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

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 F	or the	2013 calendar year, or tax year beginning	and ending	- , _ .	· · · · · · · · · · · · · · · · · · ·									
Вс	heck if pplicable	C Name of organization		D Employer identifi	ication number									
	Addres	RED DIRT CHARITABLE FUND, INC.												
	Name change	Doing Business As		54-1	.920820									
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone numbe	er									
Ē	Termin ated	·	670	703-	703-437-9720									
一	Ameno			G Gross receipts \$	160 000									
〒	Application			H(a) Is this a group r	·									
	pendin			for subordinates										
		SAME AS C ABOVE			H(b) Are all subordinates included? Yes No									
1 7	3Y-0Y6	empt status X 501(c)(3))(1) or		list. (see instructions)									
		e: ► N/A	<u> </u>	H(c) Group exemption	•									
		organization: X Corporation	ΙY		M State of legal domicile: VA									
	art I	Summary		sar or formation, 2330	TO COLO OT TO GAT GOTTION. TEE									
_		Bnefly describe the organization's mission or most significant activities TO	SUPPO	RT ORGANIZATI	ONS									
Activities & Governance		OPERATING TO ADVANCE MEDICAL RESEARCH												
nai		heck this box If the organization discontinued its operations or disposed of more than 25% of its net assets.												
Š		Number of voting members of the governing body (Part VI, line 1a)		3	2									
යි		Number of independent voting members of the governing body (Part VI, line	1b)	4	2									
•ජ ග		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	,	5	0									
Ę.		Total number of volunteers (estimate if necessary)		6	0									
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		7a	200.									
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7b	0.									
	_ <u>_</u>	Net differenced business taxable moone from one of the second from the second		Prior Year	Current Year									
Revenue	8	Contributions and grants (Part VIII, line 1h)	_	0.	0.									
		Program service revenue (Part VIII, line 2g)	ED _	0.	0.									
	i .	Investment income (Part VIII, column (A), lines 3, 4, and (A)		89,369.	160,620.									
	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 00 , and Ve) 0 7 2	RS-0	-832.	1,402.									
	11	Total revenue - add lines 8 through 11 (must equal Part VIII , column (A), line 1		88,537.	· -									
				120,000.	1,067,500.									
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-30GDEN,												
	1	Benefits paid to or for members (Part IX, column (A), lifter 4)	10)	<u>0.</u>	0.									
Expenses	ı	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	0.	0.									
eï	l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	<u> </u>	<u>U•</u>									
Ä	ı	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	8,737.	6,901.									
_	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	128,737.	1,074,401.									
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)												
_ <u>_ v</u>	19_	Revenue less expenses Subtract line 18 from line 12		-40,200.										
Net Assets or Fund Balances		T (D V	•	Beginning of Current Year	End of Year									
SSe	20	Total assets (Part X, line 16)		2,335,984.	1,423,605.									
ind A	21	Total liabilities (Part X, line 26)		0. 2,335,984.	1,423,605.									
	<u>22 </u> art	Net assets or fund balances Subtract line 21 from line 20 Signature Block	ľ	4,335,904.	1,443,605.									
		Ities of perjury, Leclare that I have examined this return, including accompanying sche	adulas and ata	tomonto and to the best of m	ay knowledge and heliaf it is									
					ly knowledge and belief, it is									
true,	, correc	t, and complete Declaration of Debater/Tothar than officer) is based on all information	or which prep	arer rias any knowledge.	1.4									
_		Signature of officer		That	14									
Sig		•		Dato -										
Her	е	Type or print name and title												
				Date , Check [PTIN									
		Print/Type preparer's name Preparer's signature Preparer's signature	est		——·									
Paid		BARRY B. BONDROFF, CPA	<u> </u>	self-empto										
-	arer	Firm's name GORFINE, SCHILLER & GARDYN, P	Α	Fırm's EIN	52-1231901									
Use	Only	Firm's address 10045 RED RUN BLVD, SUTTE 250			0 356 5000									
		OWINGS MILLS, MD 21117		Phone no. 4 1	.0-356-5900									
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No									

	1990 (2013) RED DIRT CHARTTABLE FUND, INC. 54-1920020 Page 2
Pa	rt 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.
	THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE,
	SCIENTIFIC AND EDUCATIONAL PURPOSES IN FURTHERANCE OF AND TO CARRY OUT
	THE PURPOSES OF KIDS CONNECT CHARITABLE FUND, A VIRGINIA NONPROFIT
	CORPORATION, AND OTHER PUBLIC, SECTION 501(C)(3) ORGANIZATIONS
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
•	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
4	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	(Code) (Expenses \$1,067,500. including grants of \$1,067,500.) (Revenue \$)
	THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE,
	SCIENTIFIC AND EDUCATIONAL PURPOSES IN FURTHERANCE OF AND TO CARRY OUT
	THE PURPOSES OF KIDS CONNECT CHARITABLE FUND, A VIRGINIA NONPROFIT
	CORPORATION, AND OTHER PUBLIC, SECTION 501(C)(3) ORGANIZATIONS
	ORGANIZED AND OPERATED FOR THE CHARITABLE, SCIENTIFIC OR EDUCATIONAL
	PURPOSE OF ADVANCING MEDICAL RESEARCH AND EDUCATION OR THE EDUCATION OF
	THE PUBLIC.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
70	(Code / (expenses s
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses • 1 067 500

Form **990** (2013)

			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			
	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			
	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			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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			
9	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 temporanly restricted endowments, permanent	<u> </u>		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		- 41
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44-		x
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
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			7.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	\vdash	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII .	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2013)

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X

Page 5

Part V

RED DIRT CHARITABLE FUND,

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V Yes 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1b Enter the number of Forms W-2G included in line 1a. Enter -O- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .. . 1c . . 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) \mathbf{x}_{\perp} Did the organization have unrelated business gross income of \$1,000 or more during the year? <u>3</u>a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ... X 4a If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с d if "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 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 Section 501(c)(7) organizations. Enter 10 10a a 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 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

RED DIRT CHARITABLE FUND, INC. 54-1920820 Form 990 (2013) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customanly performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, indicate how you made these available. Check all that apply Another's website W Upon request ___ Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

STERLING FOUNDATION MANAGEMENT, LLC - 703-437-9720 2325 DULLES CORNER BLVD., SUITE 670, HERNDON, VA

statements available to the public during the tax year

•		
	54 1020000	
Form 990 (2013) RED DIRT CHARITABLE FUND, INC.	54-1920820	Page /
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
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 wi	th or within the organization	ı's tax year
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regarenter -0- in columns (D), (E), and (F) if no compensation was paid.	•	sation.
 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 recei	ved report-

able 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				han .	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	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) JAMES LINTOTT	1.00										
DIRECTOR		X			_			0.	0.	0	
(2) ROGER SILK	1.00										
DIRECTOR		X			<u> </u>	├	_	0.	0.	0	
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Part VII Section A. Officers, Directors, Tru		ploy	/ees			ghe	st C		l e			/F:	
(A)	(B) Average		Pos	C) ition	1		(D) Reportable	(E) Reportable		c.	(F)		
Name and title	hours per		not c	heck	more	than		compensation	compensatio	n		timate nount	
	week					x/trus		from	from related	other			
	(list any	individual trustee or director						the	organization		compensation		
	hours for related	5	2	l		ated		organization	(W-2/1099-MIS	(C)		om th	
	organizations	ruste	I trustee		a	uade.		(W-2/1099-MISC)			_	anızat d relat	
	below	duati	Institutional	_	Key employee	est co	₂₀					anızatı	
	line)	ğ	Instit	Officer	Key e	Highest compensated employee	퉏						
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					<u> </u>		L			_			
1b Sub-total			-					0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but in	not limited to th	nose	liste	ed al	nove	e) wh	no re	·	000 of reportable				<u> </u>
compensation from the organization						-,		• • • • • • • • • • • • • • • • • • • •	,				0
												Yes	No
3 Did the organization list any former officer		uste	e, ke	y er	nplo	yee,	or l	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for										-	3		X
4 For any individual listed on line 1a, is the s	•							•	the organization				7
and related organizations greater than \$15Did any person listed on line 1a receive or									dual for senuces	ŀ	4		X
rendered to the organization? If "Yes," con	•						Ciat	ed organization or indivi	dual for services	ľ	5		Х
Section B. Independent Contractors													
Complete this table for your five highest co										pensa	ation f	rom	
the organization Report compensation for	the calendar y	ear (endı	ng v	vith (or w	ıthın	the organization's tax	/ear				
(A) Name and business	address	BT/	\&TT	,				(B) Description of s	ervices	C	(C ompe		n
Name and Sacrification	, 444.000	14(ONE	<u> </u>			+	Восоприон от	5.11000	<u> </u>			
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2 Total number of independent contractors	including but n	ot lu	mite	d to	tho	se lis	sted	above) who received m	ore than				_
\$100,000 of compensation from the organ	zation				()							

Form 990 (2013)

ecti	on 501(c)(3) and 501(c)(4) organizations must com			impiete column (A).	
D-	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	1 065 500	1 000 500		
	organizations in the United States. See Part IV, line 21	1,067,500.	1,067,500.		
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				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				
О	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting				· · · · · · · · · · · · · · · · · · ·
	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,				
	column (A) amount, list line 11g expenses on Sch 0.)			· · · ·	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy	-			- · - ·
17 1Ω	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				··
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
 23	Insurance				
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	EXPENSES FROM GS EQUITY	6,901.		6,901.	
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,074,401.	1,067,500.	6,901.	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			 	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,870. 2,142. Cash - non-interest-bearing 1 1 252,417. <u>456,503.</u> 2 Savings and temporary cash investments ... 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 2,075,486. 958,749. Investments - other securities. See Part IV, line 11 12 12 13 investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 6,211 Other assets. See Part IV, line 11 15 15 2,335,984 423,605 Total assets, Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here > 1 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 11,061,575. 30 11.061.575. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 -8,725,591. -9.637.32 970. Retained earnings, endowment, accumulated income, or other funds 32 2,335,984. 1,423,605. 33 Total net assets or fund balances 2,335,984. 1,423,605. Total liabilities and net assets/fund balances

orm	1990 (2013) RED DIRT CHARITABLE FUND, INC. 54-192	<u> 20820</u>	Pag	_{1e} 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 1 1 1 1 1 1 1 1 1 1 1 1 1	162 1,074 -912 2,335	1,4 2,3	01. 79.
9 10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	_		
	column (B))	1,423	3,6	05.
Pa	rt 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: X Cash Accrual Other			İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		ļ	!
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	2b		X
С	consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	25		

Form **990** (2013)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		RED DI	RT CHARITABLE	E FUND	, INC	•			5	4-1920820	
Part I	Reason		arity Status (All organiz				.) See inst	ructions			
he organi	zation is not a	private foundation	on because it is (For lines	1 through	11, check	only one b	ox.)				
1 📋		•	hes, or association of chur) .			
2 🗀			170(b)(1)(A)(ii). (Attach So								
3 🗔	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	•	•	on operated in conjunction					(b)(1)(A)(iii	i). Enter	the hospital's name,	
	city, and stat		,		•			(-/, // // // // // // // // // // // // /	•	,	
5 🔲	•		ne benefit of a college or u	niversity ov	wned or or	perated by	a governi	mental uni	describ	ed in	
	•	(b)(1)(A)(iv). (Com		•	•	•	J				
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
,	section 170(b)(1)(A)(vi). (Complete Part II.)										
в 🔲			n section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🗔	•		receives: (1) more than 33			rom contri	butions, m	nembershii	o fees. a	nd aross receipts fro	m
J	=		functions - subject to certa								
		•	s taxable income (less sec	-	-	•				_	
		509(a)(2). (Compl	<u>-</u> '		,			,			
10 🔲			operated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	I).			
11 🕱	•	_	operated exclusively for the	-	_			-	out the	purposes of one or	
	-	-	izations described in secti								
			ng organization and compl				,		7.		
	a Type			ype III - Fu			c	t Type	e III - No	n-functionally integra	ated
e X			that the organization is not		-	_		more disc	qualified	persons other than	
	-		er than one or more publicl								
f		-	vntten determination from							.,,,	
•	-	rganization, check			•		, ,,				Х
g		-	e organization accepted ai	ny aift or co	ontribution	from any	of the follo	owing pers	ons?		
3	_		indirectly controls, either a							Yes I	No
			supported organization?	Ū		•			•		X
	•		son described in (i) above?	?		-			_		X
	• • •	•	f a person described in (i)		∍?						X
h	Provide the fe	ollowing information	on about the supported or	ganization	(s).						
		ū		-							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amount of monet	larv
• •	inization	(11) 2.11	(described on lines 1-9	in col. (i) lis	sted in your	organizat	on in col.	organizatio (i) organiz	on in col. ed in the	support	
			above or IRC section	governing	document?	(i) of your	support?	U.S.	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
KIDS	CONNECT									· ··· · · · ·	
CHARI	TABLE	54-190778	307	X		Х		X			0.
					_						
	<u>-</u>										
_						ļ					

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

Schedule A (Form 990 or 990-EZ) 2013

	Described in Sections	

(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) 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	į					
	amount shown on line 11,					•	•
	column (f)						
6	Public support. Subtract line 5 from line 4	- ··					
Sec	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						
	and income from similar sources	<u> </u>					
9	Net income from unrelated business	}			1		
	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)			_			
11	Total support. Add lines 7 through 10				<u> </u>		
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	here		· · ·			
	ction C. Computation of Publ					T I	
	Public support percentage for 2013 (I			column (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the c				14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies				45 00 4 /00	/	P
b	33 1/3% support test - 2012. If the c				uine 15 is 33 1/3%	or more, check th	IIS DOX
	and stop here. The organization qual				o 10 10 40	and line 14 := 100/	or more
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt iv now the organ	iization
	meets the "facts-and-circumstances"	_				47a and l 45	100/ 07
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, or 17	D, CHECK THIS DOX 8	ing see instruction	s <u>P</u>

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.)

Se	ction A. Public Support									
Cale	endar 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									
	ınclude any "unusual grants.")									
2	Gross receipts from admissions,									
	merchandise sold or services per-					ì				
	formed, or facilities furnished in any activity that is related to the				İ					
	organization's tax-exempt purpose				İ					
3	Gross receipts from activities that									
	are not an unrelated trade or bus-					ł				
	iness under section 513									
4	Tax revenues levied for the organ-					ł				
	ızatıon's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to	ļ								
	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									
t	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	_								
(Add lines 7a and 7b									
8	Public support (Subtract line 7c from line 6)									
Se	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									
10a	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties									
	and income from similar sources									
t	Unrelated business taxable income				ţ					
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
(Add lines 10a and 10b									
11	Net income from unrelated business									
	activities not included in line 10b, whether or not the business is					1				
	regularly carned on									
12	Other income Do not include gain or loss from the sale of capital					!				
	assets (Explain in Part IV.)			,						
13	Total support. (Add lines 9, 10c, 11, and 12)	L								
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organız	ation,			
	check this box and stop here			<u>. </u>		· · · · · · · · · · · · · · · · · · ·				
	ction C. Computation of Publ					1 1				
15	Public support percentage for 2013 (•	column (f))		15	%			
16	Public support percentage from 2012					16	%			
	ction D. Computation of Inve				 	,				
	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 %									
	•	ge from 2012 Schedule A, Part III, line 17								
19 a	3a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
t	33 1/3% support tests - 2012. If the	_								
	line 18 is not more than 33 1/3%, che		-		-					
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions				

Schedule A	(Form 990 or 990-EZ) 2013 RED DIRT CHARITABL	E_FUND, INC.	54-1920820 Page 4
Part IV	Supplemental Information. Provide the explanations re	quired by Part II, line 10, Part II, line 17a or	17b, and Part III, line 12
	Also complete this part for any additional information. (See instr	ructions)	
-			-
		-	
	<u> </u>		
			
-			
r			- ·· -
			
			•
			<u>-</u>
		-	
		<u> </u>	
		<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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

	RED DIRT CHARITABLE FUND, INC.	54-1920820
Pai		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	
-		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (dunng 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 advised fu	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	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 confe	erring
	impermissible private benefit?	Yes No
Pai	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat Preservation of a certified i	nistonc structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contr	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	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	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements and the conservation easements are conservation easements.	inization during the tax
	year ▶ Number of states where property subject to conservation easement is located ▶	
4	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(4)	
Ū	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	
	conservation easements	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	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	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	ervice, 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	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	ı, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1	> \$
h	Assets included in Form 990, Part X	▶ \$

	t III Organizations Maintaining Co	ollections of A				or Othe	r Simil	<u>54-19</u> ar ∆esa			<u>ige ∠</u>
Ц	Using the organization's acquisition, accession			_							
3		in, and other record	15, CHEC	K ally Of the	TOROWING THE	at are a sig	jimicani	use or its	Conection	i item	>
_	(check all that apply). Public exhibition	d		Loop or eve	change progra	ame					
a		_		Other	alange progra	arris					
b	Scholarly research	е	· Ш	Other							
C	Preservation for future generations Provide a description of the organization's column of the organizatio	llections and explai	n how t	any furthar t	the organizati	on'e aven	ant num	oca in Pan	· YIII		
4	During the year, did the organization solicit or							ose iiii ai	XIII.		
5	to be sold to raise funds rather than to be ma					Ci Siiillai	455015		Yes		No
Par	t IV Escrow and Custodial Arrang					"Yes" to F	orm 990	Part IV		L	1110_
	reported an amount on Form 990, Part X, line 21										
	Is the organization an agent, trustee, custodia		diary for	contribution	ns or other as	sets not a	ncluded		-		
·u	on Form 990, Part X?		,						Yes		No
ь	If "Yes," explain the arrangement in Part XIII a	ind complete the fo	ilowina	table.	•	•					
_		,							Amount		
С	Beginning balance						1c		·	•	
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?						Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII										<u> </u>
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	orm 990, Part	IV, line 10)				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three y	years back	(e) Four	years	<u>back</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships	—									
е	Other expenditures for facilities		•								
	and programs										
f	Administrative expenses	 _									
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment	04	_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	% d as val 100%									
0-	The percentages in lines 2a, 2b, and 2c shoul	•	ation the	at are bold a	and administr	ared for the	o organi	zation			
3a	Are there endowment funds not in the posses	SSIOT OF THE Organiza	auon in	at are rielu a	and administr	sied for the	e Organia	Zation	Г	Yes	No
	(i) unrelated organizations								3a(i)	162	110
	(ii) related organizations					•			3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	n Sche	dule B?		•			3b		
4	Describe in Part XIII the intended uses of the	•							<u> </u>		
	t VI Land, Buildings, and Equipme										
	Complete if the organization answered		, Part IV	, line 11a. S	See Form 990	, Part X, III	ne 10				
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Book	value	•
		basis (investr		, , ,	(other)		reciation	I			
	Land										
b	Buildings										
C	Leasehold improvements										
d	Equipment										
е	Other										

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2013 RED DIRT CH	ARITABLE FUND	, INC.	54-1920820 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) GS PRIVATE EQUITY	666 855		
(B) PARTNERS 2000, L.P.	666,757.		
(C) DEUTSCHE BANK INVESTMENTS	291,992.	COST	
(D)			
<u>(E)</u>			-
(F)			
(G)			
(H)	958,749.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	330,143.		
Complete if the organization answered "Yes"	to Form 000 Port IV line 1	Ida Saa Farm 000 D	art V line 12
(a) Description of investment	(b) Book value		luation: Cost or end-of-year market value
(1)	(b) Don value	(0)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11d See Form 990, P	art X, line 15.
(a) I	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"			990, Part X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		l	
2. Liability for uncertain tax positions. In Part XIII, provide		•	·
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

54-1920820 Page **3**

Schedule D (Form 990) 2013

<u>Sche</u>		INC.	<u>54-1920820 Page 4</u>
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue 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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains on investments	2a	-
b	Donated services and use of facilities	2b	-
С	Recoveries of pnor year grants	2c	-
d	Other (Describe in Part XIII)	2d	- ₋
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	•	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
Ь	Other (Describe in Part XIII)	4b	-
c	Add lines 4a and 4b	•	4c 5
_ <u>5</u>	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	
- a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	citto With Expended pe	. Hotain
_	Total expenses and losses per audited financial statements		1
1	Amounts included on line 1 but not on Form 990, Part IX, line 25		
2	Donated services and use of facilities	2a	
a	Prior year adjustments	2b	
b	Other losses	2c	
d	Other (Describe in Part XIII)	2d	7
e	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, 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	7
c	Add lines 4a and 4b		7 4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Pa	rt XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line	e 4, Part X, line 2; Part XI,
lınes	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional information.	
			<u>-</u>
			
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			 .

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

10v/form990.
at www.irs.g
nstructions is a
990) and its i
e I (Form 9
Schedul

Information about

Open to Public Inspection

OMB No 1545-0047

2 [] Employer identification number 54-1920820 X Yes 1 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 INC. RED DIRT CHARITABLE FUND General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

>		(h) Purpose of grant or assistance	- H				
IV, line 21, for any		(h) Purpos or assi	PROBERT, SUPPORT				4
es" to Form 990, Part		(g) Description of non-cash assistance	152,500 SHARES OF LIFELOCK,				
janization answered "Y		(f) Method of valuation (book, FMV, appraisal, other)	067 500 ROOK VALUE				
omplete if the org	led	(e) Amount of non-cash assistance	1 067 500				
e United States. C	ional space is need	(d) Amount of cash grant	C				1404
d Organizations in the	be duplicated if addit	(c) IRC section if applicable	501(0)(3)				4 0. 60401 000040000000000000000000000000000
Governments and	55,000 Part II can	(b) EIN	26-3933685	1			100000000000000000000000000000000000000
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	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	QUIET ANGEL FOUNDATION 2325 DULLES CORNER BLVD. HERNDON VA 20171				
Part II		1 (a) h	QUIET AN 2325 DUL HERNDON				4 2 0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

332101 10-29-13

Schedule 1 (Form 990) (2013) RED DIRT CHARITABLE	ABLE FUND,	D, INC.			54-1920820 Page 2
r Assist	ited States. Com	plete if the organiza	ation answered "Yes'	to Form 990, Part IV, line 22	
(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
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part II, column (b), and any other additional information	luired in Part I, lin	e 2, Part III, columi	l n (b), and any other a	dditional information	
PART I, LINE 2:					
EXPLANATION: THE ORGANIZATION REQUESTS		PROGRAM DOCUMENTS,	J	DOES FOLLOW-UP	
CALLS AND GETS REPORTS BACK			,		
332102 10-28-13					Schedule I (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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 54-1920820

RED DIRT CHARITABLE FUND, INC.	54-1920820					
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M						
ORGANIZED AND OPERATED FOR THE CHARITABLE, SCIENTIFIC OR	EDUCATIONAL					
PURPOSE OF ADVANCING MEDICAL RESEARCH AND EDUCATION OR TH	E EDUCATION OF					
THE PUBLIC.						
FORM 990, PART VI, SECTION A, LINE 2:						
EXPLANATION: ROGER SILK AND JAMES LINTOTT OWN SEVERAL BUS	INESSES JOINTLY.					
FORM 990, PART VI, SECTION B, LINE 11:						
EXPLANATION: DETAILED REVIEW AT BOARD MEETING						
FORM 990, PART VI, SECTION B, LINE 12C:						
EXPLANATION: ANNUAL MEETING OF THE BOARD OF DIRECTORS						
FORM 990, PART VI, SECTION C, LINE 19:						
EXPLANATION: UPON WRITTEN REQUEST	. <u>-</u>					

Form 88	68 (Rev 1-2014)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	xtension,	complete only Part II and check the	s box		ightharpoons
Note. O	nly complete Part II if you have already been granted an	automatic	3-month extension on a previously	filed Form	8868.	
	are filing for an Automatic 3-Month Extension, comple			1.7		
Part	Additional (Not Automatic) 3-Month E	xtensio				
			Enter filer's	identifyi	ng number, s	see instructions
Type or print	Name of exempt organization or other filer, see instru	uctions.		Employe	r identificatio	n number (EIN) or
File by the	RED DIRT CHARITABLE FUND, I	NC.			<u>54-19</u>	20820
due date for filing your return. See	222E DITT FOR CODNED DITTO NO			Social se	ecurity numbe	er (SSN)
instruction	City, town or post office, state, and ZIP code. For a f					
	HERNDON, VA 20171					
Enter th	e Return code for the return that this application is for (file	e a separa	ate application for each return)			0 1
	C Fiction Code for the form what the approach to the first	T	· · · · · · · · · · · · · · · · · · ·		· · ·	· (V) +
Applica	tion	Return	1 '''			Return
is For		Code	Is For		 .	Code
	0 or Form 990-EZ	01	51041.4			
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227 Form 6069			10
	0-T (sec. 401(a) or 408(a) trust)	06	Form 8870			11 12
	10-T (trust other than above) Do not complete Part II if you were not already granted			riouely file	ad Earm 996	
310F: I	STERITING FOUND	ATTON	MANAGEMENT, LLC	iocory in	34 1 01111 000	
• The l	pooks are in the care of ► 2325 DULLES CO			HERN	DON. V	A 20171
	phone No. ► 703-437-9720		Fax No. ▶			
	organization does not have an office or place of busines	s in the Ui	· 			
	s is for a Group Return, enter the organization's four digit			f this is fo	r the whole a	roup, check this
box 🕨	. If it is for part of the group, check this box	_				
			BER 15, 2014			
	or calendar year 2013 , or other tax year beginning		, and endin	g		
	the tax year entered in line 5 is for less than 12 months, o	heck reas	on: Initial return	Final i	return	
	Change in accounting period					
7 St	ate in detail why you need the extension				<u>. </u>	
<u>A</u>	DDITIONAL TIME IS NEEDED TO	FILE .	A COMPLETE AND ACC	URATE	RETURI	1
_						
		2000				
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			^
_	orrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069			8a	\$	0.
	this application is for Forms 990-PF, 990-1, 4720, or 606s x payments made Include any prior year overpayment all					
		ioweu as a	a credit and any amount paid	8b	\$	0
	reviously with Form 8868. alance due, Subtract line 8b from line 8a. Include your pa	avment with	th this form if required by using	- Н	_ -	0.
	TPS (Electronic Federal Tax Payment System). See instri		art this form, in required, by daining	8c	s	0.
			st be completed for Part II		ι_Ψ	
Under pe	nalties of perjury, I declare that I have examined this form, includ		•	-	f my knowleda	e and belief.
	correct, and complete, and that I am authorized to prepare this fo	orm.			_ I	/-
Signature	Delin & West _ Title ▶	C	PA	Date	<u>▶</u> _8/3	5/14
						368 (Rev. 1-2014)