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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

Depai Intern	tment o al Reve	of the Treasury enue Service		► The	organization	may have to u	se a copy of th	ns return to satisfy	state reportir	g requirem	nents		Insp	ection	_
		e 2012 calen	dar vea	ar, or tax ve	ear beginn	ing		, 2012, a	and ending			,			_
_		f applicable	<u> </u>	<u> </u>			for Kid	ls Foundat			D Employ	er Identific	cation Nu	mber	_
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	н	plication pending	-	me and addres		I officer				t(a) Is this	a group retur			Yes X	 No
		producti penuing	1				ad Carbo	ndale CO	1		affiliates incl attach a list			_	No
	Tava	exempt status		1(c)(3)	501(c) (nsert no)	4947(a)(1) or	527	If 'No,'	attach a list	(see ınstrı	uctions) L		
뉴					· ····		113611 110)	1 1-3-7 (a)(+) 01		I(c) Group	exemption nu	ımber ►			
N K				entity.	org Trust	Account	Other -	l v	ear of Formation	'' 	··· · · · · · · · · · · · · · · · · ·	tate of leg	al domici	e CO	
		of organization		rporation	Trust	Association	Other	• 16	ear or Formatio	M 200	T 1413	- ate or leg	ai domicii	e CO	
Pa		Summai		organizatio	on's missi	on or most s	unnificant a	ctivities p-		11	41				
		Briefly descri		-					ovide rea	T-MOLT	d Tearni	ng exp	erienc	es to you	τn
9		that culdevelop													
퉏	<u>:</u>	build to					~								
Reังอ์เงิล NNE DActivities เ& governance	2						ed its opera	tions or dispos	ed of more	than 25	 % of its ne	et assets	. <i>– – –</i>		
Ĝ	3	Number of vo			_		•	•			5. 1.5 116	3	-		9
•≰	4							(Part VI, line 1t	b) .			4			8
tes tes	5		-	_				art V, line 2a)				5			9
	6	Total number										6		4	40
A.	7a	Total unrelat									•	7a		(<u>).</u>
出	b	Net unrelated	d busin	ess taxable	income f	rom Form 9	90-T, line 3	4 .			•	7b			
Z										P	rior Year		Cun	ent Year	
2	8	Contributions	_			-					234,9			280,243	
(<u>\$</u>	9	Program ser		•				•			40,3			29,188	<u> </u>
\$	10														
Œ	• •								10)		055 -	0.		200 17	
								olumn (A), line	12)	ļ	275,5			309,43	_
		Grants and s		=				3)		<u> </u>	4,5	39.		9,35	_
		Benefits paid						•							<u>o.</u>
ø	15	Salaries, oth	er com	npensation,	employee	benefits (P	art IX, colu	mn (A), lines 5	-10) .		103,2	32.		154,64	<u>5.</u>
Expenses	16 a	Professional	al fundraising fees (Part IX, column (A), line 11e)								0.			18,93	3.
jed	ь	Total fundrai	aising expenses (Part IX, column (D), line 25) ► 59,716.												
Щ		Other expens	_	•			_				108,0	33.		89,15	B -
		Total expens						A)3line 25-1\	/FN		215,8			272,08	
		Revenue les					12 F	~1L-G-21'V			59,7			37,34	
8 8									10	ol 'n	ng of Curren		Enc	l of Year	<u>- •</u>
	20	Total assets	(Part)	X. line 16)			2-63	AUG 1 6 7	2013		248,3			237,24	1 .
Net Assets or Fund Balance		Total liabilitie	•		5)		[111]		Q Q	<u> </u>	65,7			46,42	
ž		Net assets o		•	•	ne 21 from l	ine 20	DEDENI		Ā	182,6			190,81	
D-	rt II	Signatu			Japa act III	- LI HOMFI		# 16 # 16 # 18 B		ال ال	102,0	, T O •		190,01	<i>,</i>
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com	olete De	eclaration of pres	arer (pt)	er than officed	is based on	all information	of which prepa	chedules and stater rer has any knowled	ige	Deal Of I	, Alomicuge / I	,	., ., 13 11 11	o, correct, and	
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Mar	the l	RS discuss ti	his reti			shown abov	e? (see inc		3-4909	· · · ·	CHOILE HO	-	Ye	s X N	<u> </u>

			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	Х	
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		х
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		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII .	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		x
12	2a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		x
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 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 assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		x
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	x	
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		x
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	ļ	Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		X

Part V Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part X 22 IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III . . . Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II X 26 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 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X Schedule L, Part IV c 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 X **28c** X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X and V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a **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 X 35b 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 . . . X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Х

	Check if Schedule O contains a response to any question in this Part V			
	Onlock in Contaction of Contac		Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	$\neg \uparrow$		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
'	(gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 9			ļ
١	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			ļ
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
	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)?	4 a		x
	b If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			<u> </u>
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
,	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		x
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-	a Did the organization make any taxable distributions under section 4966?	9 a	l	
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12	,	ĺ	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b 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.			
	a is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand		<u> </u>	<u> </u>
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	h If 'Voc ' has it filed a Form 720 to report these payments? If 'No ' provide an explanation in Schedule O	114	1	I .

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI . Section A. Governing Body and Management Yes No 1 a 9 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X a The governing body? 8 b X b Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 Ox Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b -X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in x 120 Schedule O how this is done 13 Did the organization have a written whistleblower policy? 13 x X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a X a The organization's CEO, Executive Director, or top management official 15_b X **b** Other officers of key employees of the organization 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 with a taxable entity during the year? 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Kirsten Petre McDaniel computers for Kids Foundation Carbondale CO 81623 (970)_963-4055

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization	nor any r	elated	org	anız	atıo	n com	pen	sated any current office	er, director, or trustee	<u>. </u>
				(C	;)					
(A) Name and Title	(B) Average hours per week (list	offic	n (do c, uni er an	d a di	heck erson recto	more the state of	2)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Kirsten McDaniel	45.00								1	
Executive Director, Board Member		Х		X	Х	Х		80,000.	0.	0.
(2) Diana Sirko	0.00								·	
Board Member		Х						0.	0.	0.
(3) Gerald McDaniel	0.00									
Board Member		Х						0.	0.	0.
(4) Judith Haptonstall	0.00									
Board Member		Х						0.	0.	0.
(5) Lucia Smythe	0.00									
Board Member		х						0.	0.	0.
(6) Jack Bergstrom	0.00									
Board Member		х						0.	0.	0.
(7) Michael Vernon	0.00									
Board Member		x		Х				0.	0.	0.
(8) Steven Bellotti	0.00									
Board Member		x						0.	0.	0.
(9) Robert Blattberg	0.00									
Board Chair		х		Х				0.	0.	0.
(10) Brooke Tuveson	40.00									
Program Director					х			50,000.	0.	0.
(11)										
(12)										
(13)										
(14)										

Form 990 (2012) Computers for Kids Found	datio	<u>n</u>	_						84-160170			ge 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)												
(A) Name and title	Average hours per week	box, offic	unle cer ar	Pos heck ss pe	ition more rson direct	than o	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	amour	(F) imated it of oth ensatio	
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fro orga and	m the nization related nization	
<u>(15)</u>												
(16)						-						
(17)										-		
(18)												
(19)											-	
(20)		-										
(21)		-										
(22)												
(23)		-										
(24)		-										
(25)		-							!			<u> </u>
1 b Sub-total							>	130,000.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)				· 	•		>	130,000.				0.
2 Total number of individuals (including but not limite from the organization ►	ed to tho	se lis	sted	abo	ve)	who	rece	eived more than \$	100,000 of reportabl	le comp	ensatı	on
3 Did the organization list any former officer, directo	r or trus	tee. I	kev (emp	love	e. or	hia	ihest compensated	d employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such a 4 For any individual listed on line 1a, is the sum of re	ındıvıdua	al	-	·	-			· · · · · ·		3		Х
the organization and related organizations greater such individual	than \$15	50,00	00?	lf 'Y	es' c	comp	lete	Schedule J for		. 4		х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	compen: complet	satioi e Sci	n fro hedu	m a ule u	ny i <i>I for</i>	inrela such	ated pe	d organization or in	ndividual 	5		х
Complete this table for your five highest compensation from the organization. Report compensation.	ited inde	pend for t	lent he c	con	trac ndar	tors t year	hat en	received more that	an \$100,000 of the organization's t	ax year		
(A) Name and business addre	ess							Description) of services	Compe	c) nsatio	n
2 Total number of independent contractors (including	hid not	limit	od +	n th	080	listor	de l	nove) who received	1 more than			
\$100,000 in compensation from the organization	•	TEFA								Form	gan /	(2012

	Check if Schedule O contains a response	e to any question	in this Part VIII .			
•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1 a Federated campaigns 1 a					
	b Membership dues 1 b					
R S	c Fundraising events 1 c					
ਤੁ	d Related organizations . 1d		1	İ		
	e Government grants (contributions)	10,500.		j		
CONTRIBUTIONS, GIFTS, GRANT AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above . 1 f	269,743.				
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	280,243.			
	<u> </u>	Business Code	4 240	4 240		
2		1710	4,349.	4,349. 3,238.	0.	0.
		1710	3,238. 21,601.	21,601.	0.	0.
PROGRAM SERVICE REVENUE	c Rent Non Debt Property 61	1710	21,601.	21,601.		
SE SE	e					
Š	f All other program service revenue					
_	g Total. Add lines 2a-2f 3 Investment income (including dividends, int	·	29,188.			, <u> </u>
	other similar amounts)					
]	4 Income from investment of tax-exempt bon	a proceeds				
	5 Royalties	(ii) Personal				
	6 a Gross rents	(ii) i ciscilai				
]	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		.,			
	7 a Gross amount from sales of (i) Securities	(ii) Other		·		
	assets other than inventory			:		
	b Less: cost or other basis and sales expenses		1			
	c Gain or (loss)					
	d Net gain or (loss)					
NUE	8a Gross income from fundraising events (not including \$					
OTHER REVENU	of contributions reported on line 1c)					
2	See Part IV, line 18 . a					
톳	b Less direct expenses b			-		
	c Net income or (loss) from fundraising even	<u>ts</u> . ▶				
	9 a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses b					
	c Net income or (loss) from gaming activities	· · · · •			····	
	10a Gross sales of inventory, less returns					
	and allowances a					
	b Less: cost of goods sold b		·····			
	c Net income or (loss) from sales of inventor					
		Business Code	- 			
		_		-		
	·					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
	12 Total revenue. See instructions		309 431	20 188	0	

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 response to any question in this Part IX

	Check if Schedule O contains a response to any question in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0.	0.									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	9,351.	9,351.									
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0.									
4	Benefits paid to or for members .	0.	0.									
5	Compensation of current officers, directors, trustees, and key employees	130,000.	83,619.	11,050.	35,331.							
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.	0.	0.	0.							
7	Other salaries and wages .	24,645.	24,645.	0.	0.							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.							
9	Other employee benefits	0.	0.	0.	0.							
10	Payroll taxes	0.	0.	0.	0.							
11	Fees for services (non-employees):											
a	Management .	0.	0.	0.	0.							
	Legal .	0.	0.	0.	0.							
	Accounting	1,271.	0.	1,271.	0.							
	Lobbying	0.	0.	0.	0.							
	Professional fundraising services. See Part IV, line 17 Investment management fees	18,933.			18,933.							
	Other. (If line 11g amt exceeds 10% of line 25, col-	0.	0.	0.	0.							
	umn (A) amt, list line 11g expenses on Sch O)	5,600.	1,204.	4,396.	0.							
	Advertising and promotion .	4,329.	4,325.	0.	4.							
13	Office expenses	25,692.	22,598.	1,373.	1,721.							
14 15	Information technology	769. 0.	769.	0.	0.							
16	Occupancy	7,225.	0. 7,225.	0.	0.							
17	Travel	1,623.	1,477.	0.	146.							
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.							
19	Conferences, conventions, and meetings	4,170.	3,224.	0.	946.							
20	Interest	275.	0.	275.	0.							
21	Payments to affiliates	0.	0.	0.	0.							
22				0.	0.							
23 24	Insurance . 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.)	5,828.	0.	5,828.	0.							
á	BOOKS, SUBSCRIPTIONS	1,143.	931.	212.	0.							
	POSTAGE, MAILING	2,230.	1,250.	407.	573.							
•	PRINTING, COPYING	5,814.	2,345.	1,407.	2,062.							
	REGISTRATION FEES	653.	0.	653.	0.							
	All other expenses	22,536.	22,508.	28.	0.							
	Total functional expenses. Add lines 1 through 24e .	272,087.	185,471.	26,900.	59,716.							
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)											

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) End of year Beginning of year 63,979 1 56,225. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 244,271 b Less: accumulated depreciation 10b 10 c 62,830 176,425 174,224. Investments - publicly traded securities 7,996 11 6,792. 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 <u>248,3</u>99 16 237,241 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 36,668. 36,668 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 9,754. 29,116 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 25 25 Total liabilities. Add lines 17 through 25. 65,784 26 46,422 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 182,615 32 190,819. Total net assets or fund balances 33 33 182,615 <u>190,819.</u> Total liabilities and net assets/fund balances 248,399 34 237,241.

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Form 990 (2012)

Forn	1990 (2012) Computers for Kids Foundation 8	4-1601/U	<u> </u>	Pa	age 12
Pa	t XI Reconciliation of Net Assets	· -			
	Check if Schedule O contains a response to any question in this Part XI .				X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	3	09,4	<u>431.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	72,0	087.
3	Revenue less expenses. Subtract line 2 from line 1	3		37,3	<u>344.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	82,	<u>615.</u>
5	Net unrealized gains (losses) on investments	5		-1,2	204.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		23,	<u>769.</u>
9	Other changes in net assets or fund balances (explain in Schedule 0)	. 9	_	-4,	167.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	90,8	<u>319.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII .				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				1 1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ved on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
1	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	rate			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o review, or compilation of its financial statements and selection of an independent accountant?	f the audit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e Single	3 a		x
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired audit	3 b		
BAA			Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Comp																			84-1				
Part														must o					See ir	<u>ıstruct</u>	ions.		
The or	gar	nızatı	n is	not a	privat	e fou	ndat	ion be	cause	e it is	s: (For	lines	1 throug	gh 11, cl	neck (only	one box	x.)					
1	П	A chi	ırch,	conve	ention	of ch	iurch	es or	assoc	atio	n of c	hurche	s descr	ibed ins	ectio	n 17	'0(Ь)(1) (A)(i).					
2	П	A scl	nool d	lescri	bed in	sect	ion 1	1 70 (b)	(1)(A)	(ii). ((Attacl	h Sche	dule E.)									
3	П	A ho	spital	or a	coope	rative	e hos	spital	service	e org	ganıza	tion de	escribed	ın secti	on 17	'0(b)	(1)(A)(ii	i).					
4	Ħ	A me	dıcal	resea	arch o	rganı	zatio	n ope	rated	ın c	onjuno	ction w	ith a ho	spital de	escrib	ed i	n sectio i	n 170(b)(1)(A)(i	i). Ente	r the hospita	ıl's	
	لـــا				state	_																	
5		An o	raani	zation		ated 1	for the	ne ber	efit of	fac	ollege	or uni	versity	owned o	r ope	rate	d by a g	jovernn	nental ui	nit desc	ribed in secti	on	
6	П	A fed	leral,	state	, or lo	cal g	over	nmen	or go	verr	menta	al unit	describ	ed in se d	tion	170(b)(1)(A)	(v).					
7		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)																					
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)																						
9	An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% 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	Ш													lic safet									
11		SUDD	orted	orgai	nızatıo	ns de	escrit	oed in	sectio	วก 50)9 (a)(1	the ber l) or se ugh 11	ection 50	to perfor 09(a)(2)	m the See	fund sect	tions of tion 509	or carn (a)(3). (y out the Check th	purpose e box th	es of one or m at describes	ore pu the ty	blicly pe of
		a	Туре		b		Туре			c	1			nally inte	~		C	· 🗀	. , ,		functionally i	ntegra	ited
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).																						
f		If the		ınızat	•	ceive	dav	writter	deter	mın	ation 1	from th	ie IRS t	hat is a	Туре	i, T	ype II or	Type I	il suppo	rtıng orç	ganızatıon,		
g		Sinc	e Aug	just 1	7, 200	6, ha	s the	e orga	nızatı	on a	ccepte	ed any	gift or	contribu	tion f	from	any of	the follo	owing pe	ersons?			
_																						Yes	No
		(i)	A pe	erson w, th	who d e gove	lirect erning	ly or g boo	ındıre Iy of t	ctly co	ontro ppor	ols, en ted or	ther ald ganıza	one or t tion?	ogether ·	with	pers	ons des	cribed i	ın (ii) an	d (III)	11 g (i)		
		(ii)	A fa	mily i	memb	er of	a pe	rson	descril	bed	រោ (ı) a	above?	•								. 11 g (ii)	1	
		(iii)	A 35	5% cc	ontrolle	ed en	itity c	of a po	erson	desc	ribed	ın (ı) o	or (II) at	ove?							11 g (iii)		
h													ınızatıoı								1 5 ()	Ь	<u> </u>
		(i) Na		support) EIN	-	_	(iii) Type (descrit above	e of orga ped on lir or IRC s instructi	nization nes 1-9 ection	(iv) organi column (your g		d in ig	(v) Did yo the organi column (i) supp	zation in of your	organii colu organize	Is the zation in mn (i) ed in the S ?	(vii) Amount of monetary support		netary
														Yes	N	lo	Yes	No	Yes	No			
																		[
(A)																							
_																							
<u>(B)</u>							<u> </u>			\perp					ļ					-			
(C)														_	<u> </u>								
(D)														\perp									

<u>(E)</u>						1				+				+	+-			-			1		
Total BAA	For	r Pap	erwoi	k Re	ductio	n Ac	t Not	ice. s	ee the	Inst	tructio	ons for	Form 9) 190 or 99	 10-EZ				Schedu	le A (Fo	orm 990 or 9	90-EZ	2012

Schedule A (Form 990 or 990-EZ) 201	2 Computer	s for Kids	Foundation		84-1601705	Page 2
Support Schedule for (Complete only if you checked organization fails to qualify to	Organizations ed the box on line	Described in 5. 7, or 8 of Part	Sections 170((b)(1)(A)(iv) an		
ection A. Public Support			•			
alendar year (or fiscal year eginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
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 shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						
ection B. Total Support						
alendar year (or fiscal year eginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activ	vities, etc (see ins	tructions) .			12	
13 First five years. If the Form 990 organization, check this box and	is for the organization is stop here	ation's first, secon	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	►
Section C. Computation of Pu	ıblic Support I	Percentage		· · · · · · · · · · · · · · · · · · ·		
14 Public support percentage for 20			e 11, column (f))	·	14	%
15 Public support percentage from	•	•	,,		15	%

Section C	Computation	of Public Support	Percentage

14	Public support	percentage for	1 2012 (IIIIe 6,	column (i) divide	ed by line in	, column (i))

16 a 33-1/3% support test - 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

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

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

Sect	Section A. Public Support												
Calend	lar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total						
1	Gifts, grants, contributions and membership fees												
	received (Do not include 1	120 620	142 022	176 000	101 770	200 242	000 715						
	any 'unusual grants.') Gross receipts from admis-	138,638.	143,233.	176,829.	181,772.	280,243.	920,715.						
_	sions, merchandise sold or												
	services performed, or facilities furnished in any activity that is												
	related to the organization's	·											
-	tax-exempt purpose .	48,592.	52,144.	45,600.	66,627.	29,189.	242,152.						
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	187,230.	195,377.	222,429.	248,399.	309,432.	1,162,867.						
7 a	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						<u> </u>						
С	Add lines 7a and 7b				-								
8	Public support (Subtract line 7c from line 6.)						1,162,867.						
Sec	tion B. Total Support												
Calend	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total						
	Amounts from line 6	187,230.	195,377.	222,429.	248,399.	309,432.	1,162,867.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			16.	170.	127.	313.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			10.	170.	121.	313.						
	Add lines 10a and 10b			16.	170.	127.	313.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on												
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)												
13	Total support. (Add Ins 9, 10c, 11, and 12)		195,377.	222,445.	248,569.	309,559.	1,163,180.						
14	First five years. If the Form 990 organization, check this box and	s for the organization	tion's first, second,	third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □						
Sec	tion C. Computation of Pu												
15	Public support percentage for 20					15	99.97 %						
_						16	99.98 %						
Sec	tion D. Computation of Inv												
17	Investment income percentage for	=		=	nn (f)) .	. 17	0.03 %						
18	Investment income percentage fr					18	0.02 %						
	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	this box and stop	here. The organize	ation qualifies as	a publicly support	ted organization	▶ X						
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%						1/3%, and tation						
	Private foundation. If the organiz	zation did not ched	k a box on line 14	, 19a, or 19b, ch	eck this box and s	ee instructions	<u> </u>						
DAA				00/00/10		 							

Schedule A	(Form 990 or 990-	EZ) 2012 Co	omputers	for Kids	Foundation	onn	84-1601705	Page 4
Parly	Supplemental Part II, line 17 (See instruction	Information a or 17b; and	. Complete d Part III, li	this part to ne 12. Also	o provide the complete th	explanations re is part for any	equired by Part II, line additional information.	10;
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection
Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

omputers for Kids Foundation_		84-1601705
Organizations Maintaining Don	or Advised Funds or Other Similar Fu	
the organization answered 'Yes	to Form 990, Part IV, line 6.	-
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year .		
Did the organization inform all donors and do are the organization's property, subject to the	onor advisors in writing that the assets held in do e organization's exclusive legal control?	onor advised funds
Did the organization inform all grantees, don- for charitable purposes and not for the benef- impermissible private benefit?	ors, and donor advisors in writing that grant fund it of the donor or donor advisor, or for any other ·	ds can be used only purpose conferring Yes No
rt II Conservation Easements. Com	plete if the organization answered 'Ye	s' to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held t		
Preservation of land for public use (e.g.,	recreation or education) Preservation	of an 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 organizations day of the tax year.	tion held a qualified conservation contribution in	the form of a conservation easement on the
		Held at the End of the Tax Yea
a Total number of conservation easements		2 a
b Total acreage restricted by conservation easi	ements	. 2b
c Number of conservation easements on a cert	tified historic structure included in (a) .	2 c
d Number of conservation easements included structure listed in the National Register	ın (c) acquired after 8/17/06, and not on a histor	ric 2 d
Number of conservation easements modified tax year ▶	, transferred, released, extinguished, or terminat	ted by the organization during the
Number of states where property subject to o	conservation easement is located >	
Does the organization have a written policy r and enforcement of the conservation easeme	regarding the periodic monitoring, inspection, har ents it holds?	ndling of violations,
Staff and volunteer hours devoted to monitor •	ing, inspecting, and enforcing conservation ease	ements during the year
Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation easemen	its during the year
Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i) Yes No
In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	eports conservation easements in its revenue and to the organization's financial statements that d	d expense statement, and balance sheet, and lescribes the organization's accounting for
Organizations Maintaining Col Complete if the organization ar	lections of Art, Historical Treasures, on Swered 'Yes' to Form 990, Part IV, line	or Other Similar Assets. e 8.
a If the organization elected, as permitted undart, historical treasures, or other similar assortin Part XIII, the text of the footnote to its final	er SFAS 116 (ASC 958), not to report in its rever ets held for public exhibition, education, or resea ancial statements that describes these items.	nue statement and balance sheet works of irch in furtherance of public service, provide,
b If the organization elected, as permitted und historical treasures, or other similar assets h following amounts relating to these items:	er SFAS 116 (ASC 958), to report in its revenue neld for public exhibition, education, or research	statement and balance sheet works of art, in furtherance of public service, provide the
(i) Revenues included in Form 990, Part VI	II, line 1	⊳ \$
(ii) Assets included in Form 990, Part X		► \$
	art, historical treasures, or other similar assets f	
a Revenues included in Form 990, Part VIII, lir	ne 1	. > \$
b Assets included in Form 990, Part X		► \$

000) 2012 G		. wide Deceded		84-160	1705		Page 2
chedule D (Form 990) 2012 Compu	iters for Inina Colle	ctions of Art. Histo	orical Treasures, o				
Using the organization's acquisition items (check all that apply).							
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future genera	ations						
4 Provide a description of the organ Part XIII.		ections and explain how	they further the organiz	zation's exempt purpose	ın		
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or r an to be main	eceive donations of art	historical treasures, or ganization's collection?	other similar assets	Yes	Γ	No
Part IV Escrow and Custodial reported an amount of	Arrangemer	nts. Complete if the		ed 'Yes' to Form 990	, Part IV	, line !	9, or
1 a is the organization an agent, trus on Form 990, Part X?	tee, custodian	, or other intermediary	for contributions or othe	er assets not included	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIII an	d complete the followin	g table				
					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			_
e Distributions during the year				1 e			
f Ending balance	_			1 f			
2 a Did the organization include an a	mount on Forr	m 990. Part X. line 21?		' .	Yes		No
b If 'Yes,' explain the arrangement			ion has been provided i	n Part XIII			1
bit res, explain the arrangement	iii an an an a	ricent riere ii trie explani	.orr rad boor provided i		•	· L	_
Part V Endowment Funds. C	omplete if	the organization a	swered 'Yes' to Fo	orm 990 Part IV lir	ne 10.		
art V Lindownient i dinds. C	(a) Current			(d) Three years		our year	'S
1 a Beginning of year balance	(4)	(b) the ye	4,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		+ ``		
b Contributions					+		
c Net investment earnings, gains, and losses .							
d Grants or scholarships .					\bot		
 Other expenditures for facilities and programs 							
f Administrative expenses .							
g End of year balance							
2 Provide the estimated percentage	e of the curren	nt year end balance (line	e 1g, column (a)) held a	ns .			
a Board designated or quasi-endow	vment 🕨	8					
b Permanent endowment ►	- 8						
c Temporarily restricted endowmer	nt ►	8					
The percentages in lines 2a, 2b,		Legual 100%					
3a Are there endowment funds not in			that are held and admin	stered for the	_	<u> </u>	
organization by.						Yes	No
(i) unrelated organizations .					3a(i)		
(ii) related organizations .			•		3a(ii)		
b If 'Yes' to 3a(II), are the related of	-	•			3b		<u> </u>
4 Describe in Part XIII the intended	uses of the o	organization's endowme	nt funds.				
Part VI Land, Buildings, and	Equipmen	t. See Form 990, P	art X, line 10.				
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	ook va	lue
1 a Land							
b Buildings		0.		0.			0.
		1.60 570		21 740	1	146	002

c Leasehold improvements 40,254. 40,236. 18. **d** Equipment . 845. 34,600. 181,441.

Schedule **D** (Form 990) 2012

Schedule I	D (Form 990) 2012	Computers for	Kids	Foundation		84-160	1705 Page 3
Part VII	Investments -	- Other Securities.	See Fo	orm 990, Part X,	line 12.		
<u> </u>		security or category me of security)		(b) Book value		Method of valuation: end-of-year market v	Cost or value
(1) Finance	ial derivatives .		-				
(2) Closely	y-held equity interes	sts .				- <u>-</u>	
(3) Other							
(A)		·					
(B)							
(C)					· -		
(D)							
(E)		- -		_ _			
(F)			-		 		
(G) (L)			 				
(H)		- -			 		
<u>(I)</u>				·			
Total. (Colui	nn (b) must equal Form S	990, Part X, column (B) line 12.	<u>) </u>	000 D 1 V	<u> </u>	<u> </u>	ļ
Part VIII		- Program Related	. See Fo				
	(a) Description of	f investment type		(b) Book value	(c	Method of valuation: end-of-year market v	Cost or ralue
(1)						•	
(2)					<u></u>		
(3)	·						
(4)							
(5)							
(6)							
(7)							
(8)		<u></u>					
(9)							
(10)							
Total. (Colui	nn (b) must equal Form S	990, Part X, column (B) line 13	2.) Þ	-			
Part IX		See Form 990, Pa		e 15.			
<u> </u>	<u> </u>		(a) Descri				(b) Book value
(1)							
(2)							
(3)				-			
(4)	-						 -
(5)	-						
(6)			···				
(7)	····			-			
(8)							
(9)	. – – .				- 		
(10)							
	nlumn (h) must eaus	al Form 990, Part X, coll	ımn (B) I	une 15)			
Part X	.,					<u> </u>	
Partx		ies. See Form 990, ption of liability	rar <u>i A,</u>	(b) Book value			
	eral income taxes			ļ			
(2)				1			
(3)					[
(4)							
(5)							
(6)							
(7)							
(8)							1
(9)				<u> </u>			}
(10)				<u> </u>	 		
(11)					_		
	mn (h) must equal Form	990, Part X, column (B) line 25.) >		 		
		rt XIII, provide the text of the f		<u> </u>	statements that renorts	the organization's liability f	Or uncertain tay positions
		if the text of the footnote has b				gaeucon o nabinty 1	Silver aili aix positions
BAA			 	TEEA3303 12/23/12		Sched	ule D (Form 990) 2012

Schedule D (Form 990) 2012

Schedule	(Form 990) 2012 Computers for Kids Foundation	84-1601705	Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1 Tota	I revenue, gains, and other support per audited financial statements	. 1	
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net	unrealized gains on investments 2a	_	
b Don	ated services and use of facilities 2b		
c Rec	overies of prior year grants . 2c		
d Othe	er (Describe in Part XIII.)		
e Add	lines 2a through 2d	2 e	
3 Sub	ract line 2e from line 1	3	
4 Amo	ounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Inve	stment expenses not included on Form 990, Part VIII, line 7b		
	er (Describe in Part XIII.)		
	lines 4a and 4b	4c	
	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
	I expenses and losses per audited financial statements	1 1	
	ounts included on line 1 but not on Form 990, Part IX, line 25.		
	ated services and use of facilities	}	
	r year adjustments 2 b	 i	
	er losses		
	er (Describe in Part XIII.)		
	lines 2a through 2d	2e	
	tract line 2e from line 1	3	
	ounts included on Form 990, Part IX, line 25, but not on line 1:		
	stment expenses not included on Form 990, Part VIII, line 7b . 4a		
	er (Describe in Part XIII.)		
c Add	lines 4a and 4b	4 c	
5 Tota	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XII	Supplemental Information		
Complete line 4, Pa	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information	
BAA		Schedule D (Form	990) 2012

Schedule D (Form 990) 2012 Computers for Kids Foundation Part XIII Supplemental Information (continued)	84-1601705	Page 5
Partixill Supplemental Information (continued)		
	_	
		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization					·	Employer identifica	ation number
Computers for Kids Found	ation					84-160170	5
Part I Fundraising Activities. Comp	lete if the organ	nization an lete this pa	swered 'Ye	es' to Form 990, Part IV	/, line 17	•	·
1 Indicate whether the organization r				ving activities. Check a	III that ap	ply	
a Mail solicitations			е	Solicitation of non-	governm	ent grants	
b Internet and email solicitations			f	Solicitation of gove	ernment o	grants	
c Phone solicitations			g	Special fundraising	events		
d n-person solicitations			•	ш '	•		
2a Did the organization have a writter employees listed in Form 990, Par	or oral agreen	nent with a	iny individu	al (including officers, of	directors,	trustees or key	Yes No
b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti						
(i) Name and address of individual	(ii) Activity	(ıii) Dıd	fundraiser	(iv) Gross receipts	(v) An	nount paid to	(vi) Amount paid to
or entity (fundraiser)		have custoo	ty or control ributions?	from activity	fundra	etained by) iser listed in olumn (i)	(or retained by) organization
		Yes	No				
1							
2				 			
3							
4				, <u>-</u>			
5							
6							
7							
8							
9							
10							
Total			•				
3 List all states in which the organiz or licensing.	ation is register	red or licer	sed to soli	cit contributions or has	been no	otified it is exem	pt from registration
						- 	
							·

7 Direct expense summary	. Add lines 2 through 5 in column (d)			,
	nary. Combine lines 1, column (d) and line 7			
	organization operates gaming activities: operate gaming activities in each of these states?		. Yes	No
10 a Were any of the organization's b If 'Yes,' explain:	gaming licenses revoked, suspended or terminated d	luring the tax year?	Yes	No
ВАА	TEEA3702 01/07/13	Schedule	G (Form 990 or 99	90-EZ) 2012

Sche	edule G (Form 990 or 990-EZ) 2012 Computers for Kids Foundation	84-1601	705	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	ormed to	Yes	No
13	Indicate the percentage of gaming activity operated in:	1 1		
	a The organization's facility	13a		8
	b An outside facility	13b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books ar	nd records:		
	Name •			_
	Address			-
t	a Does the organization have a contact with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ the 'Yes,' enter name and address of the third party.		Yes	No
	Name •			,
	Address		. -	
16	Gaming manager information			
	Name •			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to re	etain the	[] _V	
	state gaming license?	r coent in the	[]Yes	∐No
	organization's own exempt activities during the tax year \$	Spentinune	•	
Pa	Supplemental Information. Complete this part to provide the explanations requi columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as ap this part to provide any additional information (see instructions).	red by Par plicable. A	t I, line i Iso comp	2b, olete
				
		•		
		· · · · · · · · · · · · · · · · · · ·		
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			.	

	Ċ	#O Pac otac	Accistance	Organization	v		OMB No 1545-0047
(Form 990)	900	Governments, a	iovernments, and Individuals in the United States	n the United Sta	s, ites		2012
Department of the Treasury Internal Revenue Service	Comple	te if the organizati	Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	orm 990, Part IV, line 21 0.	or 22.	.•	Open to Public Inspection
Name of the organization	i co					Employer Identification number 84-1601705	ation number 35
Part General Information on Grants and Assistance	rants and Assista	ınce					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ds to substantiate the age grants or assistance procedures for monito	amount of the gran	the grants or assistance, the grantees' eligibility for the grants or assistance, and see of grant funds in the United States.	ntees' eligibility for the	grants or assistance, a	and	X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Y 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.	ince to Governme for any recipient	nts and Organ that received n	Organizations in the United States.	states.	Complete if the organization answered 'Yes' to e duplicated if additional space is needed.	ition answered " space is needer	Yes' to
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)							
(2)							
(3)							
· · · · · · · · · · · · · · · · · · ·							•
(4)							
(6)							
	•						
(6)							
	•						
ω							
(8)							
1	3) and government org	ganizations listed in	the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line 1	table		:		•	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructions	for Form 990.		TEEA3901 11/30/12	11/30/12	Schedi	Schedule I (Form 990) (2012)

Page 2 84-1601705

Schedule I (Form 990) (2012) Computers for Kids Foundation

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance							provide the information required in Part I, line 2, Part III, column (b), and any other					:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
(e) Method of valuation (book, FMV, appraisal, other)							ırt I, line 2, Part III, c		 		 	 	 	1 	
(d) Amount of non-cash assistance							nation required in Pa		 		 	1 1 1 1 1 1 1 1	1	 	
(c) Amount of cash grant							provide the inforn		•			 		; 	
(b) Number of recipients							plete this part to		i		 	 	 	 	
(a) Type of grant or assistance	2	es .	4	2	9	7	Part IV Supplemental Information. Complete this part to additional information.			 			1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule I (Form 990) (2012)

BAA

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2012

Open to Public

► Complete if the organization answered

'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-F7. ► See separate instruction

	Revenue Service	•	Attach to Form	990 oi	r Form 9	9U-EZ	- See sepa	arate instruction	ns.			٩.	Inspe	ection	•
Name o	f the organization				-				Em	ployer i	dentific	ation nu	mber		
Com	outers for M										0170				
Part	Excess B	enefit Trans	actions (sec	tion 5	01(c)(3	3) and	section 5	01(c)(4) org r 25b, or Form 9	anıza	tions	only	<u>/)</u>			
	Complete if	the organization	n answered 'Yes	on Fo	orm 990,	Part IV	, line 25a or	r 25b, or Form 9	990-EZ	z, Parl	V, lın	e 40b			
-	(a) Name of disqua	alified person			between d			(c) Des	cription	of trans	action			(d) Cor	rrected
1				person a	nd organiza	ation								Yes	No
(1)	·				-										
(2)		·												<u> </u>	1
(3)										_			_		
(4)			1					······							
(5)														i	1
(6)								· **						<u> </u>	1
							.) . 6			<u> </u>				<u> </u>	
2	Enter the amount of section 4958	of tax incurred b	y the organizati	on ma	nagers o	r aisqu	alified perso	ons during the ye	ear un	aer	►s				
	Enter the amount of	of tax. if anv. or	line 2. above. i	reimbii	rsed by t	he orga	enization				►s				
Part			Interested I												
rait	Complete if t	the organization	answered 'Yes'	on For	m 990-F)	7 Page	V line 38a d	or Form 990, Pa	rt IV I	me 26	or if	the			
	organization	reported an am	ount on Form 9	90. Par	t X. line	5. 6. or	22.	or 1 orm 000, 1 u	, .		, 0, 1,	trio			
(a) Na	ame of interested person	(b) Relationship	(c) Purpose		an to or	т) Original	(f) Balance d	ue	(a) In	default?	(h) Ap	nroved	O W	ritten
.,		with organization	of loan	fron	n the ization?		cipal amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i) solution due		(g) In default?		ard or	agreement?	
				To	From	İ				Yes	No	Yes	No	Yes	No
		-		x	11011	1	26 660	7.0		163	X	X		163	x
	Kırsten Petre McDan	Executive Dire	Deferred Wages		<u> </u>	1	36,668	. 36,	008.	-					_^
(2)		<u> </u>		<u> </u>	-	-		<u> </u>		-	├			-	
(3)				-	1					-	 		<u> </u>	-	-
(4)					\vdash	 				₩-	<u> </u>	ļ		-	
(5)					 					—	<u> </u>				—
(6)					ļ	<u> </u>				<u> </u>	ļ	<u> </u>			
(7)		<u> </u>		<u> </u>	1				_	<u> </u>					ļ
(8)						1		 							ļ
<u>(9)</u>					1	<u> </u>	<u></u>							ļ	<u> </u>
(10)				<u> </u>		<u> </u>		<u> </u>		<u> </u>	<u> </u>			<u> </u>	<u></u>
Total	<u></u>	<u> </u>				•	<u> </u> ►\$	36,	668.	,				<u> </u>	
Part			Benefiting I												
	Complete if	the organization	answered 'Yes'	on Fo	rm 990, I	Part IV,	line 2/.								
	(a) Name of intere	sted person	(b) Relationship	between	interested	person	(c) Amount	t of assistance	(d) Typ	e of As	sistance	(e)	Purpos	e of ass	sistance
			and	the organ	nization										
(1)															
(2)															
(3)															
(4)															
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(9)			 				 					_			
(10)			 				 								
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues	of 1's ?
					Yes N	lo
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)		_				
(9) (10)						
	Supplemental Information			L		
IFCIRS V	Complete this part to provide additi	onal information for response:	s to questions on Sched	lule L (see instructions).		
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	·		<u></u>	Schedule I (Form 990 o	- 000 ET 00	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection Employer identification number

84-1601705

	puters for Kids Foundation			84-	<u> 160170</u>	5		
Par	t i Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of de contrib	etermini	ng nounts
1	Art — Works of art .			<u></u>	<u> </u>			
2	Art – Historical treasures .				<u> </u>			
3	Art – Fractional interests							
4	Books and publications				L.			
5	Clothing and household goods							
6	Cars and other vehicles .							
7	Boats and planes				•			
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock .							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other .							
15	Real estate - Residential					·		
16	Real estate - Commercial .				Ī.,			
17	Real estate – Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies				•			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()			7				
28	Other ()		1					
29	Number of Forms 8283 received by the organization	on during the	tax year for contributi	ons for which the				
ت	organization completed Form 8283, Part IV, Done	e Acknowled	gement		29			
	•				~-		Yes	No
				D 1 00 45				,
30:	During the year, did the organization receive by co hold for at least three years from the date of the ii purposes for the entire holding period?	ontribution ar nitial contribu	ny property reported in ution, and which is not .	required to be used for	must exempt	30 a		Х
ı	b If 'Yes,' describe the arrangement in Part II.							
31	_ - - - - - - - - -							X
	Does the organization hire or use third parties or	-	_					
						32 a		Х
	If the organization did not report an amount in col	umn (c) for s	type of property for w	thich column (a) is chec	ked			
33	describe in Part II.	unin (c) 101 c	a type of property for w	mor column (a) is clicc	,			
	uescribe in Fait II.					<u>. 1</u>		

Schedule	M (Form 990) 2012	Computers :	for Kids	Foundation	1	84-	1601705	Page 2
Partu	Supplemental In and whether the received, or a c	formation. Com organization is ombination of b	plete this preporting in ooth. Also c	art to provide to Part I, columicomplete this	he information red n (b), the number part for any addi	quired by Part I, of contributions tional informati	ines 30b, 32b, s, the number o on.	and 33, of items
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TEEA4602 12/10/12

BAA

Schedule M (Form 990) 2012

SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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.

Inspection Employer identification number

Computers for Kid	is Foundation	84-1601705
Pt_VI,_Line_19	Copy of tax return posted on website	
Pt_XI	Accounting system change in 2010. QB did not p	ick_up_the
Pt_XI	correct account balance for beginning equity_	
Pt_VI,_Line_2	Board Member Gerald McDaniel is married to Preside	ent Kirsten Petre McDaniel
Pt_VI,_Line_11b_	copy of return provided to Board Chair & Treas	urer
Pt_XI	Line 9. Percentage of total income was moved to	o_reserves
		·

Computers fo	r Kids Foundation	on 84-1601705 1	
•	• • • • • • • • • • • • • • • • • • • •	oplemental Information to Form 990 ine 1 (continued)	
-	be the organizat		
		nowledge, and	
build tec	hnological	skills.	
		oplemental Information to Form 990 ine 4d (continued)	
services, a report the each progr	as measured by amount of gran ram service repo		
		My Career. My Life.	
Grants Of	0.		
Revenue	0.		

Supporting Statement of:

Form 990 p 10/Line 11c col (C)

Description	Amount
Accounting fees	1,243.
reconciliation discprepancies	
Total	1,271.

Supporting Statement of:

Form 990 p 10/Line 11e col (A)

Description	Amount
DON MARTIN AUCTIONEERING WINSPIRE, INC. WINSPIRE, INC.	3,519. 4,170. 2,650.
Total	10,339.

Supporting Statement of:

Form 990 p 10/Depreciation column (B)

Description	Amount
Computers	0.
Furnitures Fixtures	0.
Leasehold Improvements	0.
Total	0.

Supporting Statement of:

Form 990 p 11/Line 32, column (A)

Amount
122,915.
59,700.

Total 182, 615.

Supporting Statement of:

Form 990 p 12/Part XI, Line 5

Description	Amount
Loss on stock value for Investment Challenge	-1,204.
Total	-1,204.

Supporting Statement of:

Form 990 p 12/Part XI, Line 8

Description	Amount
Accounting system change in 2010. QB did not pick up correct equity balance	-23,769.
Total	-23,769.

Supporting Statement of:

Form 990 p 12/Part XI, Line 9

Description	Amount
Additions to Reserves	-4,167.
Total	-4,167.