



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**

**Open to Public Inspection**

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

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Skipping Stones, Inc.</b>	<b>D</b> Employer identification number <b>93-1095484</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>PO BOX 3939 (Street address: 166 W. 12th AVE EUGENE OR 97401)</b>	<b>E</b> Telephone number <b>541-342-4956</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Eugene, Oregon 97403-0939</b>	<b>F</b> Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ [www.skippingstones.org](http://www.skippingstones.org)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **73172**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received																														21344
	<b>2</b> Program service revenue including government fees and contracts																													48753	
	<b>3</b> Membership dues and assessments																													000	
	<b>4</b> Investment income																													75	
	<b>5a</b> Gross amount from sale of assets other than inventory																													000	
	<b>b</b> Less: cost or other basis and sales expenses																														000
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														000
	<b>6</b> Gaming and fundraising events																														
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)																														000
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														000	
<b>c</b> Less: direct expenses from gaming and fundraising events																														000	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														000	
<b>7a</b> Gross sales of inventory, less returns and allowances																														000	
<b>b</b> Less: cost of goods sold																														000	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														000	
<b>8</b> Other revenue (describe in Schedule O)																														3000	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														73172	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)																													000	
	<b>11</b> Benefits paid to or for members																													000	
	<b>12</b> Salaries, other compensation, and employee benefits																													33178	
	<b>13</b> Professional fees and other payments to independent contractors																													000	
	<b>14</b> Occupancy, rent, utilities, and maintenance																													9726	
	<b>15</b> Printing, publications, postage, and shipping																													16937	
	<b>16</b> Other expenses (describe in Schedule O)																													1891	
<b>17 Total expenses.</b> Add lines 10 through 16																														61731	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)																													11441	
	<b>19</b> 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)																													12770	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)																													000	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20																														24211

RECEIVED  
MAY 08 2014  
OGDEN, UT

SCANNED MAY 29 2014

8/3

**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 II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	27270	<b>22</b> 36711
<b>23</b> Land and buildings	000	<b>23</b> 000
<b>24</b> Other assets (describe in Schedule O)	17500	<b>24</b> 17500
<b>25</b> Total assets	44770	<b>25</b> 54211
<b>26</b> Total liabilities (describe in Schedule O)	32000	<b>26</b> 30000
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	12770	<b>27</b> 24211

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Promoting multicultural & nature awareness in youth

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
<b>28</b> <u>Published and distributed our advertisement-free, multicultural and nature education magazine for students, parents, educators and libraries, to promote creative writing, art and critical thinking and interactions in youth. Print run of approx. 1575. Subscribers: 900 approx. (schools, libraries, teachers and families) &amp; on-line use.</u> (Grants \$ 000) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 52700
<b>29</b> <u>Two honor awards programs to recognize multicultural awareness and nature education in juvenile literature, as well as teaching resources. Youth Honor Awards promote creativity in children and youth, and serves kids ages 7 to 17. Approx 250 entrants but it benefited all educators, including our readers and subscribers.</u> (Grants \$ N/A) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> 5000
<b>30</b> <u>Educational reading material for low-income schools, libraries, families and people serving low-income kids. This program allows us to send free and discounted subscriptions and free back issues as well as donations of books to about 180 schools, libraries and families, near and far.</u> (Grants \$ N/A) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b> 4000
<b>31</b> Other program services (describe in Schedule O) (Grants \$ N/A) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b> 000
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b> 61700

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Arun N. Toke' (Tel 541-342-4956), Executive Editor</u> 973 Tiara Street, Eugene OR 97405	40 Hours	30,000	0	0
<b>BOARD OF DIRECTORS</b>				
<u>Esther Celis (Tel. 541-345-9178), Secretary</u> Advanced Relay Corp. 1896 Columbia, Eugene, OR 97403	n/a	0	0	0
<u>Ron Marson (Tel. 503-266-8551), Board Member</u> 10970 S. Mulino Road, Canby, OR 97013	n/a	0	0	0
<u>Paulette Ansari (Tel. 541-515-2593), President</u> 819 Silver Land, Eugene OR 97402	n/a	0	0	0
<u>Joachim Shulz (Tel. 541 521-9522), Board Member</u> 2140 Westwood Lane Eugene OR 97401	n/a	0	0	0
<u>Stephen Mallery (Tel 541-520-4856), Board Member</u> 1547 Ranchwood Drive, Eugene OR 97401	n/a	0	0	0
<u>Arun N. Toke' (Tel 541-342-4956), Treasurer</u> P O Box 3939, Eugene OR 97403	n/a	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
<b>35a</b>	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)?		<input checked="" type="checkbox"/>
<b>b</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		
<b>35b</b>			
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
<b>35c</b>			
<b>36</b>	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		<input checked="" type="checkbox"/>
<b>36</b>			
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>37b</b>			
<b>38a</b>	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?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> _____		
<b>38b</b>			
<b>39</b>	Section 501(c)(7) organizations. Enter		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>39a</b>			
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>39b</b>			
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ 000 ; section 4912 ▶ _____ 000 ; section 4955 ▶ _____ 000		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
<b>40b</b>			
<b>c</b>	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 . . . . . ▶ _____ 000		
<b>40c</b>			
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____ 000		
<b>40d</b>			
<b>e</b>	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		<input checked="" type="checkbox"/>
<b>40e</b>			
<b>41</b>	List the states with which a copy of this return is filed ▶ <b>OREGON</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Skipping Stones Business Office</b> Telephone no. ▶ <b>541-342-4956</b> Located at ▶ <b>166 W 12th Avenue, Eugene, Oregon</b> ZIP + 4 ▶ <b>97403-0939</b>		
<b>b</b>	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		<input checked="" type="checkbox"/>
<b>42b</b>			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		<input checked="" type="checkbox"/>
<b>42c</b>			
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b> _____		<input type="checkbox"/>
<b>43</b>			
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>44a</b>			
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>44b</b>			
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
<b>44c</b>			
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
<b>44d</b>			
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>45a</b>			
<b>45b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>
<b>45b</b>			

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46		✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

		Yes	No
47 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 . . . . .	47		✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48		✓
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a		✓
b If "Yes," was the related organization a section 527 organization? . . . . .	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . . none

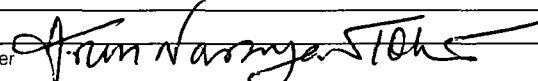
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . . . none

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer  Arun Narayan Toke, Treasurer and Executive Editor Type or print name and title	Date May 1, 2014
------------------	---	---------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name n/a	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization Skipping Stones, Inc	Employer identification number 93-1095484
--	--

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
    - (ii) A family member of a person described in (i) above? . . . . .
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .
  - h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) NONE									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** *n/a*

(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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>4 Total.</b> Add lines 1 through 3 . . .						
<b>5</b> 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) . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13731	14959	17733	12305	21344	80072
<b>2</b> 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	54188	49901	51192	43927	48753	247961
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	000	000	000	000	000	000
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	000	000	000	000	000	000
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	000	000	000	000	000	000
<b>6 Total.</b> Add lines 1 through 5	67919	64860	68925	56232	70097	328033
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	300	1336	885	125	200	2971
<b>b</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	000	000	000	000	000	000
<b>c</b> Add lines 7a and 7b	300	1336	885	125	200	2971
<b>8 Public support</b> (Subtract line 7c from line 6.)						325062

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	67919	64860	68925	56232	70097	328033
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	776	365	206	113	75	1535
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	000	000	000	000	000	000
<b>c</b> Add lines 10a and 10b	776	365	206	113	75	1535
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	000	000	000	000	000	000
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	000	2274	1674	2971	3000	9919
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	68695	67499	70805	59316	73172	339487

**14 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	95.75 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	97.16 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.45 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	0.80 %

**19a 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

**b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Provide the explanations required 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 instructions).

LINE 12: OTHER INCOME

IN 2013, WE RECEIVED AN IN-KIND DONATION OF AN ORIENTAL CARPET WHICH GENERATED AN INCOME OF \$3,000 FOR US. WE LIST THIS INCOME AS OTHER INCOME.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Skipping Stones, Inc.

Employer identification number

93-1095484

**PART I, Line 8: Other REVENUE:** In 2013, we had an in-kind donation (oriental rug) which generated a revenue of \$3,000 as shown on line 8

This is shown as OTHER INCOME as it did not fit other income categories.

Line 16: These include misc. expenses like refunds, adverts, dues and fees, travel expenses for conferences, etc

**PART II, LINE 24**

THESE ASSETS INCLUDE OFFICE EQUIPMENTS SUCH AS COMPUTERS AND COPY MACHINE, FURNITURE, BACK ISSUES OF OUR  
MAGAZINE AND REVIEW COPIES OF THE BOOKS THAT WE RECEIVED.

**PART II, LINE 26: THE LIABILITIES ARE OUR PAID SUBSCRIPTIONS. AT A GIVEN TIME DURING A YEAR WE ASSUME THAT ABOUT HALF OF  
SUBSCRIPTIONS ARE UNFULFILLED AND OTHER HALF IS FULFILLED FOR THE SAKE OF SIMPLIFYING AND ESTIMATING THE NUMBER.**

**SINCE OUR TOTAL SUBSCRIBERS' NUMBER HAS GONE DOWN IN THE RECENT YEARS, WE ASSUME OUR LIABILITY AMOUNT**

**IS ABOUT \$30,000. THIS AMOUNT ALSO REPRESENTS MINIMUM MONEY NEEDED TO CONTINUE THE OPERATION FOR ABOUT 6 MONTHS**

**AND, TO FULFILL OUR OBLIGATIONS TO THE SUBSCRIBERS.**

**PART III, LINE 28A, 29A, 30A AND 32:**

THESE ARE APPROXIMATE AMOUNTS, ESTIMATES OF EXPENSES THAT CAN BE ATTRIBUTED TO THE THREE PROGRAM SERVICES

LISTED HERE. SINCE WE ARE A SMALL NONPROFIT ORGANIZATION THAT WORKS OUT OF A SMALL OFFICE, WITH ONLY ONE STAFF,

WE ARE NOT ABLE TO KEEP A RECORD OF EXPENSES BY THE DIFFERENT PROGRAMS. WE SIMPLY KEEP TRACK OF THEM BY THE

VARIOUS CATEGORIES, E.G. OFFICE RENT, UTILITIES, SUPPLIES, PRINTING AND POSTAGE, SALARY, ETC.

**PART IV, LIST OF OFFICER, DIRECTORS AND KEY EMPLOYEES:**

AS PER OUR BY-LAWS, EXECUTIVE EDITOR IS ALSO A MEMBER OF THE BOARD OF DIRECTORS. HENCE THE CURRENT EXEC. EDITOR

IS LISTED TWICE... SEPARATELY FOR HIS BOARD ROLE AS A TREASURER, WHICH IS UNCOMPENSATED.

AS THE KEY EMPLOYEE--THE EXECUTIVE EDITOR-- HE WORKED FULL TIME, AND RECEIVED \$30,000 SALARY FOR THE YEAR 2013.