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Form **990-EZ**

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

OMB No. 1545-1150

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 2011

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: Philadelphia Stand Down INC.

Number and street (or P.O. box, if mail is not delivered to street address): 520 Quincey Avenue

Room/suite: _____

City or town, state or country, and ZIP + 4: Penn del PA 19047

D Employer identification number: 23-2869111

E Telephone number: 267-560-5011

F Group Exemption Number: n/a

G Accounting Method: Cash Accrual Other (specify) _____

I Website: http://www.philastanddown.org

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

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

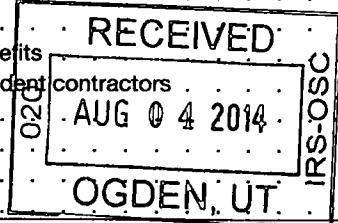
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 65,041

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														1	65,041												
	2	Program service revenue including government fees and contracts														2	0												
	3	Membership dues and assessments														3	0												
	4	Investment income														4	0												
	5a	Gross amount from sale of assets other than inventory														5a													
	b	Less: cost or other basis and sales expenses														5b													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														5c	0												
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)														6a													
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														6b													
c	Less: direct expenses from gaming and fundraising events														6c														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														6d	0													
7a	Gross sales of inventory, less returns and allowances														7a														
b	Less: cost of goods sold														7b														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														7c	0													
8	Other revenue (describe in Schedule O)														8	0													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														9	65,041													
Expenses	10	Grants and similar amounts paid (list in Schedule O)														10	0												
	11	Benefits paid to or for members														11	0												
	12	Salaries, other compensation, and employee benefits														12	0												
	13	Professional fees and other payments to independent contractors														13	179												
	14	Occupancy, rent, utilities, and maintenance														14	2,629												
	15	Printing, publications, postage, and shipping														15	1,835												
	16	Other expenses (describe in Schedule O)														16	53,223												
17	Total expenses. Add lines 10 through 16														17	57,865													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	7,176												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														19	56,999												
	20	Other changes in net assets or fund balances (explain in Schedule O)														20	0												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														21	64,175												



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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
42b	b 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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44c	c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

Supplemental Information to Form 990 or 990-EZ

2011

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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.

Name of the organization

Philadelphia Stand Down INC

Employer identification number

23-2869111

Detail Part I line 16
Operations:

Advertising + Promotion 578

Office Supplies 3522

Bank Fees 19

Supplies + Equipment 3901

Insurance 2139

Fund Raising 400

Participant Expenditures:

Clothing 4589

Food / Kitchen Supplies 9797

Transportation 4260

Truck Rental / Fuel 5361

Equipment Rentals 17633

Misc. Supplies 1023

Total Line 16 53,222

Page 2 Part III - What is the organizations primary
exempt purpose? Philadelphia Stand Down Inc exists to
assist and promote the well being of the homeless
veteran population by providing clothing, medical
assistance, Food, housing and employment assistance
as well as Drug and Alcohol Counseling through
our referral network.