12 Salaries, other compensation, and employee benefits
13 Professional fees and other payments to independent contractors
14 Occupancy, rent, utilities, and maintenance
15 Printing, publications, postage, and shipping
16 Other expenses (describe in Schedule O)

JAN 1 8 7018 0 13 2,710 15 16 16,147 23,857 18 9,773

Excess or (deficit) for the year (Subtract line 17 from line 9)

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O)

. . 19 33,743 . . 20 ▶ 21 43,516

21 Net assets or fund balances at end of year Combine lines 18 through 20 .....

For Paperwork Reduction Act Notice, see the separate instructions.

Total expenses. Add lines 10 through 16

17

Net Assets

Form 990-EZ (2013)

Form 990-EZ (2013) COMMUNITY INVOLVEMENT F	OR KIDS, INC		55-0	<u>77</u> 0	630 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to respond to	any question in this Part	t <u>II</u>			🛛
		(A) Beg	inning of year		(B) End of year
22 Cash, savings, and investments	• • • • • • • • • • • •		11,355	22	18,185
23 Land and buildings			140,000	23	140,000
24 Other assets (describe in Schedule O) · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		0	24	0
25 Total assets			151,355	25	158,185
26 Total liabilities (describe in Schedule O) · · · · · · · · · · · · · · · · · ·	• • • • • • • • • •		117,612	26	114,669
27 Net assets or fund balances (line 27 of column (B) must agree v		• • • • • •	33,743	27	43,516
Part III Statement of Program Service Accompli	•	•	_	ļ	Expenses
Check if the organization used Schedule O to respond to			· · · · · · · <u> </u>	1 `	uired for section
What is the organization's primary exempt purpose? FOSTER COM	MUNITY INVOLVEM	ENT OF YOUTH		]	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	of its three largest prog	ram services,		Ĭ	nizations and section
as measured by expenses. In a clear and concise manner, describe the		number of		1	'(a)(1) trusts, optional
persons benefited, and other relevant information for each program title 28 PRIMARY PURPOSE IS TO PROVIDE ACTIVITIES T				tor o	thers)
(APPROX 200) TO FOSTER A SENSE OF COMMUNIT		0.3 1773		ĺ	
AND MORAL ACTIVITIES FOR THEM TO BE INVOLV		SAFE	<del></del>	]	
	cludes foreign grants, cl	heck here	▶ □	28a	23,857
29	oladeo loreigii giailia, di	neck field 1 1 1	<u> </u>	200	23,831
	<del></del>				
(Grants \$ ) If this amount in	cludes foreign grants, cl	heck here · · · ·	▶ 📋	29a	
30			<del></del>		
			<del></del>	}	
(Grants \$ ) If this amount in	cludes foreign grants, cl	heck here · · · ·	▶ 🔲	30a	
31 Other program services (describe in Schedule O)				$\Gamma$	
Of Chief program services (describe in Ocheanic C)	• • • • • • • • • •		· · · · · · · · ·	1	}
· -	cludes foreign grants, cl	heck here · · · ·	▶□	31a	
(Grants \$ ) If this amount income 32 Total program service expenses (add lines 28a through 31a)				32	23,857
(Grants \$ ) If this amount in (32 Total program service expenses (add lines 28a through 31a)    Part IV   List of Officers, Directors, Trustees, and Key Employers	yees (list each one eve	n if not compensated	(see the instruct	32 ons f	or Part IV)
(Grants \$ ) If this amount income 32 Total program service expenses (add lines 28a through 31a)	yees (list each one eve	n if not compensated		32 ons f	or Part IV)
(Grants \$ ) If this amount income 32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employees.  Check if the organization-used-Schedule O-to-respond to	yees (list each one eve any question in this Par (b) Average	n if not compensated	(see the instructi	32 ions f	or Part IV)
(Grants \$ ) If this amount in (32 Total program service expenses (add lines 28a through 31a)    Part IV   List of Officers, Directors, Trustees, and Key Employers	yees (list each one eve any question in this Par (b) Average hours per week	n if not compensated  It IV  (c) Reportable compensation (Form W-2/1099-MISC)	(see the instruction (d) Health benefits, contributions to emplemental benefit plans, and	32 ons f	or Part IV)
(Grants \$ ) If this amount in the second of	yees (list each one eve any question in this Par (b) Average	n if not compensated	(see the instructi	32 ons f	or Part IV)
(Grants \$ ) If this amount in the service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employ  Check if the organization-used-Schedule O to respond to  (a) Name and title  SAUNDRA STINNETTE	yees (list each one eve any question in this Pai (b) Average hours per week devoted to position	n if not compensated  IV  (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(see the instructi (d) Health benefits, contributions to emplement plans, and deferred compensal	ons f	(e) Estimated amount of other compensation
(Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Emplo.  Check if the organization-used-Schedule O to respond to.  (a) Name and title  SAUNDRA STINNETTE  PRESIDENT	yees (list each one eve any question in this Par (b) Average hours per week	n if not compensated  It IV  (c) Reportable compensation (Form W-2/1099-MISC)	(see the instructi (d) Health benefits, contributions to emplement plans, and deferred compensal	32 ons f	or Part IV)
(Grants \$ ) If this amount income and the service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  SAUNDRA STINNETTE  PRESIDENT  ELIZABETH MALCOLM	yees (list each one eve any question in this Pai (b) Average hours per week devoted to position	n if not compensated  IV  (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensal	ons for the state of the state	or Part IV)
(Grants \$ ) If this amount in the second service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization-used-Schedule O-to-respond to  (a) Name and title  SAUNDRA STINNETTE PRESIDENT  ELIZABETH MALCOLM VICE-PRESIDENT	yees (list each one eve any question in this Pai (b) Average hours per week devoted to position	n if not compensated  IV  (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensal	ons f	(e) Estimated amount of other compensation
(Grants \$ ) If this amount in the service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization-used-Schedule O to respond to  (a) Name and title  SAUNDRA STINNETTE PRESIDENT  ELIZABETH MALCOLM  VICE-PRESIDENT  TAMMY KIRK	yees (list each one everany question in this Parage hours per week devoted to position	n if not compensated  IV  (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(see the instructi	ons f	or Part IV)
(Grants \$ ) If this amount in the second service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization-used-Schedule O to respond to  (a) Name and title  SAUNDRA STINNETTE PRESIDENT ELIZABETH MALCOLM VICE-PRESIDENT TAMMY KIRK TREASURER	yees (list each one eve any question in this Pai (b) Average hours per week devoted to position	n if not compensated  IV  (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(see the instructi	ons for the state of the state	or Part IV)
(Grants \$ ) If this amount in 32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employ  Check if the organization-used-Schedule O to respond to  (a) Name and title  SAUNDRA STINNETTE  PRESIDENT  ELIZABETH MALCOLM  VICE-PRESIDENT  TAMMY KIRK  TREASURER  KATHY DEURR	yees (list each one everany question in this Parage hours per week devoted to position	n if not compensated  IV  (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(see the instructi	ons f	or Part IV)
(Grants \$ ) If this amount in the second service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization-used-Schedule O to respond to  (a) Name and title  SAUNDRA STINNETTE PRESIDENT ELIZABETH MALCOLM VICE-PRESIDENT TAMMY KIRK TREASURER	yees (list each one eve any question in this Pai (b) Average hours per week devoted to position 25	n if not compensated  (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(see the instructi	oyee o	or Part IV)  (e) Estimated amount of other compensation  0
(Grants \$ ) If this amount in 32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employ  Check if the organization-used-Schedule O to respond to  (a) Name and title  SAUNDRA STINNETTE  PRESIDENT  ELIZABETH MALCOLM  VICE-PRESIDENT  TAMMY KIRK  TREASURER  KATHY DEURR	yees (list each one eve any question in this Pai (b) Average hours per week devoted to position 25	n if not compensated  (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(see the instructi	oyee o	or Part IV)  (e) Estimated amount of other compensation  0
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17-21

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	•••	Yes	·
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		168	No
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		<del> </del>	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		ļ	ĺ
	change on Schedule O (see instructions)	34		Х
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		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	The state of the s		T	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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		Х
37 a	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?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	_	1	,
39	Section 501(c)(7) organizations Enter		( )	
а		1	( )	Į
	Gross receipts, included on line 9, for public use of club facilities	_	( )	`
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		. 1	l
	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			l
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	<b> </b>	ļ	.,
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
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	1		
		-[:-	ļ	
u	_Section.501(c)(3)-and-501(c)(4)-organizations Enter amount of tax on line 40c reimbursed 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		Х
41	List the states with which a copy of this return is filed	400		
	The organization's books are in care of TAMMY KIRK  Telephone no 304-8	22-7	838	——
72. U	Located at P O BOX 211, SPRINGFIELD, WV ZIP+4 26763			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			<del>,</del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		- 1	
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u>i</u>		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1	1	
	completed instead of Form 990-EZ	44b	L	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	
	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d	ļ	
45 a		45a	<del> </del>	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1:		ļ.
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			ļ ,,
	Form 990-EZ (see instructions)	45b		X

Form 9	90-EZ (2013)	COMMUNITY INVO	VEMENT FOR KIDS,	INC	55-	0770630	Page 4
40	Did the control of					ļ	Yes No
46		engage, directly or indirectly, in olic office? If "Yes," complete s		, ,			
Par		01(c)(3) organizations		• • • • • • • • • • • • • • • • • • • •		• •   46	X
		501(c)(3) organization		tions 47-49b and 52	and complete the	tables for I	ines
	50 and 51						
	Check if the	ne organization used So	chedule O to respond	d to any question in	this Part VI		🖂
							Yes No
47		engage in lobbying activities o	r have a section 501(h) ele	ction in effect during the ta	ax .		
4.0	year? If "Yes," complete Schedule C, Part II					• • 47	X
	48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						X
49 a		ted organization a section 527		organization?		· · 49a	X
50		or the organization's five highe		s (other than officers, dire	ctore truetage and kay	490	LL
		th received more than \$100,00					
	<del>`</del>		(b) Average	(c) Reportable	(d) Health benefits,	T	<del></del>
	(a) Name and t	litle of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred	(e) Estimated	d amount of appensation
		<del></del>	devoted to position	(Forms W-2/1099-MISC)	compensation		
	_						
NONE	<u> </u>	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del></del>	<del></del> -
					}		
		<del></del>	<del></del>	<del> </del>		+	
			<del> </del>	<u> </u>			
					ļ		
	Total number of other	r employees paid over \$100,00	00	<u> </u>	L		<del></del>
51		or the organization's five highe		ent contractors who each	- received more than		
		sation from the organization			cocived more triair		
	(a) Name and busin	ess address of each independent contr	ador	(b) Time of secure		(-) O	
	(a) Name and busin			(b) Type of service		(c) Compensation	·
NONE	<u>.                                    </u>			<del> </del>			
	·		····				
			<del></del>	ļ		<del></del>	<del></del>
d	Total number of other	r independent contractors each	receiving over \$100 000				
52		complete Schedule A? Note:	•	izations and 4947(a)(1)	<del></del>		
		e trusts must attach a complete	, , , , ,			► X Yes	☐ No
Under	penalties of perjury, I declare	that I have examined this return inclu	ting accompanying schedules and	statements, and to the best of my	knowledge and belief, it is		
true, co	orrect, and complete Declar	ation of preparer (other than officer) is	pased on all information of which p	reparer has any knowledge	11/	<del></del>	
01		XXXX	<del></del>		<u> </u>		
Sign	1 (	of officer with my	LIK Theas	11.60	Date / /		
Here	1 🖿	int name and title	UK Chara				
	Print/Type prep	<del></del>	Preparer's signature	Date	Check I f	PTIN	
Paid	1	ael Clem CPA	/ kn/M/a	CPA 10-23-20	• • • • • • • • • • • • • • • • • • •	P012758	38
Prepa		Jay Michael Cle	m CAA AC		Firm's EIN		==(
Use (	Only Firm's address		Street				
		Romney WV 26757			Phone no 304	-822-4511	<del></del>
	he IRS discuss this re	tum with the preparer shown a	bove? See instructions	• • • • • • • • • • • • • • • • • • • •		Yes	No No
EEA						Form 996	<b>0-EZ</b> (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 980 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name	or the	organization							Employer	dentificatio	on number	
		ITY INVOLVEMEN								770630		
Pa	rt I	Reason for P	Public Charity	Status (All organia				s part.)				
The	orgar			se it is (For lines 1 throu	-	•	•					
1		A church, convention	n of churches, or as	ssociation of churches d	escribed in	section 17	70(b)(1)(A)	(i).			CO	
2		A school described in	n section 170(b)(1	)(A)(II). (Attach Schedul	le E)						$\mathbf{O}^{I}$	
3		A hospital or a coope	erative hospital ser	vice organization descrit	oed in secti	on 170(b)(	(1)(A)(iii).				• (	
4		A medical research of	organization operat	ted in conjunction with a	hospital de	scribed in s	section 17	0(b)(1)(A)	(iii). Enter	the		
	_	hospital's name, city,				····						
5	$\Box$	An organization oper	ated for the benefit	of a college or university	owned or	operated by	y a governr	nental unit	described	in		
	_		ction 170(b)(1)(A)(iv). (Complete Part II )									
6	Ц		ederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Ш	An organization that	normally receives a	substantial part of its su	pport from	a governm	ental unit o	r from the	general pui	plic		
	_	described in section	170(b)(1)(A)(vi). (	Complete Part II)								
8	Ц			170(b)(1)(A)(vi). (Com		•						
9	X			(1) more than 33 1/3% of								
				mpt functions - subject to						its		
				and unrelated business to				ax) from b	usinesses			
				30, 1975 See section !								
10	片			d exclusively to test for p	-		• •					
11	Ц			exclusively for the bene				-				
				orted organizations descr				, ,	• •	ction		
		a Type I	-	s the type of supporting of		•			-			
	$\Box$		b Type		III-Function	-		d [_			onally integrated	
9	ப			ganization is not controlle		-	-		•			
		or section 509(a)(2)	i managers and our	er than one or more pub	alciy suppor	tea organiz	auons des	cribea in s	ection 509(	(a)(1)		
			rawad-a-writtan-dat	ermination from the IRS	that it is a T	imo I Timo	II or Tuno	III ouppos	tina			
'		organization, check the		emination from the ins	uiat it is a i	ype i, Type	in, or type	iii suppoi	ung			$\Box$
g		•		ition accepted any gift or	contribution	n from anv	of the				• • • • • • • •	ш
9		following persons?	o, nus are organize	mon accepted any gift of	CONTINUE	ir iroiir arry	Of the					
		. •	rectly or indirectly o	controls, either alone or t	ogether with	nersons r	lescribed in	n (u) and			Yes N	No.
		* * *	•	e supported organization	_				. <i>.</i>		11g(i)	
			r of a person descr	· · · · · ·							11g(ii)	
		•	•	described in (i) or (ii) ab							119(iil)	—
h				he supported organization							118(11)	
		me of supported	(II) EIN	(lii) Type of organization	(iv) is the or	ganization	(v) Did yo	u notify	(vi) Is	(vi) Is the (vii) Amount of mon		
		organization		(described on lines 1-9 above or IRC section	in col (i) lis	•	the organi	e organization in col (i) of your		on in col	support	
				(see instructions))	governing d	ocument /	supp	ort?	(i) organiz ປະ	eain the S?		
					Yes	No	Yes	No	Yes	No	]	
A)												
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B)												
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D)					1	1	}					
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E)					1		}		1	1		
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar 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") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 · · Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2011 (d) 2012 (a) 2009 (b) 2010 (f) Total (e) 2013 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 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 instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2012 Schedule A, Part II, line 14 15 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization П 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more. check this box and stop here. The organization qualifies as a publicly supported organization  $\Box$ 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported П 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2013 EEA

# 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						
Cal	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	22,700	26,550	27,355	29,995	33,630	140 220
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	22,700	20,330	21,333	29,993	33,030	140,230
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513 · · · ·						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	22,700	26,550	27,355	29,995	33,630	140,230
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						140,230
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f)-Total
.y.—	-Amounts from line 6	22,700	26,550	27,355	29,995	33,630	140,230
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	22,700	26,550	27,355	29,995	33,630	140,230
	First five years. If the Form 990 is for the org organization, check this box and stop here		· · · · · · · · · ·				▶ 🛮
	ction C. Computation of Public Su	<del>``</del>			<del></del>	4= 1	
15 16	Public support percentage for 2013 (line 8, col Public support percentage from 2012 Schedul						100.00 % 100.00 %
	ction D. Computation of Investmen			<del></del>	<del></del>	10	100.00 %
17	Investment income percentage for 2013 (line			ımn (f)) • • • •		17	0.00 %
18	Investment income percentage from 2012 Sci		-			18	%
19a	33 1/3% support tests - 2013. If the organization of the support tests - 2013. If the organization is not more than 33 1/3%, check this box at						▶ 🏻
	33 1/3% support tests - 2012. If the organizatine 18 is not more than 33 1/3%, check this b	oox and stop here.	The organization q	ualifies as a publicl	y supported organ	zation	<b>&gt;</b> []
20	Private foundation. If the organization did no	or check a box on lin	ne 14, 19a, or 19b,	cneck this box and	see instructions		••••

### 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.

2013

Open to Public 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

COMMUNITY INVOLVEMENT FOR KIDS, IN	rc	55-0770630
01. List of grants and sim	ilar amounts paid (Part I, line	10)
ACTIVITY	COLLEGE SCHOLARSHIPS \$ 500 OR LESS	
GRANTEE	VARIOUS - AVAILABLE UPON REQUEST	
RELATIONSHIP	NONE	
AMOUNT	2,500	
ACTIVITY	CONTRIBUTION TO STREET LIGHT FUND	
GRANTEE	SPRINGFIELD/GREEN SPRING ST LIGHT	
CITY, STATE, ZIP	SPRINGFIELD, WV 26763	
RELATIONSHIP	NONE	
AMOUNT	1,000	
ACTIVITY	CONTRIBUTION TO LOCAL FIRE COMPANY	
GRANTEE	SPRINGFIELD VOLUNTEER FIRE COMPANY	
CITY, STATE, ZIP	SPRINGFIELD, WV 26763	
AMOUNT	1,000	
ACTIVITY	CONTRIBUTION TO LOCAL RESCUE SQUAD	
GRANTEE	SPRINGFIELD RESCUE SQUAD	
CITY, STATE, ZIP	SPRINGFIELD, WV 26763	
RELATIONSHIP	NONE	
AMOUNT	500	
02. Description of other e	xpenses (Part I, line 16)	

Name of the organization	<del></del>	Employer Identification number	36 2
COMMUNITY INVOLVEMENT FOR KIDS, INC		55-0770630	
INSURANCE	2,020		
ADVERTISING AND PROMOTIONAL EXPENSE	4,585		
EVENTS EXPENSES	2,485		
INTEREST EXPENSE	7,057	<del></del>	
03. Description of total liabilit:	Les (Part II, li	ne 26)	
CATEGORY	EGINNING OF YEAR	END OF YEAR	
NOTE PAYABLE (LAND & BUILDING)	117,612	114,669	
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Schedule O (Form 990 or 990-EZ) (2013)

EEA