 **\$**_

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

4E1268 1.000

Schedule D (Form 990) 2014

\$

Schedule D (Form 990) 2014

Par	t III Organizations Maintaining Co	ollections of	Art, Hist	orical T	reasur	es,	or Oth	ner Similar A	ssets (contir	nued)
3	Using the organization's acquisition, ac-	cession, and	other recor	ds, check	any c	of the	follow	ing that are a	significa	ant use	e of its
	collection items (check all that apply):	,		,	,			9	3		
а	Public exhibition		d	Loan	r exch	ange	progran	ns			
b	Scholarly research		e								
С	Preservation for future generations	S									
4	Provide a description of the organizatio		s and expla	ain how t	hev fui	ther	the or	anization's ex	empt pur	rpose	in Part
	XIII.				,			,			
5	During the year, did the organization soli	cit or receive	donations o	of art. histo	orical tr	easu	res. or	other similar			
	assets to be sold to raise funds rather that									Yes	No
Par	t IV Escrow and Custodial Arrange										
	or reported an amount on Forr										,
	'	,	,								
1a	Is the organization an agent, trustee, cus	stodian or oth	er intermed	liarv for co	ontribu	tions	or othe	r assets not			
	included on Form 990, Part X?									Yes	No
b	If "Yes," explain the arrangement in Part								• 🗀 '	[
								Amou	ınt		
С	Beginning balance					10					
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount of						stodial	account liability	?	Yes	No
	If "Yes," explain the arrangement in Part										
	t V Endowment Funds. Complete										
		Current year	(b) Pric				s back	(d) Three years b		Four ye	ars back
1a	Beginning of year balance			-							
b	Contributions										
	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
f	Administrativo expenses										
	End of year balance										
2	Provide the estimated percentage of the	current year e	end balance	e (line 1g.	columr	n (a))	held as	:			
а	Board designated or quasi-endowment	•	%	, ,,		(//					
b	Permanent endowment >	<u>~</u>	_								
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and $\overline{2c}$	should equal 1	00%.								
3a	Are there endowment funds not in the po	ssession of the	he organiza	ation that	are hel	d and	d admir	istered for the			
	organization by:									Ye	s No
	(i) unrelated organizations								3a	a(i)	
	(ii) related organizations									(ii)	
b	If "Yes" to 3a(ii), are the related organiza									b	
4	Describe in Part XIII the intended uses of	f the organiza	ation's endo	wment fur	nds.					'	
Par	t VI Land, Buildings, and Equipmen	nt.	". =	000 B				F 000	D ()/	4	
	Complete if the organization a										
	Description of property		r other basis stment)	(b) Cost o (ot	r other ba ther)	1818		umulated eciation	(a) Boo	ok value	
1a	Land										
b	Buildings										
С	Leasehold improvements				23,05	55.		23,055.			
d	Equipment				24,3	77.		22,555.		1	,822.
	Other										
Tota	II. Add lines 1a through 1e. (Column (d) m	nust equal Forr	n 990, Part	X, column	(B), lir	ne 10	(c).)	▶		1	,822.

Page 2

Schedule D (Form 990) 2014 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII			D. (IV. I'. 44. 0. F 000 D. (V. I'. 40.
			, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
_(1)			
_(2)			
_(3)			
_(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
_(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Table (0 at	(h)	' 4F\	
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ue
	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedul	e D (Form 990) 2014	Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities 2b	
С	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	irn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIII.) Add lines 30 through 3d	
е	Add lines za through zu	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part		ant V. lines As Deart V. lines
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.

Schedule D (Form 990) 2014 THE SPROUT FUND 20-4077513 Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2014

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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. ▶ Attach to Form 990.

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

the selection criteria used to award the grants or assistance?

2014
Open to Public Inspection

OMB No. 1545-0047

Name and address of organization or government	(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
(1) AMIZADE GLOBAL SERVICE-LEARNING							
305 34TH STREET PITTSBURGH, PA 15201	36-3974227	501(C)(3)	10,000.				SEED AWAY PROJECT:
(2) ARTIST IMAGE RESOURCE							
518 FORELAND ST. PITTSBURGH, PA 15212	25-1803816	501(C)(3)	10,500.				HIVE PROJECT: GYMNA
(3) ARTS FOR AUTISM FOUNDATION OF PITTSBURGH							
3945 FORBES AVE. #453 PITTSBURGH, PA 15213	46-1529913	501(C)(3)	10,000.				HIVE PROJECT: YOUTH
(4) ASSET STEAM EDUCATION							
2403 SIDNEY STREET, SUITE 800	25-1742923	501(C)(3)	15,000.				REMAKE LEARNING PRO
(5) BLOOMFIELD-GARFIELD CORPORATION							
5149 PENN AVENUE PITTSBURGH, PA 15224	25-1290469	501(C)(3)	7,500.				SEED AWARD PROJECT:
(6) CARNEGIE MELLON UNIVERSITY							
5000 FORBES AVENUE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	15,000.				SPARK PROJECT: TEAC
(7) CARNEGIE MELLON UNIVERSITY							
5000 FORBES AVENUE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	10,000.				HIVE PROJECT: ARTS
(8) BRICOLAGE							

7,500

15,000

20,000.

PO BOX 4912 PITTSBURGH, PA 15206 43-2057957 501(c)(3) 12,000.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

25-1888510

25-6008790

25-1379704 501(C)(3)

501(C)(3)

501(C)(3)

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

P.O. BOX 42336 PITTSBURGH, PA 15203

2030 SWALLOW HILL ROAD PITTSBURGH, PA 15220

(9) CARNEGIE MUSEUM OF NATURAL HISTORY
4400 FORBES AVE. PITTSBURGH, PA 15219

(11) CHILDREN'S MUSEUM OF PITTSBURGH

10 CHILDREN'S WAY PITTSBURGH, PA 15212

(10) CHARTIERS VALLEY

(12) DREAMS OF HOPE

Schedule I (Form 990) (2014)

SEED AWARD PROJECT:

HIVE PROJECT: YOUTH

SPARK PROJECT: THE P

HIVE PROJECT: YOUTH

SPARK PROJECT: FIRST

4F1288 1.00

1813IR G64C 11/11/2015 2:57:52 PM V 14-7.6F

10606.001

SCHEDULE I (Form 990)

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.

2014

OMB No. 1545-0047

)epartm	ent of the Treasury			► Att	tach to Form 990.				Open to Public
	ternal Revenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								Inspection
lame of	the organization							Employer identific	ation number
THE S	PROUT FUND)						20-40775	13
Part I	General li	nformation on Grants and	l Assistance	е					
th	e selection crit	zation maintain records to su eria used to award the grants IV the organization's proced	or assistanc	e?					nd X Yes No
Part I		nd Other Assistance to Dene 21, for any recipient the							'Yes" to Form 990,
		address of organization	(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

(a) Name and address of organization or government	(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
_(1) ELLIS SCHOOL							
6425 FIFTH AVE. PITTSBURGH, PA 15206	25-0965329	501(C)(3)	15,000.				HIVE PROJECT: TINKER
(2) FINE ART MIRACLES							
3242 BEECHWOOD BLVD. PITTSBURGH, PA 15217	46-0619638	501(C)(3)	10,000.				SPARK PROJECT: ART &
(3) FINE ART MIRACLES							
3242 BEECHWOOD BLVD. PITTSBURGH, PA 15217	46-0619638	501(C)(3)	10,000.				SPARK PROJECT: READI
(4) FRACTURED ATLAS							
248 WEST 35TH ST, FLR 10 NEW YORK, NY 10001	11-3451703	501(C)(3)	6,000.				SPARK PROJECT: GLORI
(5) FRED ROGERS CENTER							
300 FRASER PURCHASE RD. LATROBE, PA 15650	25-0964126	501(C)(3)	15,000.				REMAKE LEARNING PROJ
(6) FRACTURED ATLAS							
248 WEST 35TH ST, FLR 10 NEW YORK, NY 10001	11-3451703	501(C)(3)	7,500.				SEED AWARD PROJECT:
(7) IONSOUND PROJECT							
3588 BEECHWOOD BLVD. PITTSBURGH, PA 15217	35-2452102	501(C)(3)	12,000.				HIVE PROJECT: FROM N
(8) JEWISH FEDERATION OF GREATER PITTSBURGH							
242 MCKEE PLACE PITTSBURGH, PA 15213	25-1017602	501(C)(3)	8,500.				SEED AWARD PROJECT:
(9) KELLY STRAYHORN THEATER							
5530 PENN AVENUE PITTSBURGH, PA 15206	31-1692848	501(C)(3)	9,200.				SEED AWARD PROJECT:
(10) THE KINGSLEY ASSOCIATION							
6435 FRANKSTOWN AVENUE, SUITE 201	25-0965412	501(C)(3)	8,000.				SEED AWARD PROJECT:
(11) MGR YOUTH EMPOWERMENT							
145 44TH ST. PITTSBURGH, PA 15201	36-4416453	501(C)(3)	13,000.				HIVE PROJECT: ENVIRO
(12) MOUNT LEBANON SCHOOL DISTRICT							
155 COCHRAN ROAD PITTSBURGH, PA 15228	25-6002216	PUBLIC SCHOOL D	13,500.				HIVE PROJECT: WATER
2 Enter total number of section 501(c)(3) an	d governmen	t organizations I	listed in the line 1 t	able		•	

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

Schedule I (Form 990) (2014)

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SCHEDULE I (Form 990)

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. ► Attach to Form 990.

2014 Open to Public

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Department of the Treasury Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number THE SPROUT FUND 20-4077513 Part I General Information on Grants and Assistance 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 criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(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
(1) THE NEIGHBORHOOD ACADEMY							
709 NORTH AIKEN AVENUE PITTSBURGH, PA 15206	25-1816609	501(C)(3)	12,000.				HIVE PROJECT: BULLDO
(2) NEW HAZLETT CENTER FOR PERFORMING ARTS							
6 ALLEGHENY SQUARE PITTSBURGH, PA 15212	20-1066102	501 (C) (3)	6,000.				SEED AWARD PROJECT:
(3) PENNSYLVANIA RESOURCES COUNCIL							
64 SOUTH 14TH STREET PITTSBURGH, PA 15203	23-6403971	501(C)(3)	11,000.				HIVE PROJECT: ENVIRO
(4) PITTSBURGH FILMMAKERS, INC							
477 MELWOOD AVENUE PITTSBURGH, PA 15213	25-1229210	501 (C) (3)	6,300.				SEED AWARD PROJECT:
(5) THE SAXIFRAGE SCHOOL							
5800 WELLESLEY AVE, FLR 3	27-2661370	501(C)(3)	7,500.				SEED AWARD PROJECT:
(6) THREE RIVERS COMMUNITY FOUNDATION							
100 NORTH BRADDOCK AVE, SUITE 302	25-1615511	501(C)(3)	8,000.				HIVE PROJECT: PGH ST
(7) UNIONTOWN AREA SCHOOL DISTRICT							
205 WILSON AVE. UNIONTOWN, PA 15401	25-1158498	PUBLIC SCHOOL D	15,000.				HIVE PROJECT: H.O.L.
(8) UNITED WAY OF ALLEGHENY COUNTY							
1250 PENN AVE. PITTSBURGH, PA 15230	25-1043578	501(C)(3)	10,000.				DIGITAL CORPS PARTNE
(9) THE ANDY WARHOL MUSEUM							
117 SANDUSKY STREET PITTSBURGH, PA 15212	25-0965280	501(C)(3)	15,000.				SPARK PROJECT: CHILD
(10) WEST LIBERTY UNIVERSITY RESEARCH CORE							
117 EDGINGTON LANE WEST LIBERTY, WV 26003	27-2196294	501(C)(3)	10,000.				SPARK PROJECT: PROJE
(11) YOUNGSTOWN STATE UNIVERSITY							
ONE UNIVERSITY PLAZA YOUNGSTOWN, OH 44555	34-1011998	501(C)(3)	7,500.				SPARK PROJECT: YOUNG
(12)	_						
2 Enter total number of section 501(c)(3) an	d governmen	t organizations I	isted in the line 1 t	able			35.

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

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10606.001

Schedule I (Form 990) (2014) Page 2 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III can be duplicated il additional space is needed.									
(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				
1 GRANTS AWARED TO INDIVIDUALS FOR PROJECTS	7.	8,000.			SEED AWARDS AND SPAR				
_2									
3									
4									
5									
6									
7									

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

THE SPROUT FUND MONITORS THE USE OF GRANT FUNDS THROUGH REGULAR REPORTS

SUBMITTED BY GRANTEES DURING THE PERIODS OF THEIR GRANTS AND FINAL REPORTS

THAT INCLUDE FINANCIAL INFORAMTION AT THE CONCLUSION OF GRANT TERMS.

Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE SPROUT FUND

20-4077513

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

COMMUNITIES AND BY SUPPORTING PROJECTS AND INITIATIVES THAT IMPROVE THE

IMAGE OF THE GREATER PITTSBURGH REGION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SHARED PROGRAM SERVICES FOR SMALL ACTIVITIES AND SHARED ORGANIZATIONAL

EXPENSES.

EXPENSES \$ 4,025. INCLUDING GRANTS OF \$0, REVENUE \$0.

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

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

THE FINAL VERSION OF THE FORM 990 WAS REVIEWED AND ADOPTED BY THE

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

DIRECTORS ARE ASKED TO RECUSE THEMSELVES FROM VOTES AND/OR DECISIONS ON GRANTS WHERE THEY ARE A BOARD MEMBER OR KEY OFFICER OF THE RECIPIENT ORGANIZATION. THIS HAPPENS INFREQUENTLY AND IS NOTED IN THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

IN 2014, NO COMPENSATION ADJUSTMENTS OCCURED FOR THE PRESIDENT AND VICE

PRESIDENT OF THE CORPORATION. SALARY ADJUSTMENTS LAST OCCURED IN MID-2013

THROUGH A REVIEW BY AN AD-HOC INDEPENDENT COMMITTEE OF THE BOARD OF

DIRECTORS. IN YEARS WHERE EMPLOYEES DO NOT RECEIVE A SALARY INCREASE,

USE OF THE CONSUMER PRICE INDEX FOR URBAN & CLERICAL WORKERS, AS WELL AS

OMB No. 1545-0047

Schedule O (Form 990 or 990-EZ) 2014 Page 2

Name of the organization

THE SPROUT FUND

Employer identification number

20-4077513

LOCAL COMPARABLE DATA, IS UTILIZED TO KEEP PACE WITH INFLATION AND AGREED UPON BY THE INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION ON THEIR WEBSITE AND UPON REQUEST.

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

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE SPROUT FUND WORKS TO POSITIVELY AFFECT THE CIVIC AND

PHILANTHROPIC COMMUNITY BY PROVIDING AN ENTRY POINT FOR YOUNG PEOPLE

TO BECOME INVOLVED AND ACTIVE IN THEIR COMMUNITIES AND BY SUPPORTING

PROJECTS AND INITIATIVES THAT IMPROVE THE IMAGE OF THE GREATER

PITTSBURGH REGION.