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Form 990.

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNED JUN 27 2016

▶ 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.lrs.gov/form990.

A	For the	2015 calendar year, or tax year beginning	and	ending								
В	Check if applicable	C Name of organization			D Employer identifi	cation number						
Г	Addre	StandUp for Kids										
F	Name chang	Doing business as			33-0	414855						
F	Initial	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone numbe							
广	Final	02 Walton Street		500		365-4543						
_	return termin ated		ZIP or foreign postal code	10.00	G Gross receipts \$	1,374,850.						
	Amen		2 0. 10.0.g poola. 0000		H(a) Is this a group return							
┌	return Applic tion		frey Meuter		for subordinates							
_	pendi	same as C above	red monder		H(b) Are all subordinates in							
_	Taylay			or 527	1	list. (see instructions)						
		e: www.standupforkids.org	4 (moort no.) 10 11 (a)(1)	0, 02,	H(c) Group exemption	•						
K	K Form of organization: X Corporation											
ΪP	art I	Summary		1 62 7 001	01101111atton, 2550[1	VI Claro or legar commenc. C11						
_		Briefly describe the organization's mission or most	significant activities: TO 6	nd the	cycle of v	outh						
Activities & Governance		homelessness.	significant activities. 10 C	iid Ciic	CYCLE OL Y	Outil						
nar		Check this box if the organization discor	atinued its operations or dispo	sed of more	than 25% of its not as	peate						
ΥeΓ	i	Number of voting members of the governing body			1) a						
ဗ္ဗ		Number of independent voting members of the gov				9						
مخ در		Total number of individuals employed in calendar y				3						
ţį		• •	•		6	650						
Š	ı	Total number of volunteers (estimate if necessary)		• • • • • • • • • • • • • • • • • • • •	· · · · ·	0.						
¥	i	Total unrelated business revenue from Part VIII, co			7 <u>a</u> 7b	0.						
	<u> </u>	Net unrelated business taxable income from Form	990-1, line 34		 							
		Onetally dropp and greats (Dart VIII) lead 163			Prior Year 1,174,063.	Current Year 1,357,354.						
e	8	Contributions and grants (Part VIII, line 1h)		ļ	7,043.	7,727.						
Revenue	9	Program service revenue (Part VIII, line 2g)		7,043.								
æ	10	Investment income (Part VIII, column (A), lines 3, 4,			0.	0.						
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		··	1,181,106.	1 365 091						
_		Total revenue - add lines 8 through 11 (must equal		····	507,249.	1,365,081. 527,581.						
		Grants and similar amounts paid (Part IX, column (_								
		Benefits paid to or for members (Part IX, column (A			<u>0.</u> 246,240.	207.060						
Expenses	15	Salaries, other compensation, employee benefits (F				307,068.						
ě	16a	Professional fundraising fees (Part IX, column (A), li		. <u></u>	0.	0.						
Š	Ь	Total fundraising expenses (Part IX, column (D), line		50.	200 100	200 670						
_	17	Other expenses (Part IX, column (A); Imes 11a-11d,	/ . · · / · · () ·	ļ	309,190.	308,679.						
		Total expenses. Add lines 13 17 (must-equal Part i)			1,062,679.	1,143,328.						
	19	Revenue less expenses Subtract line 18 from line	12		118,427.	1						
Sign		O MAY 182	016	Be	ginning of Current Year	End of Year						
SSel	20	توبيم برسوره (Part X, line 16) 📗 🗀 المحمورة المناطقة (Part X, line 16)			821,146.	1,030,818.						
Net Assets or	21	Total liabilities (Part X, line 26) OGDEN.,			40,154.	28,073.						
R	22	Net assets or fund balances. Subtract-line-21-from	line 20		<u>780,992.</u>	1,002,745.						
	art II	Signature Block	 									
		Ities of perjury, I declare that I have examined this return				ly knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.	/ /						
					5/	10/16						
Sig	ın	Signature of officer			Date /	/						
He	re	Jeffrey Meuter / Treasu:	rer									
		Type or print name and title			N-A							
		Print/Type preparer's name	Preparer's signature	I .	Check C	PTIN						
Pai		Ann M. Thompson	an House	ou !	5/09/2016 self-employ							
	parer	Firm's name Jones and Kolb	Firm's EIN	<u>58-1763570</u>								
Ŭ8€	Only	Firm's address 3475 Piedmont Ro	ad, Suite 1500									
		Atlanta		·	Phone no. (4	04)262-7920						
Ma	y the II	RS discuss this return with the preparer shown abo	ve? (see instructions)		·	X Yes No						
532	001 12-1	6-15 LHA For Paperwork Reduction Act Notic	e, see the separate instructi	ions.		Form 990 (2015)						

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Pa	rt IV Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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			
	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			Ì
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			Ì
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	, , , , , , , , , , , , , , , , , , ,			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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	X	ļ
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
p				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l	}	.,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	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		1	
	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			
4=	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,			
40	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	۱		İ
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	L .	X

Form **990** (2015)

20a bit the organization operate one or more hospital socilities? If "Yes," complete Schedule H 20b bit "Yes" to ime 20a, did the organization states no ecopy of as usiding famacial statements to the return? 20c bit the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part N. column (A), line 7 th "Yes," complete Schedule L, Part I and II 21				Yes	No
b If Yes's to line 20s, did the organization stach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if Yes, "complete Schedule I, Parts I and if I and I an	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 21 if 11 i			20b		
domestic government on Part IX, column (A), line 17 if 17 vs., "complete Schedule I, Part I and II 21 X 22 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 17 vs., "complete Schedule I, Part I and III 22 X 23 Did the organization are never "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustesses, key employees, and inject compensated employees? If "Yes," complete Schedule I, Part I and III 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b imough 24d and complete Schedule II. "If "Yes," part part of exception?" 24b Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization mixed an enserow account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 24d Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization mixed any proceeds of tax-exempt bonds? 24d Did the organization with a disqualified person during the year? 24d Did the organization with a disqualified person of the strange of the part of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person II "Yes, complete Schedule I, Part II 25b Did the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, prior disqualide persons? If "Yes, complete Schedule I, Part IV 25b Did the organization person and part yes a business transaction with one of the following parties (see Schedule I, Part IV 32b Did t					
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23 Dut the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, complete Schedule I, Part IV and the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24b Did the organization act as an 'on behalf of 'Issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of 'Issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, bybest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II' Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, bybest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part IV' Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee themeof, a grant as feeticon committee embers, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV' A family member of a current or former officer, director, trustee, or key employee, substantial contributor or employee themeof, a grant as feeticon committee member, or to a 35% controlled entity or			22	X	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, complete Schedule J Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year; that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule It. "No.", go to line 25a 24b	23			·	
Schedule J Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No! go to line 25e and 15 bid the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d) Did the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? b) Is the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization are ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization propriet or forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II D) Did the organization appart any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer or any of these persons? If "Yes, complete Schedule I, Part III III III III III III III III III I					l
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tormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 28 X 24 Afamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization injuriate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 30 X 29 Did the organization injuriate terminate, or dissolve and cease operations? If "Yes," complete Schedule M, 29 X 20 Did the organization injuriate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, 20 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Did the organization have a controlled entity within the meaning of section 501(c)(3) organization solution to receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b		Schedule L, Part I	25b		X
26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Sectio	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
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<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
		.,.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3		'	l
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		_==-
	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)?	4a		x
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 chantable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).	,		
а	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?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ĺ
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		l	
b	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?	<u>12a</u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	 	
а	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.			1
D	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			
C 14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	44-	\vdash	v
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X
	1 100, 100 K 1100 d 1 0111 120 to report triese payments; if 140, provide an explanation in ochequia O	14b Form	990	(2015)
		1 0111	330	(2013)

StandUp for Kids
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Standup for Kids Form 990 (2015) StandUp
Part VI Governance, Management.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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	_		•••
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
7a	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b_	Х	
9	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		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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,	401	v	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	^	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
,_u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			v
_	taxable entity during the year?	16a		<u> </u>
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	and the same of th	16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Juanita Mitchell - 404-954-6614			
53200	83 Walton Street, Suite 500, Atlanta, GA 30303	Ear	000	(2015)

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Posi heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional 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) Mike Zelnio	4.00									
Chairman		X		X	ļ		<u> </u>	0.	0.	0
(2) Jeffrey Meuter	2.00						}		_	_
Freasurer		X		X				0.	0.	0
(3) Chuck Braddock	1.00								_	_
Board Member		X				<u> </u>	_	0.	0.	0
(4) Eddy Ameen	1.00					1				
Board Member	1 00	X				<u> </u>	-	0.	0.	0
(5) Charles Brown	1.00	١							_	_
Board Member	40.00	X	_		_	\vdash	_	0.	0.	0
(6) Terilyn Burg	40.00									_
Board Member/Program ED	40.00	X	-			 	\vdash	0.	0.	0
(7) Kelly Fields	40.00	₩.						70 500	0.	0
Board Member/Program ED	1.00	X	-			-	-	79,500.	<u> </u>	
(8) Jessica Lizardi	1.00	X						0.	0.	0
Board Member	40.00	^	-	_		\vdash	-	·	•	
(9) Justine Palmore Board Member/Program ED	#0.00	X						9,600.	0.	0
(10) Juanita Mitchell	40.00	-	-					7,000		-
Senior Director of Finance		1		X				57,200.	0.	3,600
		1								
	<u> </u>						i _	<u> </u>		
		Ī								
										_
						L		<u> </u>		
		ļ								
		<u> </u>			_	L	_			
		1			I	l				

(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	(C Posit leck m is pers t a dir	ION nore ti son is	both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F Estima amou oth comper	ated nt of er
	hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	from organiz and re organiz	ation lated
				\downarrow		_						
		 	_	\dashv	_	_					····	
		 		_		+						
]				\dashv					-	
			-		\dashv	\dashv			-	_		
		$ \cdot $		\dashv	\dashv	_			<u></u> .			
											-	
1b Sub-total c Total from continuation s	•)	>	146,300.		0.		600.
	(including but not limited to th						o re	146,300. ceived more than \$100	,000 of reportable	0.	3,	600.
compensation from the org			. ما					numbers componented of			Ye	0 s No
line 1a? If "Yes," complete	/ former officer, director, or true Schedule J for such individual line 1a, is the sum of reportab									-	3	X
and related organizations g	reater than \$150,000? If "Yes, e 1a receive or accrue compe	" con	nple	te S	ched	dule	J f	or such individual		-	4	x
¥ *	n? If "Yes," complete Schedul				-						5	X
1 Complete this table for you	r five highest compensated incompensation for the calendar y									pensat	ion from	1
	(A) ne and business address	NO						(B) Description of s		Со	(C) mpensa	tion
											·	
							_					
							\downarrow	· · · · · · · · · · · · · · · · · · ·				
***************************************		-					+			<u>-</u> -		
2 Total number of independe	nt contractors (including but n	not lim	nitec	i to t	thos	e list	ted	above) who received m	nore than			
\$100,000 of compensation					_0					F	orm 99 () (2015)

Form	990	(2015) StandUp for E	Kids			33-041	4855 Page 9
Pa	rt VI	II Statement of Revenue					,—— <u>—</u>
		Check if Schedule O contains a response	or note to any lin		(2)	·········	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इइ	1 a	Federated campaigns 1a					
필		Membership dues1b					
ا ڳڙي	C	Providence and a day	68,168.				
黒湯	d	Delete de construit de la la la la la la la la la la la la la					
Contributions, Gifts, Grants and Other Similar Amounts	е	On the second seconds (seconds by the second					
[호호	f	All other contributions, gifts, grants, and					
풀립			289,186.				
들이	g		326,914.				
S #	_	Total. Add lines 1a-1f		1,357,354.			
			Business Code				
စ္က	2 a	Training & Misc Prog	900099	7,727.	7,727.		
اھ ج	b						
3 2	c						<u> </u>
E a	d						
Program Service Revenue	е)					
ا تة	f	All other program service revenue					
İ	g	Total. Add lines 2a-2f		7,727.			
	3	Investment income (including dividends, inter					
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
İ	5	Royalties	▶				
		(i) Real	(ii) Personal	•			
	6 a	Gross rents					
	b	Less. rental expenses					
İ	c	Rental income or (loss)					
	d	Net rental income or (loss)	🕨				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	. <u>, , , , , ,</u> ,)				
0	8 a	Gross income from fundraising events (not					
립		including \$ 68 , 168 of					
ě		contributions reported on line 1c). See	1				
ᡖ		Part IV, line 18 a					
Other Revenue			9,769.				
		: Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	·				
		Less: direct expenses b	· L				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	·				
		Less: cost of goods sold b	·				ł
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11 a	1			ļ		
	t		-				
	•	·			ļ		

e Total. Add lines 11a-11d . .

09290502 751928 100760

365,081

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	· · · ·	•	omplete column (A).	
	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	527,581.	527,581.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-		ĺ	
	trustees, and key employees	146,300.	87,450.	20,350.	38,500.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	149,693.	89,080.	20,663.	39,950.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes	11,075.	8,306.	2,215.	554.
11	Fees for services (non-employees):				
a	Management				
b	Legal	5 500		T 500	
C	Accounting	7,500.		7,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, -	876.	636.	240.	
40	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	335.	200.	67.	68.
12 13	Advertising and promotion	16,724.	10,966.	5,323.	435.
14	Information technology	10,724.	10,500.	3,323.	433.
15	Royalties				
16	Occupancy	189,298.	171,284.	9,410.	8,604.
17	Travel	5,481.	4,933.	384.	164.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	737.	663.	37.	37.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,035.	4,925.	1,759.	351.
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 O.)				
а	Insurance	21,281.	15,610.	4,695.	976.
b	Miscellaneous	16,669.	12,197.	3,744.	728.
С	Fundraising Expense	10,106.			10,106.
d	Communications	10,062.	8,561.	1,009.	492.
	All other expenses	22,575.	18,601.	2,689.	1,285.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,143,328.	960,993.	80,085.	102,250.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2015)
53201	0 12-16-15				roim 330 (2015)

Form 990 (2015)
Part X Balance Sheet

Part X		Balance Sheet					
	•	Check if Schedule O contains a response or no	te to ar	y line in this Part X	· · · ·		<u> </u>
					(A) Beginning of year		(B) End of year
1)	Cash - non-interest-bearing			595,224.	1	846,844
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net			170,309.	3	133,909
4		Accounts receivable, net				4	
5		Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
				L		5	
6		Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	•	·			
ļ		employers and sponsoring organizations of sec					
ဟ		employees' beneficiary organizations (see instr)		6			
Assets		Notes and loans receivable, net		7			
8 S					8		
9		Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · ·	13,783.	9	15,983	
1 -		Land, buildings, and equipment: cost or other	i		<u> </u>		13,303
10		basis Complete Part VI of Schedule D	10a	63,283.			
		Less: accumulated depreciation	10b		13,339.	100	6,304
- 1		to a standard on the Catalant and a secondard			13,333.	11	0,30%
11		Investments - other securities. See Part IV, line				12	
12 13		Investments - program-related. See Part IV, line			13		
1					14		
14				28,491.	15	27,778	
15		Other assets. See Part IV, line 11		821,146.	16	1,030,818	
16		Total assets. Add lines 1 through 15 (must equ			40,154.	17	28,073
17		Accounts payable and accrued expenses			40,134.	18	20,075
18		Defended accepted				19	
19		*	• • • • -		20		
20		Tax-exempt bond liabilities	of Cobodulo D	· · · · ·	21		
21		Escrow or custodial account liability. Complete			·		
s 22		Loans and other payables to current and forme key employees, highest compensated employee		1			
Liabilities 8						22	
E		Complete Part II of Schedule L Secured mortgages and notes payable to unrela	, ntad th			23	
23		Unsecured notes and loans payable to unrelate				24	
24		Other liabilities (including federal income tax, pa				_24	
25		parties, and other liabilities not included on lines					
		Schedule D	3 17-24	J. Complete Part X of		25	
00		Total liabilities. Add lines 17 through 25	••••••		40,154.	26	28,073
26		Organizations that follow SFAS 117 (ASC 958	2) obo	k hara Y and	40,134.	20	20,073
		complete lines 27 through 29, and lines 33 ar		K liefe Las and			
ĕ	_	Unrestricted net assets	iu 34.		621,236.	27	841,595
27		Temporarily restricted net assets		+	159,756.	28	161,150
ē 28		, ,		-	139,130.	29	101,130
E 29		Permanently restricted net assets Organizations that do not follow SFAS 117 (A		ehook hore		28	
<u> </u>			13C 83	oj, check here 🖊 📖			
9 oc		and complete lines 30 through 34.				20	
30		Capital stock or trust principal, or current funds		ot fund		30 31	
ğ 31		Paid-in or capital surplus, or land, building, or ed		T-		31	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in			780,992.	33	1,002,745
33		Total liabilities and not assets/fund balances			821,146.	34	1,002,745
34	<u> </u>	Total liabilities and net assets/fund balances		<u> </u>	041,140.	, 4	Form 990 (201)

Form	1990 (2015) StandUp for Kids	33-043	L4855	Pag	₁₀ 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	Total revenue (must equal Part VIII, column (A), line 12)	1	1,365		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,143		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>53.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	780	9,9	<u>92.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,002	<u>2,7</u>	<u>45.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ليا
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a			. 2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired audit	35		ĺ
	οι αμαίτε, αναίσια μίαν τα Νοράστια (1 αρα σορότια από είναι τακόπ το μπαρίας εμέρι αμάτε		1 27		

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		Stan	3	3-0414855							
Pa	rt I	Reason for Public (mplete th	is part) Se	e instruction				
∏he	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	i)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	1 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in section	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
		city, and state:				_					
5		An organization operated for	or the benefit of a co	llege or university owner	or opera	ted by a go	overnmental u	ınit describ	ed in		
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	一	A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (C		, , , , , , , , , , , , , , , , , , ,				•	,		
8		A community trust describe		(1)(A)(vi), (Complete Part	: 11.)						
	$\overline{\mathbf{x}}$	An organization that norma				contributio	ons, members	hio fees, a	nd gross receipts from		
Ū	بحمب	activities related to its exer	•								
		income and unrelated busin									
		See section 509(a)(2). (Cor		(1000 00011011 0 1 7 120)				g			
10		An organization organized a	•	ively to test for public sa	fetv. See :	section 50)9(a)(4).				
11	Ħ	An organization organized a	•	•	•			arry out the	purposes of one or		
• •		more publicly supported or		•	•			•			
		lines 11a through 11d that									
а		Type I. A supporting orga							giving		
		the supported organization									
		organization. You must o							•		
b		Type II. A supporting org	•		tion with it	s supporte	ed organizatio	n(s), by ha	ving		
_		control or management o									
		organization(s). You mus			•				•		
С		Type III functionally inte	•		ın connec	tion with, a	and functiona	lly integrate	ed with,		
		its supported organization							•		
d		Type III non-functionally						rted organi	zation(s)		
_	-	that is not functionally int									
		requirement (see instruct									
е		Check this box if the orga	•	•	•			II, Type III			
_		functionally integrated, or					3F - 7 3F -	, ,,-			
f	Ente	er the number of supported o									
g		vide the following information	about the supporte	d organization(s).				••••••			
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	h .				
		organization		(described on lines 1-9 above (see instructions))		document?	support	-	other support (see		
				abovo (deco manabilitione))	Yes	No	ınstruct	ions)	instructions)		
							İ				
					<u> </u>						
]					
						 					
-											
Tota	ai		i .	1	I	ı	I		I		

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Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

P	art II Support Schedule for	_					•
	, (Complete only if you checke			-	on failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	s listed below, plea	ase complete Pan	111.)			
	ction A. Public Support		т ———	_		1	
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				
	include any "unusual grants.")		ļ	<u> </u>	ļ	<u> </u>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to					ļ	
	the organization without charge				ļ.,,		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		[[
	supported organization) included	•					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		į.	1		İ	
	column (f)					<u> </u>	
_ 6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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>	<u> </u>	
9	Net income from unrelated business		-				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)		.,	12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stor	<u> here</u>	<u></u>				
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (• • • • • • • • • • • • • • • • • • • •	-			14	%
15							%
16	a 33 1/3% support test - 2015. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies		~				▶∟
ı	b 33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua						▶ 🗀
178	a 10% -facts-and-circumstances tes	t - 2015. If the org	janization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
ı	o 10% -facts-and-circumstances tes	t - 2014. If the orc	janization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	ne "facts-and-circu	ımstances" test, o	heck this box and	stop here. Explai	n in Part VI how th	е
	organization meets the "facts-and-cire	cumstances" test	The organization	qualifies as a pub	lick supported ord	anization	▶ []

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 StandUp for Kids

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

<u> </u>	Capport Confodulo for C	_			,,,-,		
	 (Complete only if you checked 			ganization failed to	o qualify under Pa	rt II. If the organiza	tion fails to
	qualify under the tests listed b	elow, please comp	olete Part II.)		· · · · · · · · · · · · · · · · · · ·		
Sec	ction A. Public Support				,	·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(ь) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1474364.	1324802.	1006818.	1174063.	1357354.	6337401.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18,958.	11,545.	22,463.	7,043.	7,727.	67,736.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge						
6	Total. Add lines 1 through 5	1493322.	1336347.	1029281.	1181106.	1365081.	6405137.
7 a	Amounts included on lines 1, 2, and	İ					_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from fine 6)						6405137.
	ction B. Total Support					·	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	1493322.	1336347.	1029281.	1181106.	1365081.	6405137.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	479.	3.				482.
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	479.	3.				482.
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	1493801.	1336350.	1029281.	1181106.	1365081.	6405619.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here		· · · · · · · · · · · · · · · · · · ·		·		
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2015 (line 8, column (f) di	ivided by line 13, c	olumn (f))		15	99.99 %
16	Public support percentage from 2014	Schedule A, Part	III, line 15	<u> </u>		16	99.98 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	15 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.01 %
18	Investment income percentage from:		5	***************************************		18	.02 %
19a	33 1/3% support tests - 2015. If the	•					
	more than 33 1/3%, check this box a	-					▶ X
b	33 1/3% support tests - 2014. If the			· · · · · · · · · · · · · · · · · · ·			
	line 18 is not more than 33 1/3%, che	=					▶┌──
20	Private foundation. If the organization		-				▶□

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
	AUT / A / A COPPORTING OF SERVICE		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1]
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below.	3a	1	
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
Ī	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	İ	ļ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		1
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			\Box
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	İ		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination	- 19 -	†	
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10	 	
- Ou	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			İ
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
•	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			\vdash
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			1
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	T
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	J		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	ĺ		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>		
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	T
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	L	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b_	<u></u>	

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015

8 a b Breakdown of line 7:

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A	<u>(Form 990 or 990-EZ) 201</u>	<u> StandUp for</u>	Kids		33-0414855 Page 8
Part VI	Part IV, Section A, lines line 1: Part IV. Section D	1, 2, 3b, 3c, 4b, 4c, 5a, 6,), lines 2 and 3: Part IV. Se	. 9a, 9b, 9c, 11a, 11b, ection E. lines 1c. 2a. 2	and 11c; Part IV, Section B,	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, additional information.
	(See matructions.)				
					
			· · · · · · · · · · · · · · · · · · ·		
			···		
		·			
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			_ 		
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			· · · · · · · · · · · · · · · · · · ·		
			·		

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047 **Open to Public**

Name of the organization

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

Inspection

33-0414855 StandUp for Kids Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year .. . Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a 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) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2015

Sche		for Kids						<u>-04148</u>		
Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	r Other	Similar A	Assets(co.	ntinued)	
3	Using the organization's acquisition, accessi (check all that apply):	ion, and other record	ds, checl	k any of the	following that	t are a sig	nificant use	of its collec	tion item	าร
а	Public exhibition	c	1 🗔	Loan or exc	hange progra	ıms				
b	Scholarly research									
c	Preservation for future generations	•								
4	Provide a description of the organization's co	ollections and explai	in how th	nev further t	he organizatio	on's exem	pt purpose i	n Part XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							Yes] No
Par	t IV Escrow and Custodial Arran					Yes" on F	orm 990. Pa	rt IV. line 9	or	
	reported an amount on Form 990, Pa	-								
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?							Yes	; [] No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
	, ,	·	•					Amo	unt	
С	Beginning balance						1c	-		
đ	A Last						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or co	ustodial accoi	unt liability	/?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has been	provided on	Part XIII				<u> </u>
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10),	···		
		(a) Current year	(b) P	rior year	(c) Two years	s back (d) Three years	back (e) F	our years	back
1a	Beginning of year balance				<u> </u>					
b	Contributions				ļ <u>.</u>					
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		l		<u> </u>					
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as.					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administer	red for the	organizatio	n	_ 	
	by:							Γ	Yes	No
	(i) unrelated organizations							3a	<u> </u>	<u> </u>
								3a(<u>ii) </u>	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization							<u> 31</u>	<u>, </u>	<u> </u>
4	Describe in Part XIII the intended uses of the		owment 1	funds.						
Par	t VI Land, Buildings, and Equipm					_				
	Complete if the organization answere									
	Description of property	(a) Cost or o			or other		umulated	(d) B	ook valu	Ю
		basis (investi	ment)	basis	(other)	depr	eciation	_		
	Land							 		
	Buildings				0 500		00 555	-		
	Leasehold improvements				0,768.		20,768			0.
	Equipment			4	2,515.		36,211	•	6,3	<u>U4.</u>
	Other							 		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)				6,3	U4.

6,304. Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

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Part XIII Supplemental Information.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

b Other (Describe in Part XIII)c Add lines 4a and 4b

Provide 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 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Organization is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code. Income generated from activities unrelated to the Organization's exempt purpose is subject to tax. Management has evaluated all tax positions taken on its returns and believes all positions are more likely-than-not to be sustained upon examination. The Organization is subject to examinations of its returns by the U.S.

Federal, state and local authorities for three years after the returns are filed. Currently, the Organization's 2012 through 2015 tax years are open and subject to examination by the Internal Revenue Service. However, the Organization is not currently under audit nor has it been contacted by the

Internal Revenue Service.

Schedule D (Form 990) 2015

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Schedule D	(Form 990) 2015	StandUp	for	Kids			33-0414855 Pag	je 5
Part XIII	(Form 990) 2015 Supplemental Infor	mation (continu	ued)					
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

Open to Public

Name of the organization	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ictions is at www.i/s.g		ntification number
•	for Kids				33-0414	
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV,		
Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations	ed funds through any of the following e	tion of	non-g gover	overnment grants nment grants		
 d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab if "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	art VII) or entity in connection with p viduals or entities (fundraisers) purs	rofess	ional f	undraising services?	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	ividual (ii) Activity (iii) Did fundraiser have custody or central of from activity from activity		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No			
			-			
otal			>			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	or has been notified	d it is exempt from re	egistration
		-				
HA For Panerwork Reduction Act Noti	ce see the Instructions for Form	990 or	990-1	=7 9	Schedule G (Form 9	190 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 StandUp for Kids Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Golfing Superbowl (add col. (a) through Events Partv col. (c)) (event type) (event type) (total number) 12,690. 29,259. 77,937. 35,988 Gross receipts 26,341 12,690 29,137 68,168. 2 Less: Contributions 122 9,769. 9,647 Gross income (line 1 minus line 2) 4 5 Noncash prizes Direct Expenses 9,647. 0. 122. 9,769. 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 9,769. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses % Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain. Schedule G (Form 990 or 990-EZ) 2015 532082 09-14-15

33-0414855 Page 2

Sch	nedule G (Form 990 or 990-EZ) 2015 StandUp for Kids	33-0	4148	55	Page 3
11	Does the organization conduct gaming activities with nonmembers?		□ Y	es [☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer chantable gaming?			es [No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility		13a		<u>%</u>
b	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	Name				
	Address ▶				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es [□ No
t	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and the amount of gaming revenue received by the organization - \$ and - \$	unt			
	of gaming revenue retained by the third party > \$				
c	o If "Yes," enter name and address of the third party:				
	Name				
	Address ▶	 			
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		□ Y ₀	es [□ No
ŧ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the			
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v); and F 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	Part III, lir	nes 9, 91	b, 10b	, 15b,
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532083 09-14-15

Schedule G	G (Form 990 or 990-EZ)	StandUp for	Kids		33-0414855 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
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► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047	2015	Open to Public

Inspection

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

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

Schedule 1 (Form 990) (2015)

Page 2 (f) Description of non-cash assistance Clothing, food, sleeping bags, etc. (e) Method of valuation (book, FMV, appraisal, other) Assistance is primarily rom gifts-in-kind and alued at thrift shop The Organization has established criteria for the recipients of assistance volunteers that a youth is homeless or living without parental supervision The selection criteria Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. for assistance is based on the determination by Organization staff or value. (d) Amount of non-cash assistance 432,101, 95,480 (c) Amount of cash grant consisting of clothing, food, sleeping bags, etc. (b) Number of recipients 20000 StandUp for Kids food, sleeping bags, etc. provided to homeless and Assistance to individuals consists of clothing, (a) Type of grant or assistance Part I, Line 2: Schedule I (Form 990) (2015) or quidance street kids. Part IV Part III

33-0414855

Schedule I (Form 990) (2015)

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532102 10-28-15

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Boats and planes

Intellectual property

Securities - Publicly traded ...

8

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

Name of the organization Employer identification number 33-0414855 StandUp for Kids Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art · Works of art Art - Historical treasures Art - Fractional interests Books and publications X 326,914. Thrift shop values Clothing and household goods Cars and other vehicles

10	Securities · Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous				· · · · · · · · · · · · · · · · · · ·			
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	<u> </u>						
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens		· · · · · · · · · · · · · · · · · · ·					
24	Archeological artifacts							
25	Other ()							
26	Other • ()							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organization during	the tax year for c	ontributions					
	for which the organization completed Form 8283, Part IV, Do	onee Acknowled	gement	29				
							Yes	No
30a	 Dunng the year, did the organization receive by contribution 	any property rep	oorted in Part I, line	es 1 through 28	, that it			1
	must hold for at least three years from the date of the initial	contribution, and	I which is not requ	ired to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that req	quires the review	of any non-standa	rd contributions	?	31		X
32a	a Does the organization hire or use third parties or related organization	anızatıons to solı	cit, process, or sel	l noncash				
	contributions?					32a		X
b	o If "Yes," describe in Part II.							
33	If the organization did not report an amount in column (c) for	r a type of prope	rty for which colun	nn (a) is checked	d,			1
	describe in Part II							<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	ons for Form 99	0.		Schedule M	(Form	990)	(2015)

Schedule M	1 (Form 990) (2015)	StandUp	for	Kids	33-0414855	Page 2
Part II	Supplemental	Information. I, column (b), the	Provide numbe	e the information required by Part I, lines 30b, 32b, and 33, or of contributions, the number of items received, or a comb	and whether the organizat	tion
						
						
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Schedule M (Form 990) (2015)

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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.

2015

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 33-0414855

StandUp for Kids	33-0414855
Form 990, Part I, Line 1, Description of Organization Mis	sion:
We do this, every day, in cities across America. We carr	y out our
mission through our volunteers who go to the streets in o	rder to find,
stabilize and otherwise help homeless and street kids imp	rove their
lives by providing and connecting them with life-saving s	ervices.
Form 990, Part III, Line 1, Description of Organization M	ission:
improve their lives by providing and connecting them with	life-saving
services.	
Form 990, Part VI, Section B, line 11:	
The Organization's Treasurer reviews the Form 990 in deta	il. Upon his
approval, the Form 990 is sent to all other members of th	e Board of
Directors prior to its filing.	
Form 990, Part VI, Section B, Line 12c:	
Any member of the Board of Directors, principal Officer o	r member of a
committee with governing Board delegated powers, who has	a direct or
indirect financial interest, as defined in the conflict o	f interest policy,
is an interested person. Also, there is an annual review	of the policy and
disclosure of any potential conflicts of interest.	
Form 990, Part VI, Section B, Line 15:	
The Board of Directors determines, votes upon and approve	s the compensation
of the CEO and other key employees.	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization StandUp for Kids	Employer identification number 33-0414855
Form 990, Part VI, Section C, Line 19:	
The Organization's Form 990, audited financial statements	and annual report
are available for public inspection on the Organization's	website.
	
	#10M2