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332001 10-29-13

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at

Open to Public

		morniation about 10th 350 and its instructions is at WW	v.irs.gov/torm990.	
<u> </u>	or the	2013 calendar year, or tax year beginning and ending	•	····
B	Check if applicable	C Name of organization	D Employer identif	ication number
	Addre	START INTERNATIONAL, INC.		
L	Name chang	Doing Business As	27-1	1363108
	lnıtıal return	Number and street (or P 0, box if mail is not delivered to street address) Room/su	ite E Telephone numb	er
	Termin ated Amen	2000 FLORIDA AVE., NW 200		462-2213
<u> </u>	ireturn ∏Applic	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,527,508.
	⊥ltion pendii		H(a) Is this a group	
		F Name and address of principal officer GORDON MCBEAN	for subordinate	s? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
			If "No," attach	a list (see instructions)
		te: > WWW.START.ORG	H(c) Group exempte	
K	orm of	organization: X Corporation Trust Association Other Ly	ear of formation: 2009	<b>M</b> State of legal domicile: $\mathbf{DE}$
P	art I	Summary		
CENNINGS     Revenue Activities & Governance	1	Briefly describe the organization's mission or most significant activities RESEARCH ACTION ON GLOBAL ENVIRONMENTAL CHANGE	AND TRAINING	TO INSPIRE
la I				
Ver	1	Check this box If the organization discontinued its operations or disposed of m		ssets 6
င်		Number of voting members of the governing body (Part VI, line 1a)		
ඡ		Number of independent voting members of the governing body (Part VI Nine 1b), A 201	1 (4.5.) 1	6
iës	1	Total number of individuals employed in calendar year 2013 (Part V line 2a)		9
ڲۄۄ		Total number of volunteers (estimate if necessary)	19	6
<b>₩</b>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
2			Prior Year	Current Year
<b>≩</b> e	8	Contributions and grants (Part VIII, line 1h)	3,422,456.	2,527,472.
부름	9	Program service revenue (Part VIII, line 2g)	0	0.
<b>8</b>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71.	36.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,774	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,457,301	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
<b>3</b>	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	<u> </u>
	i i	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	743,996	. 1
31116 Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	0,	027,330.
ڪ اڪ	1			· <del> </del>
Ä	1		2,444,847	1,814,156.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,188,843	
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		
_ 0	19	Revenue less expenses Subtract line 18 from line 12	268,458	<del></del>
ets or	- 1		Beginning of Current Year	
SSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	2,090,615	
et P	21	Total liabilities (Part X, line 26)	808,030	
<u> Ž</u>	22	Net assets or fund balances Subtract line 21 from line 20	1,282,585	1,168,541.
	art II	Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		ny knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge	
		Marsan Vich	10 N	Neuetre 2011
Sig	ın	Signature of officer	Date	7
He	re	NAME NAME NAME NAME NAME NAME NAME NAME		1
_		Type or print name and title	···.	7 · · · · · · · · · · · · · · · · · · ·
*		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	JOHN HUSKINS Jellestens	11514 self-emple	P01081531
Pre	parer	Firm's name JOHNSON LAMBERT LLP	Firm's EIN	52-1446779
Use	Only	Firm's address 700 SPRING FOREST RD., STE. 115	1 1111 0 2 111	
	-	RALEIGH, NC 27609	Phone no 9	19-719-6400
— Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

<u>Form</u>	990 (2013) START INTERNATIONAL, INC. 27-1363108 Page 2
Par	t III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	TO ENHANCE SCIENTIFIC CAPACITY IN DEVELOPING COUNTRIES BY
	STRENGTHENING AND CONNECTING EXISTING INSTITUTIONS, TRAINING GLOBAL
	CHANGE SCIENTISTS, AND PROVIDING THEM WITH BETTER ACCESS TO DATA,
	RESEARCH, AND COMMUNICATION TECHNOLOGY SKILLS; TO FOSTER REGIONAL
2	Did the organization undertake any significant program services during the year which were not listed on
_	
	·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
7	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	
	START FACILITATES A WIDE VARIETY OF RESEARCH, TRAINING, AND EDUCATION
	PROGRAMS TO BUILD SCIENTIFIC CAPACITY AND PROMOTE COMMUNICATION AND
	OUTREACH IN THE GLOBAL CHANGE RESEARCH COMMUNITIES OF AFRICA AND
	ASIA-PACIFIC. WE WORK AT THE INTERSECTION OF GLOBAL ENVIRONMENTAL
	CHANGE AND SUSTAINABLE DEVELOPMENT, WITH EMPHASIS ON A RANGE OF ISSUES
	INCLUDING DISASTER RISK REDUCTION, LAND-USE/LAND-COVER CHANGE,
	BIODIVERSITY CONSERVATION, URBAN RESILIENCE, HUMAN HEALTH, WATER
	RESOURCES MANAGEMENT, AGRICULTURE AND FOOD SECURITY, AND REGIONAL
	CLIMATE MODELING AND CLIMATE SERVICES. IN 2013 OUR PROGRAM
	ACCOMPLISHMENTS INCLUDED: MORE THAN 30 RESEARCH AND PARTNERSHIP
	ENHANCEMENT GRANTS TO INTERDISCIPLINARY TEAMS IN ASIA AND AFRICA
	WORKING ON CLIMATE ISSUES RELATED TO DISASTER RISK REDUCTION, URBAN
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(code)(code)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
-ru	
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>_4e</u>	Total program service expenses ▶ 2,475,245.

Part IV	Checklist of	of Required	Schedules

1 Is the organization described in section 501c(s) or 4947(s)(1) (other than a private foundation)?  1 If Yes, "complete Schedule S, Schedule S, Schedule of Continutors"  2 Is the organization region in emptor or inders or places to public office? If "Yes," complete Schedule C, Part I  3 X  2 Is the organization region in emptor or inders or places to public office? If "Yes," complete Schedule C, Part I  3 X  4 Section 501(s)(3) erganizations. Did the organization engage in libbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part III  5 Is the organization a section 501(c)(5), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule Set 971 If "Yes," complete Schedule C, Part III  6 Did the organization and the section 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as complete Schedule C, Part III  7 Did the organization in Revenue Procedule Set 971 If "Yes," complete Schedule C, Part III  8 Did the organization in amount and convert of amounts in such indica or accounts? If "Yes," complete Schedule D, Part II  9 Did the organization manufaction of the convertine Standard Count labelity, serve as a custodian for amounts on teledial Part X, inc. 107 If "Yes," complete Schedule D, Part IVI  9 Did the organization in amount for Intrinsipility, delicity of the part organization reviews? If "Yes," complete Schedule D, Part VII  10 Did the organization report an amount for Intrinsipility and Expert and Exp				Yes	No
If "Yes," complete Schedule A   Schedule B, Schedule C	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule <i>B</i> , Schedule of Contributions Oil the organization engage in direct or indered collicated camping activities on behalf of or in opposition to candidates for public office? // "Yes," complete Schedule C, Part // Section 501(c)(3) organizations. The direction of the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? // "Yes," complete Schedule C, Part // Is the organization acetion 501(c)(4), 501(c)(5), or 501(c)(6), or 5			1	х	
3 Det the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official of "Ves," complete Schedule C, Part I    4 Section 501(e)(3) organizations. Did the organization engage in libblying activities, or have a section 501(e) election in effect during the tax year? If "Yes," complete Schedule C, Part II    5 Is the organization a section 501(e)(3) 501(e)(5), or 501(e)(6) organization that receives membership dives, assessments, or similar amounts as defined in hevenus Procedure 98-197 If "Yes," complete Schedule C, Part II    5 Dut the organization nearons any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in auch funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in auch funds or accounts? If "Yes," complete Schedule D, Part II    Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II    Did the organization report an amount for Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 19 Part X    Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part V    Did the organization report an amount for meetiments - program related in Part X, line 18° If "Yes," complete Schedule D, Part V II    Did the organization report an amount for meetiments - program related in Part X, line 18° If "Yes," complete Schedule D, Part X II    Did the organization report an amount for meetiments - program related in Part X, line 18° If "Yes," complete Schedule D, Part X II    Did the organization report an amount for meetiments - program	2	Is the organization required to complete Schedule B. Schedule of Contributors?			
section 50((s)) organizations. Dot the organization organization that receives membership dues, assessments or similar amounts as addinated in Power as execution 50((s)) effection in effect dump the tax year? If "Yes," complete Schedule C, Part II s the organization as action 501(c)(e), 501(c)(e)	3				
4 Section 50 (to(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Pos.", complete organization organization as section 501(c)(d), 501(c)(S), or 501(c)(S) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Pos.," complete Schedule C, Part III Did the organization members and yolone divised 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 (Pires, "complete Schedule D, Part III Did the organization receives or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization members or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization did areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization export an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodium for amounts not tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II II the organization services or any of the following questions as "Yes," then complete Schedule D, Part V II II the organization services or any of the following questions as "Yes," then complete Schedule D, Part X III II X X III II II II II II II II I		· · · · · · · · · · · · · · · · · · ·	3		Х
dung the tax year? M "Yes," complete Schedule C, Part II"  5 Is the organization a section 501 (o)(4), 501 (o)(5), or 501 (o)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts and tised and areas, or historic activatives II" (*Fes,* complete Schedule D, Part III")  8 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 an Part X, or produce or cell counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III"  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quaser-dowments, or quaser-downents, or quaser-	4				
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 98-192 / 11 / 12 / 12 / 12 / 12 / 12 / 12 /			4		Х
amillar amounts as defined in Revenue Procedure 98.197 /f "Yes," complete Schadule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? /f "Yes," complete Schadule D, Part /I  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 Schadule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schadule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not Istadial Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schadule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schadule D, Part IV  Did the organization report an amount for index publicles, "Yes," then complete Schadule D, Part X, IV, IV, IV, IV, IV, C x x as applicable  a Did the organization report an amount for investmenta- other social assets reported in Part X, line 167 If "Yes," complete Schadule D, Part IVIII  Did the organization report an amount for investmenta- other social assets reported in Part X, line 167 If "Yes," complete Schadule D, Part IVIII  Did the organization report an amount for their assets in Part X, line 15 this is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schadule D, Part X X  Did the organization report an amount for their assets in Part X, line 15 this is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schadule D, Part X X  Did the organization shading an amount for their assets i	5				
6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I/ 7 Did the organization receive or hold a conservation easement, including easements to proserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization and in a collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escribe 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 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 IV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IVI 12 Did the organization report an amount for other lasbilities in Part X, line 10? If "Yes," complete Schedule D, Part IVI 13 Did the organization report an amount for other lasbilities 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 X IVI 14 Did the organization is about the "IVI" in Its IVI" in		* * * * * * * * * * * * * * * * * * * *	5		Х
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I/! 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? // "Yes," complete Schedule D, Part V   10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V   11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V   12 Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part V   13 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? // "Yes," complete Schedule D, Part V   14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X   15 Did the organization is liability for uncertain tax positions under FIN 8 (ASC 740)? If "Yes," complete Schedule D, Part X   16 Did the organization organization as consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization is liability of uncertain tax positions under FIN 8 (ASC 740)? If "Yes," complete Schedule D, Part X   17 Did the organization as achool described in section 170(b)(1)(A)(b)? If "Yes," complete Schedule D, Parts X and XII is be organization in earned. The propriet service soluted in the United States or agregate foreign involutable? If "Yes," complete Schedule F, Parts II and IV   18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate foreign invol			7		х
Schedule D, Part III  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  10 Did the organization sender 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 lind, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  c Did the organization report an amount for investments - other securities 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  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 VIII  11b X  11c X  11d X  1	8				
9 Dit 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 V   10 Dit the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 Did the organization report an amount for investments - brogram related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for other liabilities 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  15 Did the organization report an amount for other liabilities 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  16 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X  17 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  18 Did the organization maintain an office, employees, or agents outside of the United States?  19 Did the organization maintain an office, employees, or agents outside of the United States?  20 Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business,			8		х
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  10 Did the organization, divertify or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 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  14 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 XII  15 Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X  16 Did the organization obtain separate, independent audited financial statements for the tax year "If "Yes," complete Schedule D, Part X  17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII  18 Did the organization maintain an office, employees, or agents outside of the United States?  19 Did the organization maintain an office, employees, or agents outside of the United States?  10 Did the organization maintain an office, employees, or agents outside of the United States?  11 Did the organization maintain an office, employees, or agents outside of the United States?  11 Did the organization maintain an office, employees, or agents outside of the United States?  12 Did the organizati	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
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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  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Is X  Ita Did the organization maintain an office, employees, or agents outside of the United States?  Ita 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  Ita Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  If Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  If 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  In Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II  In 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  In Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  In Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  It is A  I	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
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		· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del>-^</del> `
		1 - 100 to mile 200, do the organization attach a copy of its addited infancial statements to this return?		990	(2013)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		77
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
^^	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-4	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	l	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<b></b>	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2013)

Par	Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V			ᆜᆜ				
			Yes	No				
_	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable  11							
b	the flamber of Ferms W 2d included in the later of the dephicable	1 1		İ				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	l				
	(gambling) winnings to prize winners?	1c	X	<b></b>				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			İ				
		1 1	х	ĺ				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<del> </del>				
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		x				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a 3b		<del>  ^</del> -				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30						
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
h	If "Yes," enter the name of the foreign country	44		<del></del>				
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			ĺ				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	- 5a		Х				
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?	5c	-					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			$\overline{}$				
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а								
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		-				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			<b>l</b> '				
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<del>                                     </del>				
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b></b> -				
10	Section 501(c)(7) organizations. Enter	90	-					
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1 '						
11	Section 501(c)(12) organizations. Enter	1 '						
	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources against	1						
	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	<u></u>				
а	is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	1	1					
C	Enter the amount of reserves on hand	oxdot	L					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X				
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u>L</u>				

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	See instructions			
<u>C</u>	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management			V	Na
40	Enter the number of values manufactor of the government had not the end of the tay year	1 40 1	6	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a			ĺ
	If there are material differences in voting rights among members of the governing body, or if the governing				ĺ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0	1	6		
	Enter the number of voting members included in line 1a, above, who are independent	1b	— ქ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other	2	ŀ	х
_	officer, director, trustee, or key employee?	an direct oursenueien	-		
3	Did the organization delegate control over management duties customarily performed by or under the	ie direct supervision	3		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	000 was filed?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets ,	6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or	-		
/ a		appoint one of	7a		x
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders or	/a		<del></del>
D	persons other than the governing body?	Stockholders, or	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:	"	<b></b>	<del></del> -
	The governing body?	a. of the following.	8a	х	-
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the	<del>  ~</del>		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	doned at the	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code )			
		<u> </u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the for	m? <b>11a</b>	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes, " describe			İ
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approx	val by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			
а	The organization's CEO, Executive Director, or top management official		15a	X	
þ	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			١
	taxable entity during the year?		16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anization's			
	exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed NONE				
17	List the states that this is each of this form out is required to be made	T (Costion 501/-)/0\-	anh A co-d-t	No.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	1 (Section 501(C)(3)S	orny) avanat	ЛE	
	for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. X Upon request. Other (explain	n ın Schedule O)			
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	•	ov and fine	ncial	
19	statements available to the public during the tax year	connect of interest poli	cy, and illa	iciai	
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the or	anization 🗎		
20	HASSAN VIRJI - 202-462-2213  2000 FLORIDA AVE., NW. SUITE 200, WASHINGTON, DC	20009	, ar neution		

orm 990 (2013)	START	INTERNATIONAL,

27-1363108

Page 7

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

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

INC.

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (Ď), (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	ne organization nor any related organization compensi						nsat					
(A)	(B)		(C)					(D)	(E)	(F)		
Name and Title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated					
	hours per				compensation	compensation	amount of					
	week	$\vdash$			ii edid	1,000	100,	from	from related	other		
	(list any	recto		'				the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for related	e or d	<u>a</u>			sated		(W-2/1099-MISC)	(44-27 1099-141130)	organization		
	organizations	ase	trus		99	ubeu		(** 2) 1033 (**100)		and related		
	below	dualt	tou		oldu	stcor	_			organizations		
	line)	Indomidual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			<b>3</b>		
(1) DR. CHAO-HAN LIU	1.40											
DIRECTOR		Х						0.	0.	0.		
(2) DR. KHOTSO MOKHELE	1.40											
DIRECTOR		Х						0.	0.	0.		
(3) DR. HEIDE HACKMANN	1.40		1	ĺ	ĺ	ĺ	ĺ					
DIRECTOR		X				L		0.	0.	0.		
(4) DR. MOHAMMED H.A. HASSAN	1.40	١.,			ļ					_		
DIRECTOR	6 90	X	<u> </u>	<u> </u>	_	-	_	0.	0.	0.		
(5) DR. GORDON MCBEAN	6.80	x	l	x		١		0.	0.	0.		
CHAIRMAN (6) DR. ROLAND FUCHS	1.40	12	┢	<u> </u>				· · · · · · · · · · · · · · · · · · ·	0.	<u> </u>		
SECRETARY	1.40	X	l	x				0.	0.	0.		
(7) ELIZABETH SEIPT	37.50		$\vdash$	1		H	-	<u>`</u>	<u> </u>	,		
TREASURER		1	ŀ	x				72,653.	0.	8,743.		
(8) DR. HASSAN VIRJI	37.50					<b>†</b>						
EXECUTIVE DIRECTOR		1 .		X				154,431.	0.	16,103.		
(9) JONATHAN PAGHAM	37.50			П	Į –							
PROGRAM DIRECTOR		Ļ	<u> </u>	_		X	_	116,376.	0.	12,744.		
	<u> </u>	-				l						
		$\vdash$	╁	-	⊢	╁	-					
		1	l									
						Π						
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		1	1					1				
		1	4	↓_	L	1_	_	<b></b>	<u> </u>			
		┨										
		T	T	$\vdash$	$\vdash$	$\vdash$		<del> </del>				
<u></u>		1	$\perp$	L		L						

	Section A. Officers, Directors, Trus	tees, Key Em	рюу	ees	<u>, and</u>	a HI	gne	St C	ompensated Employe	es (continuea)						
	(A)	(B)				C)			(D)	(E)			(F)			
	Name and title	Average hours per	(do no		(do not check n			Position not check more than one unless person is both an			Reportable compensation	Reportable	- 1		timate nount	
		week					or/trus		from	compensation from related			other	Oi		
		(list any	rector			ļ			the	organization			pensa			
		hours for related	e or di	瓤		l	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC			om th anızat			
		organizations	truste	al trus		98	ошре		(** 27 1033 (**100)				d relat			
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınızatı	ons		
		11110)	트	프	₩.	ê.	훒틍	횬				<del> </del>				
			1													
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			1								İ					
			Γ													
		<del> </del>	╁	<del> </del>	<del> </del>	-	╁╴	╁╌				<b></b> -				
			1_	_		L	<u> </u>	_								
			┨													
			$\vdash$			<u> </u>	1		-							
			1_	<u> </u>												
	Sub-total	W O4: A							343,460.		0.		7,5	90		
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							343,460.		0.		7,5	_		
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r		0,000 of reportab	ole					
	compensation from the organization															
3	Did the organization list any <b>former</b> officer	director or tr	uste	e ka	ev er	mole	ovee	or	highest compensated a	employee on		$\overline{}$	Yes	No		
Ū	line 1a? If "Yes," complete Schedule J for s			O, K	. y C1	прк	Jycc	, 01	riighest compensated e	mployee on	i	3		х		
4	For any individual listed on line 1a, is the si	•							•	the organization			,			
_	and related organizations greater than \$15											4	X	<u> </u>		
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							relat	ted organization or indiv	ridual for services	\$	5	-	x		
Sec	tion B. Independent Contractors	iproto coricad	<u> </u>	0. 0	<u> </u>	pon										
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of cor	npens	ation	from			
	the organization Report compensation for (A)	the calendar y	/ear	end	ing v	vith	or w	vithii	n the organization's tax (B)	year			``			
	Name and business	s address	N	ON:	E				Description of	services	C	Compe	C) nsatio	n		
											<del> </del>					
											<del> </del>					
2	Total number of independent contractors	including but i	not l	ımıte	ed to	the	ose i	ısted	d above) who received i	nore than	<del>                                     </del>					
	\$100,000 of compensation from the organ						0									
													agn /	-		

		Check if Schedule O cont	ains a response (	or note to any lin	e in this Part VIII			
1		Shook in Controlling Control	anio a responso (	STROLE LO UTIY III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
اة يَ	b	Membership dues	1b					
اغٌ.	С	Fundraising events	1c					
# 2	d	Related organizations	1d					
S E	e	Government grants (contribut		553,326.				
[호		All other contributions, gifts, gran	·					
를	•	similar amounts not included abo		974,146.				
<b>[2</b> ]	g	Noncash contributions included in lines	•					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	<b>•</b>	2,527,472.			
$\dashv$				Business Code		İ		
ايو	2 a						•	-
ایک	b						, ,	
\$ ₹	c							
E 3	ď						······································	
Program Service Revenue	e							
ا تة	f	All other program service reve	enue		, , , , ,			
1	g	Total. Add lines 2a-2f	•	<b>&gt;</b>				'
$\Box$	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		•	36.			36.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		<b>•</b>				
		•	(ı) Real	(ıı) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Secunties	(ıi) Other				
		assets other than inventory						
1	b	Less cost or other basis						
		and sales expenses						1
	С	Gain or (loss)		i				
	d	Net gain or (loss)		<u> </u>				
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
e l		including \$	of					
Revenue		contributions reported on line	1c) See					
<u>a</u>		Part IV, line 18	а			•		
튐	b	Less direct expenses	b					}
Ĭ		Net income or (loss) from fund		<b>&gt;</b> _				
	9 a	Gross income from gaming ac	ctivities See	1				
		Part IV, line 19	а					}
		Less direct expenses	ь	L		]		}
ŀ		Net income or (loss) from gan		<b>&gt;</b> _				
ļ	10 a	Gross sales of inventory, less				i		
		and allowances	a					
		Less cost of goods sold	b					-
<u> </u>	С	Net income or (loss) from sale		<u> </u>	<u> </u>			
- }		Miscellaneous Revenu	ie	Business Code	1			
İ	11 a			<b></b>			<del></del>	
	b		<del></del>			-		<del>                                     </del>
	C			1				<del> </del>
- 1	_	All other revenue					<del></del>	-
		Total. Add lines 11a-11d Total revenue See instructions			2,527,508.	0.	0.	36.
332009 10-29-	12	TOTAL LEAGURE OFF HISTORIAN			<u> </u>			Form <b>990</b> (2013)

Form 990 (2013) START INTERNATIONAL, INC.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, Bb, 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				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	, <u></u>			
5	Compensation of current officers, directors,	054 000	0.54 0.00		
	trustees, and key employees	251,930.	251,930.		·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ì	
	persons described in section 4958(c)(3)(B)	440 531			
7	Other salaries and wages	448,521.	448,521.		
8	Pension plan accruals and contributions (include	26 472	36 472		
_	section 401(k) and 403(b) employer contributions)	36,472. 43,341.	36,472. 43,341.		
9	Other employee benefits	47,132.	47,132.		<del></del>
10	Payroll taxes	47,132.	47,134.		
11	Fees for services (non-employees)	14,342.		14,342.	
a	Management	14,342.		14,342.	
b	Legal	101,446.	1,604.	99,842.	
C	Accounting	101,440.	1,004.	33,042.	
d	Lobbying Professional fundraising services See Part IV, line 17				
4	Investment management fees				
f	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	745,434.	745,434.		
12	Advertising and promotion	, 13 , 13 11	, 13 , 13 1		
13	Office expenses	95,495.	89,347.	6,148.	
14	Information technology	9,844.	9,844.		
15	Royalties				
16	Occupancy	117,556.	117,556.		
17	Travel	671,058.	671,058.		
18	Payments of travel or entertainment expenses	-			<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	828.	828.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,758.	6,758.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					<u> </u>
b			·		
С				·	
d		בז ייי	F 400	40 ABC	<del></del>
	All other expenses	51,395.	5,420.		
25	Total functional expenses. Add lines 1 through 24e	2,641,552.	2,475,245.	166,307.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here from it following SOP 98-2 (ASC 958-720)		L	l	

<u>'</u> ar	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
$\Box$	1	Cash - non-interest-bearing	571,687.	1	1,031,542.
	2	Savings and temporary cash investments	198,587.	2	
	3	Pledges and grants receivable, net	617,291.	3	393,198
	4	Accounts receivable, net	695,820.	4	394,109
1	5	Loans and other receivables from current and former officers, directors,			
Ì	•	trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L	1	5	
	6	Loans and other receivables from other disqualified persons (as defined under	er		
ł	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ا م		employees' beneficiary organizations (see instr) Complete Part II of Sch L	1	6	
Assets	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,230.	9	19,373
		Land, buildings, and equipment cost or other			
1	iva	basis Complete Part VI of Schedule D 10a 14,17	9.		
	b	Less accumulated depreciation 10b 14,17	$\frac{1}{9}$ . 0.	10c	. 0
	11	Investments - publicly traded securities	-	11	
Ì	12	Investments - other securities See Part IV, line 11		12	
ļ	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,090,615.	16	1,838,222
	17	Accounts payable and accrued expenses	269,442.	17	202,572
	18	Grants payable		18	
	19	Deferred revenue	535,200.	19	464,843
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ູ	22	Loans and other payables to current and former officers, directors, trustees,			
ite		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	1
ا ڏ	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	**********		
		parties, and other liabilities not included on lines 17 24) Complete Part X of			
		Schedule D	3,388.	25	2,266
	26	Total liabilities. Add lines 17 through 25	808,030.	26	669,681
		Organizations that follow SFAS 117 (ASC 958), check here	d		
ç,		complete lines 27 through 29, and lines 33 and 34.			
on l	27	Unrestricted net assets	1,282,585.	27	1,168,541
ala ala	28	Temporarily restricted net assets		28	
g P	29	Permanently restricted net assets		29	
١		Organizations that do not follow SFAS 117 (ASC 958), check here			
, o		and complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds	Ì	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
SSI		the state of the s		32	
et Ass		Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	1,282,585.		1,168,541

Form	990 (2013) START INTERNATIONAL, INC.	41-	T3031	-08	Pag	ge 12
Pai	t XI Reconciliation of Net Assets					<del></del>
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,5	
3	Revenue less expenses Subtract line 2 from line 1	3				44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	28.	2,5	85.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		_			
	column (B))	10	<u> </u>	16	8,5	<u>41.</u>
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
			г		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					*
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				ا بيد ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				1
	separate basis, consolidated basis, or both		ļ			
	Separate basis Consolidated basis Both consolidated and separate basis		[.			
b	Were the organization's financial statements audited by an independent accountant?		-	2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.	,			
	consolidated basis, or both					] :
	X Separate basis Consolidated basis Both consolidated and separate basis					;
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1		$\tilde{\mathbf{x}}$	-
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Λ	ļ
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		l l	ı		] ,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		-	X
	Act and OMB Circular A 133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iired aud	tit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	<u> </u>
				Form	990	(2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

		START I	NTERNATIONAL	, INC	•				2	7-1363	108	
Part I	Reason	or Public Chari	ty Status (All organiza	ations mus	st complete	e this part	) See inst	ructions				
The organ	ızatıon ıs not a	private foundation l	pecause it is (For lines 1	through 1	1, check o	only one b	ox)					
1 🖳	A church, cor	vention of churches	s, or association of churc	ches descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2 🔲	A school desc	cribed in section 17	<b>0(b)(1)(A)(iı).</b> (Attach Sch	hedule E)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(	A)(m).					
4 🗀	A medical res	earch organization of	operated in conjunction v	with a hos	pital descr	ibed in <b>se</b>	ction 170	b)(1)(A)(iii	). Enter i	the hospital	's name,	
	city, and state	ə										
5 🗀	An organizati	on operated for the l	benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unit	describ	ed in		
	section 170(	b)(1)(A)(iv). (Comple	ete Part II )									
6 🔲	A federal, sta	te, or local governme	ent or governmental unit	described	in <b>sectio</b> i	n 170(b)(1	)(A)(v).					
7 X	An organization	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	nbed in	
	section 170(I	o)(1)(A)(vi). (Comple	te Part II )									
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). (	Complete	Part II)							
9 🗔	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embership	o fees, a	nd gross red	ceipts fro	om
	activities relat	ted to its exempt fur	nctions - subject to certa	ıın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvestm	ent
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 3	30, 1975	
	See section	<b>509(a)(2)</b> . (Complete	Part III )									
10	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety S	See <b>sectio</b>	n 509(a)(4	ł).				
11	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the	purposes o	of one or	
	more publicly	supported organiza	itions described in section	on 509(a)(1	I) or section	n 509(a)(2	) See <b>sec</b>	tion 509(a	<b>a)(3).</b> Ch	eck the box	. that	
	describes the	type of supporting	organization and comple	ete lines 1°	1e through	11h						
	a Type I	<b>b</b> 🗀 Ty	/peⅡ c∐Ty	ype III - Fur	nctionally i	ntegrated	d	І 📖 Турі	oM - III e	n-functional	ly integra	ated
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified	persons oth	ner than	
	foundation m	anagers and other t	han one or more publicly	y supporte	d organıza	itions desc	cribed in s	ection 509	(a)(1) or	section 509	}(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	: 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	ons?			
	(i) A persor	n who directly or ind	irectly controls, either al-	one or tog	ether with	persons o	lescribed i	n (ii) and (i	ıi) below	·	Yes I	<u>No</u>
	the gove	erning body of the si	upported organization?							11g(ı)		
	(ii) A family	member of a persor	n described in (i) above?							11g(iı)	┷	
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (iı) above	∍?					11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganızatıon(	(s)							
				· · · · · · · · · · · · · · · · · · ·								
(i) Name	of supported	(ii) EIN	(iii) i jpo oi oi gainkanon	(iv) Is the o			notify the	(vi) ls organizatio	the in in col	(vii) Amoun	t of mone	tary
orga	anızatıon		(described on lines 1-9 above or IRC section	in col (i) lis governing (		organizat	support?	(i) organizi U.S.	ed in the	sup	port	
			(see instructions))									
				Yes	No	Yes	No	Yes	No			
		1						ŀ				
				<b>_</b>				ļ				
						ļ	Ì	ļ				
-				<b>↓</b>	<b> </b>				<u> </u>			
				<del>                                     </del>	<del> </del>	· ····						
				1	1	1	[		l	ì		

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

Schedule A (Form 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 START INTERNATIONAL, INC. 27-13631 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		ļ	Į.			
	include any "unusual grants ")	2,159,518.	4,168,626.	2,449,697.	3,422,456.	2,527,472.	14,727,769.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						<del>"</del>
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,159,518.	4,168,626.	2,449,697.	3,422,456.	2,527,472.	14,727,769.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			ŀ			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,728,142.
6	Public support, Subtract line 5 from line 4						12,999,627.
Sec	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2,159,518.	4,168,626.	2,449,697.	3,422,456.	2,527,472.	14,727,769.
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties	i					
	and income from similar sources			226.	71.	36.	333.
9	Net income from unrelated business						
	activities, whether or not the				•		
	business is regularly carned on				·		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)			56,147.	34,774.		90,921.
11	Total support. Add lines 7 through 10						14,819,023.
12	Gross receipts from related activities	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stor			·····			<b>▶</b> X
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (	• • • • • • • • • • • • • • • • • • • •	•	olumn (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the	organization did no	t check the box or	ine 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		_				▶□
t	33 1/3% support test - 2012. If the	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qua		· · · —				▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	•	rt IV how the organ	ization
	meets the "facts-and-circumstances"				•		
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t		•		•		,
	organization meets the "facts-and-cir		-	•			▶⊨
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ind see instruction	s <b>▶</b> ∟

# Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		1				
	include any *unusual grants *)		1				
2	Gross receipts from admissions,						
_	merchandise sold or services per-		1				
	formed, or facilities furnished in		1				
	any activity that is related to the organization's tax-exempt purpose		1		1		
3	Gross receipts from activities that					<u> </u>	
3	are not an unrelated trade or bus-					1	
	iness under section 513	Ì					
	<b>1</b>					<del>                                     </del>	
4	Tax revenues levied for the organ-						1
	ization's benefit and either paid to						
	or expended on its behalf			ļ	<del> </del>	<del> </del>	
5	The value of services or facilities		ļ				
	furnished by a governmental unit to		l				
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			<u></u>	<u> </u>	<u></u>	<u>                                       </u>
b	Amounts included on lines 2 and 3 received						I
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		l				
	Add lines 7a and 7b				1		
	Public support (Subtract line 7c from line 6.)		<u> </u>				
	ction B. Total Support						!
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	12, 2000	1 ,5,25,5	13,2311	1 12, 20, 12	1 (3,23,3	(-) 10:01
	Gross income from interest,				1		
	dividends, payments received on		1				
	securities loans, rents, royalties					ļ	
	and income from similar sources	ļ	<del>                                     </del>		<del>                                     </del>	<del> </del>	<del> </del>
t	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses i		1				
	acquired after June 30, 1975				-	+	
	Add lines 10a and 10b		ļ		1	-	
11	Net income from unrelated business activities not included in line 10b,						1
	whether or not the business is	l					1
	regularly carried on						
12	Other income Do not include gain					1	
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thii	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (	line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	: III, line 15			16	%
_	ction D. Computation of Inve						
_	Investment income percentage for 20			<del></del>		17	%
	Investment income percentage from	•	• • • • • • • • • • • • • • • • • • • •	<i>\''</i>		18	%
	a 33 1/3% support tests - 2013. If the			on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box a	_					▶ 🗀
	b 33 1/3% support tests - 2012. If the		= -		•		and
٠	line 18 is not more than 33 1/3%, che	•			·	-	. —
20	Private foundation. If the organization		_	•		=	
	T TITULE TOURISHED OF IT THE OTGATIZATIO	ala Hot GHECK a		, or , ou, or look t			

Schedule A	(Form 990 or 990 E	Z) 2013 START	INTERNA	TIONAL,	INC.		27-1363108	Page 4
Part IV	Supplementa	I Information. Pr	ovide the expla	nations require	ed by Part II, line 10	), Part II, line 17a oi	27-1363108 17b, and Part III, line	12
	Also complete this	s part for any additio	nal information	(See instruction	ons)			
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#### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.urs.gov/torm990

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

START INTERNATIONAL, INC. 27-1363108 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of 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 organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		NTERNATION						-1363108 Page 2
Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Other	Similar A	ssets(continued)
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following tha	t are a sigr	nificant use o	of its collection items
	(check all that apply)							
а	Public exhibition	d	· 🖳	Loan or exc	hange progra	ams		
b	Scholarly research	e		Other	· · · · · · · · · · · · · · · · · · ·			
C	Preservation for future generations							
4	Provide a description of the organization's co	· · · · · · · · · · · · · · · · · · ·		-	_			n Part XIII
5	During the year, did the organization solicit of	r receive donations	of art, hi	stoncal trea	sures, or oth	er sımılar a	ssets	
	to be sold to raise funds rather than to be ma							Yes No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" to Fo	orm 990, Par	t IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not in	cluded	
	on Form 990, Part X?							Yes No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table				
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
	Did the organization include an amount on F							└─ Yes └─ No
	If "Yes," explain the arrangement in Part XIII							
Par	t V   Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 10		
		(a) Current year	(b) F	rior year	(c) Two year	rs back (d	) Three years	back (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities		ļ					
	and programs							
f	Administrative expenses				ļ			
g	End of year balance		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as			
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporanly restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%						
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for the	organizatio	n
	by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Sche	dule R?				3b
4	Describe in Part XIII the intended uses of the		owment	funds				
Pai	t VI Land, Buildings, and Equipn							
	Complete if the organization answere	d "Yes" to Form 990	D, Part I\	<del></del>		, Part X, lin	ne 10	•
	Description of property	(a) Cost or o			t or other		umulated	(d) Book value
	<u> </u>	basis (invest	ment)	basis	(other)	depre	eciation	
1a	Land					·· · · · · · · · · · · · · · · · · · ·		
b	Buildings							
С	Leasehold improvements				4 4		4 4 4 = -	
d	Equipment			1	4,179.		14,179	0.
	Other							
Tota	I. Add lines 1a through 1e (Column (d) must e	egual Form 990. Par	t X. colui	mn (B), line	10(c))			0.

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

	edule D (Form 990) 2013 START INTERNATIONAL, INC		27-1	363108 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	nue per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	2,527,508.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,527,508.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,527,508.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Retui	m.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a		
1	Total expenses and losses per audited financial statements		1	2,641,552.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<del> </del>
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c		2c		
d	Other (Describe in Part XIII )	2d		
е			2e	0.
3	Subtract line 2e from line 1		3	2,641,552.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а		4a		
	•	4b		
b	Other (Describe in Fart All)	1 40 1		
	,	40 ]	4c	0.
	Add lines <b>4a</b> and <b>4b</b>		4c 5	0. 2,641,552.
5 Pa	•	2)	5	
Provinces PA	Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18  Irt XIII Supplemental Information.	, Part IV, lines 1b and 2b, ry additional information	Part V, line 4, Part	X, line 2, Part XI,
Provinces PA EX	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4b and 4b, and Part XII, lines 2d and 4b Also complete this part to provide are  RT X, LINE 2:	. Part IV, lines 1b and 2b, by additional information	Part V, line 4, Part	X, line 2, Part XI,
Provinces PA EX	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4b and 4b, and Part XII, lines 2d and 4b Also complete this part to provide are  RT X, LINE 2:  PLANATION: MANAGEMENT HAS CONCLUDED THAT	. Part IV, lines 1b and 2b, by additional information	Part V, line 4, Part	X, line 2, Part XI,
Provinces PA EX	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4b and 4b, and Part XII, lines 2d and 4b Also complete this part to provide are  RT X, LINE 2:  PLANATION: MANAGEMENT HAS CONCLUDED THAT	. Part IV, lines 1b and 2b, by additional information	Part V, line 4, Part	X, line 2, Part XI,
Provinces PA EX	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4b and 4b, and Part XII, lines 2d and 4b Also complete this part to provide are  RT X, LINE 2:  PLANATION: MANAGEMENT HAS CONCLUDED THAT	. Part IV, lines 1b and 2b, by additional information	Part V, line 4, Part	X, line 2, Part XI,
Provinces PA EX	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4b and 4b, and Part XII, lines 2d and 4b Also complete this part to provide are  RT X, LINE 2:  PLANATION: MANAGEMENT HAS CONCLUDED THAT	. Part IV, lines 1b and 2b, by additional information	Part V, line 4, Part	X, line 2, Part XI,
Provinces PA EX	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4b and 4b, and Part XII, lines 2d and 4b Also complete this part to provide are  RT X, LINE 2:  PLANATION: MANAGEMENT HAS CONCLUDED THAT	. Part IV, lines 1b and 2b, by additional information	Part V, line 4, Part	X, line 2, Part XI,
Provinces PA EX	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4b and 4b, and Part XII, lines 2d and 4b Also complete this part to provide are  RT X, LINE 2:  PLANATION: MANAGEMENT HAS CONCLUDED THAT	. Part IV, lines 1b and 2b, by additional information	Part V, line 4, Part	X, line 2, Part XI,

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury			orm 990. 🕨 See separate instructio		Open to Public
nternal Revenue Service	Information abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/form990.	Inspection
Name of the organization		., .			entification number
	rional, in			27-1363	
Part I General In	formation on A	ctivities Out	side the United States. Comple	ete if the organization answere	ed "Yes" on
Form 990, Par	t IV, line 14b				
•	<del>-</del>		ds to substantiate the amount of its gr	ı	<del></del>
the grantees' eligibilit	y for the grants or a	issistance, and t	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. De United States	escribe in Part V the	organization's p	procedures for monitoring the use of it	s grants and other assistance	outside the
3 Activities per Region	(The following Part	I, line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE				RESEARCH, EDUCATION &	
PACIFIC - AUSTRALIA,				TRAINING	
BRUNEI, BURMA,				SEMINARS/MEETINGS WITH	
CAMBODIA	0	0	PROGRAM SERVICES	LOCAL INSTITUTES	307,404.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA	i				
BRUNEI, BURMA,					
CAMBODIA,	1 .	٥	PROGRAM SERVICES	TRAVEL	41,104.
EUROPE (INCLUDING				RESEARCH EDUCATION &	
ICELAND & GREENLAND)				TRAINING	
- ALBANIA, ANDORRA,				SEMINARS/MEETINGS WITH	,
AUSTRIA, BELGIUM	0	,	PROGRAM SERVICES	LOCAL INSTITUTES	126,152.
EUROPE (INCLUDING		· ·	PROGRAM BERVICES	BOCAL INSTITUTES	120,132.
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,		,	DROGRAM GERVIGES	mpa.rer	16 002
AUSTRIA, BELGIUM	-	<u> </u>	PROGRAM SERVICES	TRAVEL	16,992.
MIDDLE EAST AND				RESEARCH, EDUCATION &	
NORTH AFRICA -				TRAINING	
ALGERIA, BAHRAIN,			L	SEMINARS/MEETINGS WITH	
DJIBOUTI, EGYPT,		0	PROGRAM SERVICES	LOCAL INSTITUTES	20,000.
NORTH AMERICA -				RESEARCH, EDUCATION &	
CANADA AND MEXICO,				TRAINING	
BUT BUT NOT THE				SEMINARS/MEETINGS WITH	i
UNITED STATES	0	0	PROGRAM SERVICES	LOCAL INSTITUTES	1,426.
NORTH AMERICA -	-			<u> </u>	
CANADA AND MEXICO,					
BUT BUT NOT THE					
UNITED STATES	C	0	PROGRAM SERVICES	TRAVEL	3,002.
RUSSIA & THE NEWLY		ľ		RESEARCH, EDUCATION &	
INDEPENDENT STATES -	· [			TRAINING	
ARMENIA, AZERBIJAN,				SEMINARS/MEETINGS WITH	ı
BELARUS,		0	PROGRAM SERVICES	LOCAL INSTITUTES	3,391.
3 a Sub-total	0	0			519,471.
<b>b</b> Total from continuat	ion				
sheets to Part I		0			910,860.
c Totals (add lines 3a					
and 3b)		0			1,430,331.

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) nogion	offices	employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
	in the region	agents in	program services, grants to	describe specific type	for region
		region	recipients located in the region)	of service(s) in region	
OUTH AMERICA -				RESEARCH, EDUCATION &	
RGENTINA, BOLIVIA,				TRAINING	
BRAZIL, CHILE,				SEMINARS/MEETINGS WITH	
COLUMBIA, ECUADOR,	1 .	0	PROGRAM SERVICES	LOCAL INSTITUTES	600
SOUTH ASIA -				RESEARCH, EDUCATION &	
FGHANISTAN,		1		TRAINING	
BANGLADESH, BHUTAN,				SEMINARS/MEETINGS WITH	
INDIA, MALDIVES,	1 0		PROGRAM SERVICES	LOCAL INSTITUTES	131,026
OUTH ASIA -	· · · · · · · · · · · · · · · · · ·		PROGRAM BERVICES	DOCAL INDITIONED	131,020
					ĺ
AFGHANISTAN,	-				
BANGLADESH, BHUTAN,	١,	] ,	DROGDAN GERVIGEG	DENTE	5 075
INDIA, MALDIVES,		0	PROGRAM SERVICES	TRAVEL	5,075
SUB-SAHARAN AFRICA -				RESEARCH, EDUCATION &	
ANGOLA, BENIN,		i	1	TRAINING	
BOTSWANA, BURKINA,		_	L	SEMINARS/MEETINGS WITH	
FASO,	,	0	PROGRAM SERVICES	LOCAL INSTITUTES	697,790
SUB-SAHARAN AFRICA -	ŀ				
ANGOLA, BENIN,		1			
BOTSWANA, BURKINA,					
FASO,		0	PROGRAM SERVICES	TRAVEL	76,369
					İ
		1	1		
					1
	1	1			
	1				
Totals	<b>▶</b> ]				910,860

27-1363108

Page 2

START INTERNATIONAL, INC.

Schedule F (Form 990) 2013 START INTERNATIONAL, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	recipient organization the grantee or counse	s listed above that are r I has provided a section	Enter total number of racipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e	xempt by		
3 Enter total number of	Enter total number of other organizations or entities	r entities					podo	Schodulo E (Eorm 990) 2013

Schedule F (Form 990) 2013

27-1363108

Schedule F (Form 990) 2013 START INTERNATIONAL, INC.

Part III, Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance ar					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

ched	ule F (Form 990) 2013 START INTERNATIONAL, INC.	27-1363108	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
•	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
	,		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		
	for Form 5713)	Yes	X No
		Schedule F (Form	n 990) 2013

Schedule F	(Form 990) 2013 START INTERNATIONAL, INC.	27-1363108	Page 5
Part V	Supplemental Information		
· · · · · · · · · · · · · · · · · · ·	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account	inting mothed amounts of	
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		;)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation	
		·	<del></del>
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			-
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#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Name of the organization START INTERNATIONAL,

27-1363108 INC. **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х 5a The organization? X 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958 4(a)(3)? If "Yes," describe in Part III Х R If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2013

START INTERNATIONAL, INC.

Schedule J (Form 990) 2013 START INTERNATIONAL, INC. 27–1363108 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W 2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	Pe	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(g)	reported as deferred in pnor Form 990
(1) DR. HASSAN VIRJI	Ξ	154,431.	0	0	14,419.	1,684.	170,534.	0
EXECUTIVE DIRECTOR	: €		0	0	0	0.	0.	0.
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332112							Schedu	Schedule J (Form 990) 2013

Page 3 Schedule J (Form 990) 2013 Schedule J (Form 990) 2013 START INTERNATIONAL, INC.

Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 27-1363108 START INTERNATIONAL, INC.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

332211 09-04-13

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs

Open to Public Inspection

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

START INTERNATIONAL, INC.

Employer identification number 27-1363108

OMB No. 1545-0047

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

NETWORKS OF COLLABORATING SCIENTISTS AND INSTITUTIONS WITH THE CAPACITY

TO ASSESS THE CAUSES AND IMPACTS OF GLOBAL ENVIRONMENTAL CHANGE AND

ENGAGE POLICYMAKERS AND OTHER STAKEHOLDERS IN DEVELOPING

APPROPRIATE ADAPTATION STRATEGIES; AND TO MOBILIZE RESOURCES THAT WILL

AUGMENT EXISTING CAPABILITIES AND ACTIONS ON GLOBAL ENVIRONMENTAL

CHANGE IN DEVELOPING COUNTRIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT PLANNING, AGRICULTURE AND FOOD SECURITY; ASSESSMENTS OF URBAN AGRICULTURE IN NINE CITIES THROUGHOUT AFRICA AND ASIA AS WELL AS AN INTERNATIONAL WORKSHOP THAT BROUGHT TOGETHER ACADEMICS, POLICY RESEARCHERS AND PRACTITIONERS FROM AFRICA, ASIA AND LATIN AMERICA TO ASSESS THE CURRENT STATE OF KNOWLEDGE ON URBAN FOOD SECURITY; TARGETED SUPPORT FOR CITY-LED, COLLABORATIVE RISK MANAGEMENT AND ADAPTION ACTION PLANNING IN JAKARTA, INDONESIA AND HO CHI MINH CITY, VIETNAM; ORGANIZATION AND FACILITATION OF THE CITIES AT RISK WORKSHOP - AFRICA THAT ENABLED IDENTIFICATION OF PRIORITY KNOWLEDGE AND CAPACITY NEEDS FOR URBAN RISK MANAGEMENT AND RESILIENCE IN AFRICA; CO-ORGANIZATION OF AN INTENSIVE TWO-WEEK WORKING SEMINAR IN NEW ZEALAND THAT EXPLORED THE WAYS PEOPLE INTERPRET RISKS RELATED TO NATURAL HAZARDS AND HOW THEY RESPOND BASED ON THESE INTERPRETATIONS; A STRATEGIC PLANNING RETREAT THAT RESULTED IN THE DESIGN AND KICK-OFF OF THE NEW PAN-ASIA RISK REDUCTION (PARR) FELLOWSHIP PROGRAM; CONTINUED COLLABORATIONS WITH THE CENTER FOR CLIMATE CHANGE STUDIES AT THE UNIVERSITY OF DAR ES SALAAM FOR DESIGN, DEVELOPMENT AND IMPLEMENTATION OF INNOVATIVE CURRICULUM AND

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

Name of the organization **Employer identification number** START INTERNATIONAL, INC. 27-1363108 RESEARCH ON CLIMATE CHANGE; AND ONGOING CONTRIBUTIONS TO THE IDRC-FUNDED COASTAL CITIES AT RISK (CCAR) PROGRAM, NASA'S GLOBAL OBSERVATION OF FOREST COVER AND LAND USE (GOFC-GOLD) PROJECT AND THE COORDINATED REGIONAL DOWNSCALING EXPERIMENT (CORDEX) - AFRICA INITIATIVE. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE GOVERNING BODY REVIEWS THE FORM 990 ELECTRONICALLY BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: IF AN EMPLOYEE HAS ANY INDICATION THAT HE OR SHE HAS A DIRECT OR INDIRECT CONFLICT OF INTEREST, OR IF AN EMPLOYEE RECEIVES INFORMATION REGARDING A POTENTIAL CONFLICT OF INTEREST FOR ANOTHER, THE DIRECTOR OF HUMAN RESOURCES MUST BE NOTIFIED IMMEDIATELY OF THE POTENTIAL CONCERN. FORM 990, PART VI, SECTION B, LINE 15A: EXPLANATION: THE EXECUTIVE DIRECTOR'S COMPENSATION IS ANNUALLY REVIEWED AND APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS. THE MOST RECENT COMPENSATION REVIEW OCCURRED IN NOVEMBER 2013. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: START'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: GENERAL CONSULTING:

PROGRAM SERVICE EXPENSES

423,098.

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Employer identification number 27-1363108 Name of the organization START INTERNATIONAL, INC. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES 423,098. GRANTS CONSULTING: PROGRAM SERVICE EXPENSES 322,336. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 322,336. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 745,434.

Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13