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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

20**13**

2010

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-EZ and its instructions is at www.irs.gov/form990

Open to Public Inspection

		nue Service	P ANOTHEROON BOOK FORM 940-62 and as appropriate is at www.irs.gov/rorm				
A I	For the	2013 calend	er year, or tax year beginning , 2013, and ending		, 20		
_	Check if ap		C Name of organization	D Employer Identification number			
Ц	Address o	change	Our Children Our Future	45-4030961			
_	Name che		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite [E Telephone number			
_	initial natu Tarminata		450 S San Rafael Ave	62	626 795-5255		
=	Amended	-	City or town, state or province, country, and ZIP or foreign postal code	Group Examption			
=		on pending	Pasadena, CA 91105	-	Number ▶		
G /	Account	ting Method:	✓ Cash Accruai Other (specify) ► H.C	heck ▶ 🗌	if the organization is not		
	Vebsite	_			ach Schedule B		
J T	ex-exer	not status (che		•	0-EZ, or 990-PF).		
			☐ Corporation ☐ Trust ☐ Association ☐ Other				
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	aceats	·····		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		80586		
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ir				
	(21 ()		the organization used Schedule O to respond to any question in this Part I.				
	T 4						
	1		rts, gifts, grants, and similar amounts received	1	19961		
	2	_	ervice revenue including government fees and contracts	. 2	0		
	3		p dues and assessments	. 3	0		
	4	Investment		. 4	0		
	5a		unt from sale of assets other than inventory	0			
	b		or other basis and sales expenses	0 Ç			
	C		is) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>	0		
	6	•	d fundraising events	1			
_			orne from gaming (attach Schedule G if greater than	to S			
ş	•			0 🚴			
Revenue	b		me from fundraising events (not including \$ 0 of contributions				
æ			alsing events reported on line 1) (attach Schedule G if the				
		sum of suc	h gross income and contributions exceeds \$15,000)	0			
	C	Less: direc	t expenses from garning and fundraising events 6c	0 ⊱ 🦼			
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract			
	1	line 6c) .		· 6d	0		
	7e	Gross sale	s of inventory, less returns and allowances	0			
	Ь	Less: cost	of goods sold	0			
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7¢	0		
	8		nue (describe in Schedule O)	. 8	60625		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	80586		
	10		similar amounts paid (list in Schedule O)	10	10000		
	11		id to or for members	. 11	0		
	12	•	her compensation, and employee benefits	(12	0		
Expense	13		al fees and other payments to independent contractors	्र् थ 13	15902		
	14		rent, utilities, and maintenance	9 14	0		
	15		iblications, postage, and shipping		0		
	16		anno (describe in School de O)	. 15			
		-	18	50			
_	17		ness. Add lines 10 through 16	▶ 17	25952		
器	18		deficit) for the year (Subtract line 17 from line 9)	18	54634		
ž	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v				
Net Assets		-	r figure reported on prior year's return)	19	11601		
	20		ges in net assets or fund balances (explain in Schedule O)	. 20	0		
	21		or fund balances at end of year. Combine lines 18 through 20	▶ 21	66235		
For	Papen	work Reduct	on Act Notice, see the separate instructions. Cat. No. 106421		Form 990-EZ (2013)		

- Orini	DON-EX A	2010)		s (see ti	ne instr		or Part II)					
Pa	rt II	Balar	nce Sheet				-					
		Check	k if the org	anizatior	used S	chedule	O to respond to	any question in thi				<u> </u>
1									(A) Begi	nning of year		(B) End of year
22	Casi	h, savin	gs, and inv	restment	з				<u></u>	11601	22	66235
23			uildings .								23	0
24	Othe	er asset	s (describe	in Sche	dule O)						24	0
25		al asset								11601		66235
26			ities (descr			•					26	0
27							(B) must agree wi		<u> </u>	11601	27	66235
Par				_			•	he instructions for	•	_		Expenses
								any question in thi		<u></u>		uired for section
		_	-	•		-		reform through the po				(c)(3) and 501(c)(4) inizations and section
								of its three largest			4947	7(a)(1) trusts; optional
							ianner, describe ti ich program title.	ne services provide	ea, the n	number of	for o	ithers.)
							ucational reform					T
20		Julied #1	0,000.00 to	uic Coura	ge Camp	agn to co	doduora reioiti			 ,		}
												
	(Grant	2.2) If this	amount	includes foreign o	rants, check here		. • 🗆	28a	10000
29	Carant	<u> </u>) ii duc	, correct to	moduces foreign g	Carlos, Orioda Haro		·		1
						*						1
			*****									1
	(Grant	\$) If this	amount	includes foreign a	rants, check here		. ▶ □	29a	
30				·· · · · · · · · · · · · · · · · · · ·	 		. <u> </u>			·		1
~									,			1
•										4		1
	(Grant	s \$) If this	amount	includes foreign g	rants, check here	• • •	. ▶ 🗆	30a	
	A		m services	(describe				rants, check here	· · · ·	. ▶□	30a	
31	Other (Grant	program s \$		•	in Sche	edule 0) amount	includes foreign g	rants, check here		. •	30a 31a	
31 32	Other (Grant Total	program s \$ program	m service	expense	in Scho) If this s (add li	edule O) amount nes 28a 1	includes foreign g through 31a)	rants, check here		. > 🗆	31a 32	10000
31	Other (Grant Total	program s \$ program List of	m service Officers, D	expense irectors,	in Sche) If this s (add li Trustees	edule O) amount nes 28a 1 , and Ke y	includes foreign g through 31a) . Employees (list ea	rants, check here	mpensate		31a 32	10000
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
`	induction to 1 at 1/ order if the against access contains a to respond to any question in the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		4
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	36b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		J
_	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37ъ		✓
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	308		_
39	Section 501(c)(7) organizations. Enter:			
8	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax Imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		4
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c relmbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed California			
42a	The organization of position of the contract o	626 79		
h	Located at ▶ 3220 E Sierra Madre Blvd, Pasadena, CA ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	91107	-2036 Yes	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		7
	If "Yes," enter the name of the foreign country: ▶	,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		\
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	• •	Yes	> []
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	442	163	√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45e		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	46b		1
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Form 99	90-EZ (2013)			· · · · · · · · · · · · · · · · · · ·			10e 4
46	Did the organization engage, directly or it	ndirectly in political d	eampaign activities on	behalf of or in apposi	tion	Yes	NO
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I		. 46	Т	7
Part	VI Section 501(c)(3) organization	s only			<u></u>		
	All section 501(c)(3) organization 50 and 51.	•		•	e tables t	for line	S
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	<u></u>		
47	Did the emerication areas is labeling	activitica as bases a	nadina EA4A) alastia			Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C. Par		section 501(n) electio	n in enectoruming the	. 47	li	
48	Is the organization a school as described i		iii)? If "Yes " complete :	Schartule F	48	+-+	
49a	Did the organization make any transfers t				490	1	
b	If "Yes," was the related organization a s				. 49b		
50	Complete this table for the organization's						key
	employees) who each received more that	n \$100,000 of compe	nsation from the organ		e, enter "i	Vone."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other cor		
							
	************************************	1					
	**************************************	1					

	Total sumbour of other employees poid as	£100 000	<u> </u>	L			
51	Total number of other employees paid ov Complete this table for the organization			contractors who coul		-	41
91	\$100,000 of compensation from the organization			COMBACIONS WHO GALL	i ieceived	IIIO	URS
	(at) Name and business address of each indepen	dent contractor	(b) Type of serv	ice (c	Compensat	ion	-

			ļ —————				
					 		
	·		1				
	Total number of other independent contra						
52	Did the organization complete Schedule a nonexempt charitable trusts must attach					. N	

true, correct, and comple per fother then officer) is besed on all information of which preparer has any knowledge. Financial Officer Sign Jonathan Here Type or print name and title Preparer's signature Date Print/Type preparer's name Check if if self-employed **Paid Preparer** Firm's name Firm's EIN ▶ **Use Only** May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

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.

OMB No 1545-0047

2013
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Lirs.gov/form990. Inspection
Employer identification number

Our Children Our Future	45-4030961				
Part I Line 8: Other revenue: \$60,625 transferred from Committee to Defend Prop. 38, an affiliated organization, as that Committee					
wound down its affairs and terminated its existence.					
Part I Line 10: Grants: \$10,000 grant to the Courage Campaign					
Part I Line 16: Other Expenses: \$50 filing fee to the California Secretary of State					
