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Form **990**

Return of Organization Exempt From Income Tax

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

2013

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A	or the	2013 calendar year, or tax year beginning	and endi	ng			
В	Check of applicable	C Name of organization		D Employ	er identifica	tion number	
_	Addres						
누	change Name change	Doing Business As			33-04	14855	
F	cnange initial return	Number and street (or P 0 box if mail is not d	elivered to street address) Room	n/suite E Telepho			
	Terminated	83 WALTON STREET	300			65-4543	
	Amend return Applica	City or town, state or province, country, and	d ZIP or foreign postal code	G Gross rece		1,043,4	27.
L_	tion pendin	AIDMITA, GA 30303	EDRY MRUMED		a group retu	urn Yes X	٦.,
		F Name and address of principal officer:JEI	FREI MEUTER		oordinates?		. No □ No
_		mpt status: X 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐		ubordinates incl	st. (see instruction:	
		HDI SIGIUS. LA 501(c)(5)			exemption		ارد
						State of legal domicil	le CA
		Summary	10000ation Control	_ rear or rormation	<u> </u>	otate of legal doffici	0 011
		Briefly describe the organization's mission or mos	st significant activities: TO END	THE CYCLE	OF YO	UTH	
Activities & Governance		HOMELESSNESS.	or significant dottvitios.				
Ē	-		ontinued its operations or disposed of	f more than 25% o	f its net ass		
Ve		lumber of voting members of the governing bod		,,,,,,,,	3		10
Ğ	1	lumber of independent voting members of the g			4		10
ଜୁ	1	otal number of individuals employed in calendar			5		4
itie		otal number of volunteers (estimate if necessary			6		650
Ė	1	otal unrelated business revenue from Part VIII, o			7a		0.
⋖		let unrelated business taxable income from Forr			7b		0.
				Prior Ye	ar	Current Year	
6)	8 (Contributions and grants (Part VIII, line 1h)		1,324		1,006,8	
ž	1	rogram service revenue (Part VIII, line 2g)			,545.	22,4	
Revenue		nvestment income (Part VIII, column (A), lines 3,	4. and 7d)	-	3.		0.
nč.		Other revenue (Part VIII, column (A), lines 5, 6d, 8			0.		0.
Revenue		otal revenue · add lines 8 through 11 (must equ		1,336	,350.	1,029,2	82.
)		Frants and similar amounts paid (Part IX, column			,921.	435,1	
= S		Benefits paid to or for members (Part IX, column	(A), line 4)		0.		0.
		alaries, other compensation, employee benefits		297	,250.	198,3	39.
bense	16a I	rofessional fundraising fees (Part IX, column (A)	IR 11e) MAY 19 2014 / SI		0.		0.
, ĝ		otal fundraising expenses (Part IX, column (D), li					
ş Ž		Other expenses (Part IX, column (A), lines 11a-11		369	,408.	286,0	
b		otal expenses. Add lines 13-17 (must equal Part		1,158	,579.	919,5	46.
	19	Revenue less expenses. Subtract line 18 from lin	- -	177	,771.	109,7	36.
es Ses				Beginning of Cu	rrent Year	End of Year	
sets	20	otal assets (Part X, line 16)		582	,298.	691,0	05.
t Assets or l	21	otal liabilities (Part X, line 26)			,469.	28,4	40.
E SE	22	let assets or fund balances. Subtract line 21 fro	n line 20	552	,829.	662,5	<u>65.</u>
P	art II	Signature Block					
		ies of perjury, I declare that I have examined this retur				knowledge and belief	i, it is
true	, correct	and complete Declaration of preparer (other than saff	cery is based on all information of which p	reparer has any knov	rledge		
	- 1						
Sig	n	Signature of officer		Dat	e		
Hei	re		OF AUDIT COMMITTEE				
		Type or print name and title		15.1	_,	5T	
		Print/Type preparer's name	Preparer's signature.	Date	Check] PTIN	
Paid	}	ANN M. THOMPSON	au m. Jumpeou	5/06/2014	000	P0071977	
	parer	Firm's name JONES AND KOLB		Fırr	n's EIN 🛌	<u>58-176357</u>	0
Use	Only	Firm's address 3475 PIEDMONT RO		Ì		41066 765	•
		ATLANTA, GA 303		Ph	one no (40	4)262-792	$\overline{}$
Ma	y the IF	S discuss this return with the preparer shown at		····		X Yes	<u>No</u>
3320	001 10-29	-13 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.			Form 990 ((2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

15240506 751928 100760

Part IV	/ Checkli	st of Require	ed Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١.,
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			U
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			X
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_^
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			-
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments • other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			١
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_^_
f	•	444	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
•	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	{
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20~	complete Schedule G, Part III	202		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	
	1 63 to line 200, dip the organization attach a copy of its abbilled illiancial statements to this returns		990	(2012
		1 0111		ردران

Pai	TIV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,		,,	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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		ĺ	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
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		X
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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	İ	[
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

Form 990 (2013)

14a

14b

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	ĺ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
70	more members of the governing body?	7a	ŀ	x
ь.	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
U	persons other than the governing body?	7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
8	· · · · · · · · · · · · · · · · · · ·	8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь		00	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40-	Did the expenience have level charters broughes as offiliates?	10a	X	140
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa	-	
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
		12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C		12c	Х	
42	In Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	-	X
14	Did the organization have a written document retention and destruction policy?	-14		-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	 	<u> </u>
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a	Ì	Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104	 	
U				
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		1
800	exempt status with respect to such arrangements?	100		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	waliat	V.C	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website			
40		d 61	anal	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u rinaf	icial	
00	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	uon.		
20	JUANITA MITCHELL - 404-954-6614	uon: 🕨		
	83 WALTON STREET, SUITE 300, ATLANTA, GA 30303			
	03 WALLOW OTKEET, BUTTE SOV, ATLANTA, GA 30303			

332006 10-29-13

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TREVOR ROSS	8.00			, ,					•	•
CHAIRMAN	2 00	X	_	X				0.	0.	0
(2) CHUCK BRADDOCK	2.00	X		X				0.	0	0
TREASURER	1.00	^		^				0.	0.	0
(3) JAMES THURMAN BOARD MEMBER	1.00	X						0.	0.	0
(4) JEFFREY MEUTER	1.00	^		-				0.	· · ·	<u> </u>
BOARD MEMBER	1.00	X						0.	0.	0
(5) TOM REIMAN	1.00	<u> </u>			l				•	
BOARD MEMBER		X						0.	0.	0
(6) KELLY FIELDS	10.00									<u> </u>
BOARD MEMBER		X						57,283.	0.	0
(7) TERILYN BURG	1.00									
BOARD MEMBER		X						0.	0.	0
(8) TOM HAYDEN	1.00									
BOARD MEMBER		X		_				0.	0.	0
(9) ANDRE WADE	1.00								_	_
BOARD MEMBER	10.00	Х						0.	0.	0
(10) JUSTINE PALMORE	10.00	,						0.500		
BOARD MEMBER		X						8,588.	0.	0
		_	_			_				

332007 10-29-13

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			-	C)			(D)	(E)	i		(F)	
Name and title	Average	(do		Pos		than	one	Reportable Reportab		1		tımate	ed
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	۱		ount	
	week	⊢	cer an	lo a o	irecto	or/trus	(ee)	from	from related			other	
	(list any	director						the	organizations			pensa	
	hours for related	b	8		ŀ	ated		organization	(W-2/1099-MIS	ا (د		om th	
	organizations	Individual trustee or	Institutional frustee		8	Highest compensate employee		(W-2/1099-MISC)			_	anızat d relat	
	below	la t	bonal		Key employee	15 B	L					ınızatı	
	line)	를	Tage.	Officer	ey er	at et	e e				orgo	., ,,,_,,,,	
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		1											
1b Sub-total							▶	65,871.		0.			0.
c Total from continuation sheets to Part V	I. Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)	, 000						•	65,871.		0.			0.
2 Total number of individuals (including but n	of limited to th	nose	liste	ed a	hove	a) wl	ho re		000 of reportable				
compensation from the organization						-,			,000 01 1000110010				0
Compensation from the organization							-					Yes	No
3 Did the organization list any former officer,	director or tra	ieta	o ka	av er	mole	\\\	Or l	highest compensated e	mplovee on	Γ			
			c, ne	y Ci	пріс	усс	, 01	iligilest compensated el	inployee on		3		Х
line 1a? If "Yes," complete Schedule J for s					. .		اهم اد	h		- 1			
4 For any individual listed on line 1a, is the si	•							· ·	the organization				Х
and related organizations greater than \$15									-ll f	ŀ			
5 Did any person listed on line 1a receive or a							relat	ed organization or indivi	dual for services		_]		v
rendered to the organization? If "Yes," com	iplete Schedul	<u>e J 1</u>	or s	uch	pers	son					5		X
Section B. Independent Contractors								h . A	4.00.000 **				
1 Complete this table for your five highest co										pensa	ation f	rom	
the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>rithir</u>		year.				
(A) Name and business	addraga	NT/	``				- 1	(B) Description of s	onucos	_	(C ompe	i) aaatus	
	address	IAC	INC	<u> </u>			-	Description of s	ervices		ompei	isalic	711
									ľ				
							_						
													
							J		İ				
							- 1		ł				
		_											
2 Total number of independent contractors (including but n	ot li	mıte	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation				(0							
								·			Form	990	(2013)

				UP FOR K	IDS			33-041	1855 Page 9
Pa	rt V	111	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f TRAINING & MISO	ts, and ve 1f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	34,843. 971,975. 264,646. Business Code 900099	1,006,818. 22,464.	22,464.		
Program Rev	!	d e f g	All other program service revertotal. Add lines 2a-2f	enue	>	22,464.			
	3 4 5		Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond	proceeds				
		b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Real	(ii) Personal				
ər	8	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin		•				
Other Revenue		¢	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	a 1c). See a b draising events	14,145. 14,145.	0.			
		b c	Gross income from gaming and Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a ting activities					
	10	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a tes of inventory)				
	11	b	Miscellaneous Revenu		Business Code				
		d	All other revenue						

1,029,282.

22,464

e Total. Add lines 11a-11d

Form 990 (2013) . STANDUP FOR KIDS Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			mplete column (A).	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	·-·			
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	435,174.	435,174.		
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				
5	Compensation of current officers, directors,	65 051	22 226	6 505	26 240
	trustees, and key employees	65,871.	32,936.	6,587.	26,348.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	104 047	04 225	10 400	27 574
7	Other salaries and wages	124,247.	84,235.	12,438.	27,574.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,221.	6,577.	822.	822.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	10,000.		10,000.	
d	Lobbying			*** *** * * * * * * * * * * * * * * *	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	2 274	1 767	603	
	column (A) amount, list line 11g expenses on Sch O)	2,374. 473.	1,767. 298.	607.	
12	Advertising and promotion	12,406.	7,611.	4,795.	
13	Office expenses	12,400.	/,011.	4,795.	
14	Information technology				······
15	Royalties	129,939.	117,917.	7,259.	4,763.
16	Occupancy	8,127.	7,883.	163.	81.
17	Travel	0,127.	7,003.	103.	01.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	84.	80.	4.	
19	Conferences, conventions, and meetings	04•	00.	7.	
20	Interest Payments to offiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	27,679.	22,143.	4,152.	1,384.
23	Insurance	2,,0,50	22/1100	1,1021	2,001.
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)				
а	amount, list line 24e expenses on Schedule 0) FUNDRAISING EXPENSE	30,531.			30,531
a b	INSURANCE	23,794.	16,425.	7,369.	22,001
c	COMMUNICATIONS	15,265.	13,650.	906.	709
d	MISCELLANEOUS	15,231.	9,552.	4,919.	760
_	All other expenses	10,130.	9,274.	767.	89
25	Total functional expenses. Add lines 1 through 24e	919,546.	765,522.	60,963.	93,061
26	Joint costs. Complete this line only if the organization	•		· · · · · · · · · · · · · · · · · · ·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10-29-13				Form 990 (2013)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 582,461. 482,053. 1 Cash · non-interest-bearing 2 Savings and temporary cash investments 49,954. 30,896. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch Ł 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 15,054. 9,571. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 164,532. 10a basis. Complete Part VI of Schedule D 144,999. 47,212. 19,533. 10c 10b b Less: accumulated depreciation Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 12,566. 582,298. 24,003. 15 15 Other assets See Part IV, line 11 691,005. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 28,440 29,469. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 28,440. 29,469. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 385,762. 167,067. 532,816. 129,749. Unrestricted net assets 27 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 662,565. 691,005. 552,829. 33 33 Total net assets or fund balances 582,298. 34 Total liabilities and net assets/fund balances

Form **990** (2013)

Form	990 (2013) STANDUP FOR KIDS	33-04	14855	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	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	1,029		
2	Total expenses (must equal Part IX, column (A), line 25)	2	919		
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	552	2,8	<u> 29.</u>
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	662	2,5	65.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	· O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization CHANDID DOD VIDO **Employer identification number** 33-0414855

Dort F	Passar		ity Status (All organiza	ations mus	t complete	this part) See insti	ructions		3 0414	<u> </u>	—
Part I	.4								_	_		
			because it is: (For lines 1									
1			s, or association of churc		ibea in se	CHOII 170	D)(1)(A)(1)	•				
2			0(b)(1)(A)(ii). (Attach Sch		n coetien	4 70(b)(4)(A\/iii\					
3	A hospital or	a cooperative nospit	tal service organization d operated in conjunction v	uth a basi	ntal descri	n ro(D)(1)(Ded in sec	rtion 170	(h)(1)(A)(iii	i) Enter	the hospital	's nam	e
4			operated in conjunction v	with a nosp	pitai descii	ibed iii se	C(1011 170)	(D)(1)(A)(II	ıy. Enter	ine nospitai	3 114111	υ ,
	city, and state		benefit of a college or un	unamitu eu	unad ar an	orated by	a governo	nental uni	describ	ed in		
5	-			iiversity ov	vited of op	erated by	a governi	nemai um	describ	ed iii		
		(b)(1)(A)(iv). (Comple				- 470/L\/4	1/A16A					
6			ent or governmental unit					r from tha	gonoral	nublic desc	nhad u	_
7			eives a substantial part o	or its supp	ort from a	governme	intal unit o	r iroin the	general	public desc	i ibeu ii	r
		b)(1)(A)(vi). (Comple		Camalata	Dort II \							
8 -			section 170(b)(1)(A)(vi). (om oontril	autione m	omborobii	o fees a	nd aross rea	ounte f	from
9 <u>X</u>			eives: (1) more than 33 1 nctions - subject to certa									
			axable income (less secti									
				ion on ta	A) HOHI DU	311103303 0	cquired b	y tile Olga	mzation	arter ourse o	0, 157	٥.
		509(a)(2). (Complete	e rait iii.) perated exclusively to tes	et for publi	c safety S	ee sectio	n 509(a)(4	ı)				
10 -			perated exclusively for th						v out the	nurposes o	f one o	or
11			ations described in section									•
							,. 000 000		-,,,-,.			
	describes the type of supporting organization and complete lines 11e through 11h. a Type b Type c Type Functionally integrated d Type Non-functionally integrated											
e		•	at the organization is not									
•			han one or more publicly									
f			ten determination from t									
•		rganization, check th				, , ,,						
9			organization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	sons?			
•			lirectly controls, either al							',	Yes	No
	•	•	upported organization?							11g(i)		
	-		n described in (i) above?							11g(ii)		<u> </u>
			person described in (i) o		∍?					11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganızatıon((s).							
			···					γ		1		
(i) Nam	ne of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio	the	(vii) Amount	of mor	netary
	ganization		(described on lines 1-9	in col (i) lis	sted in your		on in col support?	(i) organiz	ed in the	sup	port	
			above or IRC section (see instructions))					· · · · us	,			
			(000	Yes	No	Yes	No	Yes	No			
			}									
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T - 4 - 1												
Total	D	l A : A B1 : A1	1	1	t	i	<u> </u>	Sabadul	lo Λ /Εσ-	m 990 or 99	30-57	2012
i HA Foi	raperwork Re	eauction Act Notice	e, see the Instructions f	or				ocnedu	107) A 91	ווו ססט טו אי	70-64)	LUIJ

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
<i>لى</i> ــــــــــــــــــــــــــــــــــــ	(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			-			
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			· · · · · ·			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				•	1	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					, ,	
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
	First five years. If the Form 990 is for			rd, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stor				 		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2012					15	<u>%</u>
16a	33 1/3% support test - 2013. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	n			▶ []
t	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			▶∟
17 a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop I	nere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
ŧ	10% -facts-and-circumstances tes	-					
	more, and if the organization meets to	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	cly supported org	anızatıon	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s >
					Sah	edule A (Form 990	or 000-E7\ 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			–			6500411
	include any "unusual grants.")	1248468.	1675959.	1474364.	1324802.	1006818.	6730411.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	80,224.	58,502.	18,958.	11,545.	22,463.	191,692.
3	Gross receipts from activities that	-					
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1328692.	1734461.	1493322.	1336347.	1029281.	6922103.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					- 17	0.
c	Add lines 7a and 7b					_	0.
	Public support (Subtract line 7c from line 6)						6922103.
-	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1328692.	1734461.	1493322.	1336347.	1029281.	6922103.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,436.	1,158.	479.	3.		18,076.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	16,436.	1,158.	479.	3.		18,076.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)	1345128.		·	L	1029281.	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (line 8, column (f) d	ivided by line 13, o	column (f))		15	99.74 %
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	99.64 %
Se	ction D. Computation of Inve						
17	Investment income percentage for 20	013 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	.26 %
18	Investment income percentage from					18	.36 %
19	a 33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a						$\triangleright X$
1	b 33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	la, or 19b, check t			<u> </u>
3320	23 09-25-13				Sch	edule A (Form 99	0 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ) 2013 STANDUP FOR KIDS	33-0414855 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of	
	Also complete this part for any additional information. (See instructions).	
	Also complete this part for any additional information. (Occ instruction).	
		
	· · · · · · · · · · · · · · · · · · ·	
		
_		
	<u> </u>	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STANDUP FOR KIDS

Employer identification number 33-0414855

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ls or Accou	Ints. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds	
-	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only	
•	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	.,		Yes No
Par	/////////////////////////////////////	panization answered "Yes" to Form 990.	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	istorically impo	ortant land area
	Protection of natural habitat	Preservation of a ce		
	Preservation of open space	1700017441011 01 4 001	runou motorio i	on dottaro
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a consens	ation easement on the last
2	day of the tax year	ned conservation contribution in the form	ii oi a conseive	ation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	Tiola at the Elia of the Tax Tou.
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	, ,		
ŭ	listed in the National Register	arter of 17700, and not on a mistoric struc	2d	
3	Number of conservation easements modified, transferred, re	loosed extinguished or terminated by th		during the tax
3	_	neased, extinguished, or terminated by the	ie Organization	during the tax
4	year ► Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per		f	
3	violations, and enforcement of the conservation easements i		•	Yes No
•	Staff and volunteer hours devoted to monitoring, inspecting,		during the yea	
6 7	Amount of expenses incurred in monitoring, inspecting, and		_	
8	Does each conservation easement reported on line 2(d) above			Ψ
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	0(1)(4)(0)(1)	Yes No
9	In Part XIII, describe how the organization reports conservati	ion apparants in its revenue and expens	a statement s	
3	include, if applicable, the text of the footnote to the organization	•		
	conservation easements.	Mon 3 illianciai statements that describe.	s the organizat	norra accounting for
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or 0	Other Simil	ar Assets.
L	Complete if the organization answered "Yes" to Form			
12	If the organization elected, as permitted under SFAS 116 (AS	* * * * * * * * * * * * * * * * * * * *	ement and bala	ance sheet works of art
	historical treasures, or other similar assets held for public ext	•		
	the text of the footnote to its financial statements that descri		ance of pacific	Service, provide, in rate 7.iii,
.	If the organization elected, as permitted under SFAS 116 (AS		nt and balance	s sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, e			
	relating to these items:	oddation, or research in furtherance of p	ablic service, p	Stovice the following amounts
			•	¢
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			*
2	If the organization received or held works of art, historical tre	ageuree or other eimilar access for financi	ial gain, provid	<u> </u>
2	-		iai yaiii, piovid	0
_	the following amounts required to be reported under SFAS 1	TO (AGO 990) relating to these items:	.	¢
a	Revenues included in Form 990, Part VIII, line 1	• • • • • •		\$
D	Assets included in Form 990, Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		11b. See Form 990, Part X, line 12.	an and of year modest value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)		-	
(B)			
(C)		 	
(D)			
(E) (F)			
(F) (G)	-		
(H)		-	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV. line	e 11c See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			······································
Fotal (Col (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets.			
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15	(b) Book value
	Bootinption		(1) 20011 (1111)
(1)			
(2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		e 11e or 11f. See Form 990, Part X.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		e 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	to Form 990, Part IV, lin		

Schedule D (Form 990) 2013

CONTACTED BY THE INTERNAL REVENUE SERVICE.

332054 09-25-13

YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS IT BEEN

Schedule D	(Form 990) 2013	STANDUP FOR	KIDS	33-0414855 Page 5
Part XIII	(Form 990) 2013 Supplemental Infor	rmation (continued)		
				
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Open To Public Inspection

Name of the organization							ntification number
STANDUP	FOR KIDS					33-0414	855
Part I Fundraising Activities. required to complete this part	Complete if the organization answer.	ered "Y	es" to	Form 990, Part IV, III	ne 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e 🔲 Solicita	tion of tion of	non-g gover	overnment grants nment grants			
2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	art VII) or entity in connection with p viduals or entities (fundraisers) purs	rofess	onal f	undraising services?		Yes	
(i) Name and address of individual or entity (fundralser)	(ii) Activity	fundi have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						<u></u>	
Total			•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	ıt ıs	exempt from re	egistration
	·						
		-					
							 _
	<u> </u>						
						· -	

332081 09-12-13

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

Schedule G (Form 990 or 990-EZ) 2013

L	IT L	of fundraising event contributions and gre	oss income on Form 990		events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	İ		GOLFING			(add col. (a) through
			EVENTS		5	col. (c))
ē			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	14,731.		34,257.	48,988.
	2	Less. Contributions	2,581.		32,262.	34,843.
	3	Gross income (line 1 minus line 2)	12,150.		1,995.	14,145.
	4	Cash prizes				
m	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	12,150.			12,150.
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			1,995.	1,995.
	10				•	14,145.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		<u> </u>	0.
Pa	irt		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			1	
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
æ	1	Gross revenue				
<u>ν</u>	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ŭ	ľ	None and prize of				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac	ctivities in each of these	states?		└─ Yes └─ No
1	olf '	"No," explain:				
	_					
		ere any of the organization's gaming licenses re "Yes," explain.	•	=	year?	Yes No
	- '' 	- Oxpidini				
	_				*	
3320	82 0	9-12-13			Schedule G (Fo	rm 990 or 990-EZ) 2013

Sch	nedule G (Form 090 or 990-EZ) 2013 STANDUP FOR KIDS 3	3-0	<u>414</u>	<u>855</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?		\square	Yes	∟ No
13	Indicate the percentage of gaming activity operated in:				
a	a The organization's facility		13a		%
t	o An outside facility	Į	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	i:			
	Name ▶				
	Address ▶				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No No
t	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amoun	it			
	of gaming revenue retained by the third party ▶\$				
C	c If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ►				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	a is the organization required under state law to make charitable distributions from the gaming proceeds to		_		
	retain the state gaming license?		Ш,	Yes	∟ No
ŧ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year > \$	the			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pair	rt III. lin	es 9.	9b. 10	b. 15b.
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction				
					
	· -			_	
_					

332083 09-12-13

Schedule G	(Form 990 or 990-EZ	STA	NDUP FOR	KIDS				33-0414855	Page 4
Part IV	(Form 990 or 990-EZ Supplemental I	nformation	1 (continued)						
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			·						

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public OMB No 1545-0047 2013

Inspection

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

Schedule I (Form 990) (2013) **2 Employer identification number** 33-0414855 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance STANDUP FOR KIDS (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Parti Part 11

STANDUP FOR KIDS Schedule | (Form 990) (2013)
Part III Grants and Other

Page 2

33-0414855

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE TO INDIVIDUALS CONSISTS OF CLOTHING, FOOD, SLEEPING BAGS, ETC. PROVIDED TO HOMELESS AND				ASSISTANCE IS PRIMARILY FROM GIFTS-IN-KIND AND VALUED AT THRIFT SHOP	CLOTHING, FOOD, SLEEPING BAGS,
STREET KIDS.	23000	93,388.	341,786.VALUE.	VALUE.	ETC.
Part IV Supplemental Information. Provide the Information required I		e 2, Part III, column	(b), and any other a	n Part I, line 2, Part III, column (b), and any other additional information.	
PART I, LINE 2:					

EXPLANATION: THE ORGANIZATION HAS ESTABLISHED CRITERIA FOR THE RECIPIENTS

THE ETC. SLEEPING BAGS, CLOTHING, FOOD, ASSISTANCE, CONSISTING OF OF

ΒY SELECTION CRITERIA FOR ASSISTANCE IS BASED ON THE DETERMINATION ORGANIZATION STAFF OR VOLUNTEERS THAT A YOUTH IS HOMELESS OR LIVING WITHOUT

PARENTAL SUPERVISION OR GUIDANCE

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

33-0414855

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

STANDUP FOR KIDS

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

Employer identification number

Par	t I	Types of Property							
			(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			s
1	۸,۰۰	Works of art		nems commuted	TOTAL SECTION AND THE TO				
2		Historical treasures							
3		Fractional interests		-					
4		ks and publications							
5		ning and household goods	X	1.1	264,646.	THRIFT SH	OP V	ALUE	S
6		and other vehicles							
7		s and planes							
8		ectual property					-		
9		urities - Publicly traded							
10		urities - Closely held stock							
11		urities - Partnership, LLC, or				-			
• •		Interests							
12		urities · Miscellaneous							
13		ified conservation contribution -							
13		oric structures							
14		ified conservation contribution · Other							
15		estate - Residential							
16		estate - Commercial							
17		estate - Other							
18		ectibles							
19		dinventory						-	
20		s and medical supplies							
21		dermy							
22		orical artifacts						<u>-</u>	
23		ntific specimens							
24		eological artifacts							
25									
26	Othe	·							
	Othe	·							
27	Othe	· '		-					
28 29		ber of Forms 8283 received by the organi	zation durin	a the tax year for a	contributions			-	
29		hich the organization completed Form 82			1 1				
	IOI V	THE Organization completed 1 of 11 oz.	00, r art iv,	Donee Acknowled	gement <u>20 j</u>			Yes	No
30-	Dur	ng the year, did the organization receive b	v contributi	on any property re	norted in Part I lines 1 • 28	that it must hold fo	r	1.00	
Jua		ast three years from the date of the initial					"		
		entire holding period?	COMMISSION	, and which is not	required to be assed to: exer	iipt paiposss toi	30	a '	Х
.		es," describe the arrangement in Part II.						-	1
		s the organization have a gift acceptance	nolicy that r	eaures the review	of any non-standard contrib	utions?	31	, }	x
31		s the organization hire or use third parties					- 5.		
328			OI TEIBLEU O	ryanizations to soi	ion, process, or sen noncasi	•	32	<u>.</u>	X
L		ributions?					32	-	
		es," describe in Part II.	aaluma (c)	for a type of are-	why for which column /o\ in a	nookod			
33		e organization did not report an amount in	column (c)	ior a type or prope	erty for writeri columni (a) is c	iecked,			
LHA		cribe in Part II.	Abo loster			Cabadul		000	(2042)

332142 09-03-13

Schedule M (Form 990) (2013)

SCHEDULE O. (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Open to Public Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service Name of the organization

STANDUP FOR KIDS

Employer identification number 33-0414855

OMB No 1545-0047

DIIMBOT TOWNIE
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WE DO THIS, EVERY DAY, IN CITIES ACROSS AMERICA. WE CARRY OUT OUR
MISSION THROUGH OUR VOLUNTEERS WHO GO TO THE STREETS IN ORDER TO FIND,
STABILIZE AND OTHERWISE HELP HOMELESS AND STREET KIDS IMPROVE THEIR
LIVES BY PROVIDING AND CONNECTING THEM WITH LIFE-SAVING SERVICES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPROVE THEIR LIVES BY PROVIDING AND CONNECTING THEM WITH LIFE-SAVING
SERVICES.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE ORGANIZATION'S TREASURER REVIEWS THE FORM 990 IN DETAIL.
UPON HIS APPROVAL, THE FORM 990 IS SENT TO ALL OTHER MEMBERS OF THE BOARD
OF DIRECTORS PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: ANY MEMBER OF THE BOARD OF GOVERNORS, PRINCIPAL OFFICER OR
MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A
DIRECT OR INDIRECT FINANCIAL INTEREST, AS DEFINED IN THE CONFLICT OF
INTEREST POLICY, IS AN INTERESTED PERSON. ALSO, THERE IS AN ANNUAL REVIEW
OF THE POLICY AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THE BOARD OF DIRECTORS DETERMINES, VOTES UPON, AND APPROVES
THE COMPENSATION OF THE CEO AND OTHER KEY EMPLOYEES.

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

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

Schedule © (Form 990 or 990·EZ) (2013)	Page 2
Name of the organization STANDUP FOR KIDS	Employer identification number 33-0414855
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION'S FORM 990, AUDITED FINANC	IAL STATEMENTS AND
ANNUAL REPORT ARE AVAILABLE FOR PUBLIC INSPECTION ON THE	
WEBSITE.	
	