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Extended to November 15, 2017

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

Department of the Treasusy Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	FOI ti	le 20 to Calendar year, or tax year beginning and e	enaing						
В	Check i	C Name of organization		D Employer identifi	cation number				
Г	Addr	ess StandUp for Kids							
F	Nam chan	e		33-0	414855				
Ē	Initia		Room/suite	E Telephone numbe					
Ī	Final	· · · · · · · · · · · · · · · · · · ·	000	l — •	365-4543				
	termi		·-·-	G Gross receipts \$ 1,304,617.					
	Amer	nded A+1+- CA 20202		H(a) Is this a group return					
	Appl.	IF Name and address of principal officer Deliley Medicel		for subordinates					
	pend	same as C above		H(b) Are all subordinates ii	ncluded? Yes No				
<u></u>	Tax-ex	sempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) oi	r 🔲 527	lf "No," attach a	list (see instructions)				
		te: ▶ www.standupforkids.org		H(c) Group exemption	n number 🕨				
		forganization: X Corporation Trust Association Other ►	L Year	of formation: 1990 N	A State of legal domicile CA				
Р	art I	Summary							
ě	1	Briefly describe the organization's mission or most significant activities To en	d the	cycle of y	outh				
Activities & Governance		homelessness.							
ern	2	Check this box In the organization discontinued its operations or dispose	ed of more	than 25% of its net as	l .				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9				
ties	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	3				
₹	6	Total number of volunteers (estimate if necessary)		6	550				
Ac	7 a	Total unrelated business revenue from Part VIII, column (Chine PEIVED		7a	0.				
	b	Net differed business taxable income from Form 950-1, line 34			0.				
Revenue	8	Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year				
	9	Program service revenue (Part VIII, line 2g)	있 —	1,357,354. 7,727.	1,300,088.				
ě.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ğ	7,727.	4,529.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c 10c and 15 N, UT		0.	<u>0.</u>				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	1,365,081.	1,304,617.				
-	13	Grants and similar amounts paid (Part IX, column (A), lines 1 3)		527,581.	453,683.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	133,003.				
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		307,068.	343,897.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 116,80	7.						
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		308,679.	315,838.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,143,328.	1,113,418.				
	19	Revenue less expenses Subtract line 18 from line 12		221,753.	191,199.				
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		1,030,818.	1,194,955.				
PS PS	21	Total liabilities (Part X, line 26)		28,073.	1,011.				
	22	Net assets or fund balances Subtract line 21 from line 20		1,002,745.	1,193,944.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) to based on all information of which	ch preparer	has any knowledge.	1-21/1-				
٥.		Signature of officer		Date Date	2/1/				
Sig				Date /	/				
Her	e	Jeffrey Meuter, Treasurer Type or print name and title							
				ate Check	PTIN				
Paid	4	Print/Type preparer's name Ann M. Thompson Preparer's signature ULL M. Showing	W 6	112/2017					
	parer i	Firm's name Jones and Kolb							
-	Only	Firm's address 3475 Piedmont Road, Suite 1500		Firm's EIN	58-1763570				
	Jy	Atlanta		Phone no / A	041262-7920				
Mar	v the II	RS discuss this return with the preparer shown above? (see instructions)		Fritoile IIO (4	04)262-7920 X Yes No				
IVICA	, 416 [LUA For Deserved Deduction As Allaham As Allaham As			X Yes No				

<u>Form</u>		414855	P	age 🤇
Pai	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	1		
	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 e	effect	[
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	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 t		}	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, F	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	ļ	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		}	}
	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	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanents	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or	X		}
	as applicable	_		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	i		
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		}	v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Λ
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	}	Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	x	}
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		-
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busines			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00	00		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line	s		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	

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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 .	<u> </u>
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 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ĺ
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			Ì
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware 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's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X
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
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	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	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_X_	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			İ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Form	990	(2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Ye<u>s</u> No 15 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1¢ 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с Х d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand

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X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	INO F	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{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	2		
	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 0.	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5	9		
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		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	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)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	}		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	}	}	}
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fınan	ciał	
	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			
	83 Walton Street, Suite 500, Atlanta, GA 30303			
63200	5 11-11-18	Form	990	(2016)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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 report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if porther the argenization per any related organization componented any current officer, director, or tructor

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

(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average hours per week	box.	not c unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	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	X		v				0.	0.	0	
Chairman (2) Jeffrey Meuter	2.00	Λ	_	Х		-		0.	U.	0	
Treasurer	2.00	х		Х				0.	0.	0	
(3) Chuck Braddock	1.00									_	
Board Member		х						0.	0.	0	
(4) Eddy Ameen	1.00										
Board Member		Х						0.	0.	0	
(5) Charles Brown	1.00										
Secretary	40.00	X		X				0.	0.	0	
(6) Terilyn Burg	40.00	₹.								0	
Board Member/Program ED	40.00	X						0.	0.	0	
(7) Kelly Fields Board Member/Program ED	40.00	х						76,667.	0.	0	
(8) Jessica Lizardi	1.00							70,007.	0.		
Board Member	1.00	x						0.	o.	0	
(9) Justine Palmore	40.00									_	
Board Member/Program ED		Х						9,600.	0.	0	
(10) Juanita Mitchell	40.00										
Senior Director of Finance				Х				64,100.	0.	0	
		-			-		-				

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hı	ghe	st C	Compensated Employe	es (continued)	· · · · · ·		
	, (A)	(B) Average	(B) (C)						(D) Reportable	(E) Reportable		(F) mate	Ч
	Name and title	hours per			heck	more	than is bot			compensation		ount c	
	•	week	offi				or/trus		from	from related		ther	
		(list any hours for	Irrecto						the organization	organizations (W-2/1099-MISC)	comp	ensat m the	
		related	e or d	stee			nsated		(W-2/1099-MISC)	(***2/1099****130)		nizati	
		organizations	trust	nal tru		oyee	ompe .		, , , , , , , , , , , , , , , , , , , ,		-	relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organ	ıızatıc	ons
		iiiie)	를	E	₹	-Xe	물 등	虚	-		 		
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1b	Sub-total			L		·	1	•	150,367.	0			0.
	Total from continuation sheets to Part VI	I, Section A						>	0.	0			0.
d	Total (add lines 1b and 1c)							>	150,367.	0 .			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wr	no re	eceived more than \$100	,000 of reportable			_
	compensation from the organization											es	0
3	Did the organization list any former officer,	director or tri	etor	. ka	v on	nnlo		orl	highest componented o	mplayee en		es	No
3	line 1a? If "Yes," complete Schedule J for si		13160	3, KG	y C II	ripio	уее,	01	riignest compensated e	inployee on	3		х
4	For any individual listed on line 1a, is the su		e cc	mpe	ensa	ation	and	d oth	her compensation from	the organization	<u> </u>		
	and related organizations greater than \$150	•							•	J	4		Х
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services			
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch j	pers	on			·	5		X
	tion B. Independent Contractors	mnonostad							hat recovered at the co	#100 000 of			
1	Complete this table for your five highest continuous the organization. Report compensation for the organization for the organization and the organization for the organization for the organization.										sation ire	иП	
	(A)	ino odioridai y	<u> </u>	<u> </u>			<u> </u>		(B)	, our	(C)		
	Name and business	address	NC	NE	3				Description of s	ervices	Compens	ation)
		, , , ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,						\dashv					
								\dashv					
								7					
		. <u>.</u>							-				
	Table was been after the second of the secon					AL-							
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati		ot lir	nite	d to	thos	_	sted	above) who received m	ore than			
	4 100,000 of compensation from the organiz	autil					<u></u>			<u></u> ,	Form 9	90 (2	016)

			dup for K	ids			33-041	4855 Page 9
Pa	rt VII	II Statement of Reve	nue					
		Check if Schedule O con	tains a response	or note to any lir		(D)	(C)	
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b	 		1		1
S,E	i	Fundraising events	1c	27,741.				
ar /		Related organizations	1d			[-
s, G		Government grants (contribu	tions) 1e					
Sign		All other contributions, gifts, gran						
but the		similar amounts not included abo		272,347.				
Ö	g			256,068.				
Cor	_	Total, Add lines 1a-1f			1,300,088.			
				Business Code				
ė	2 a	Training & Misc	c Prog	900099	4,529.	4,529.		
ž "	b							
Se	С							
am	d	-						
Program Service Revenue	е							
4	f	All other program service reve	enue	<u></u>				
	g	Total. Add lines 2a-2f			4,529.			<u> </u>
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>				
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties						
			(ı) Real	(II) Personal				
j	6 a	Gross rents						
		•						
		Rental income or (loss)]		
		Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	<u> </u>	 				
	b	Less cost or other basis		l				
		and sales expenses		 				
		Gain or (loss) Net gain or (loss)						
		Gross income from fundraising	a avente (net					
Other Revenue	0 4	including \$ 27,5		}				
ē		contributions reported on line						
œ.		Part IV, line 18	a .	0.				
E E	b	Less direct expenses	b	0.				
0		Net income or (loss) from fund	-	•	0.			}
ļ		Gross income from gaming a	-					
ľ		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns		,			
ľ		and allowances	а					
		Less. cost of goods sold	b		1			
j	c	Net income or (loss) from sale		_ _		<u> </u>		-
ļ		Miscellaneous Revenu	ie	Business Code				
ĺ	11 a			[ļ. —		-
	b			<u> </u>		<u> </u>		
	C							
j	d				,			
ļ		Total Add lines 11a-11d			1,304,617.	4,529.	0	
J	12	Total revenue. See instructions.			T, JOH, OI / .	4,347.		• 0 .

	Check if Schedule O contains a respon-			(0)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	452 602	452 602		
	individuals. See Part IV, line 22	453,683.	453,683.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	150,368.	91,209.	21,447.	37,712
6	Compensation not included above, to disqualified	230,3001	31,2034	22/22/0	
Ü	persons (as defined under section 4958(f)(1)) and			İ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	179,693.	106,751.	24,731.	48,211.
8	Pension plan accruals and contributions (include		·		······································
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,836.	10,377.	2,767.	692
11	Fees for services (non-employees).		·		
а	Management				
b	Legal	7,690.		7,690.	· · · · · · · · · · · · · · · · · · ·
С	Accounting	8,500.		8,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		6 742	2 5 5 6	2 465	
	column (A) amount, list line 11g expenses on Sch 0.)	6,743.	3,578.	3,165.	450
12	Advertising and promotion	895.	538.	179.	178
13	Office expenses	17,522.	12,144.	4,902.	476.
14	Information technology	· -· · · · ·			
15	Royalties	174,819.	159,099.	7,979.	7 7/1
16	Occupancy	8,937.	8,043.	626.	7,741. 268.
17	Travel	0,931.	0,043.	020.	200
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,787.	11,509.	639.	639.
20	Interest	12,101.	11,303.	033.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,542.	3,179.	1,135.	228.
23	Insurance	17,252.	12,681.	3,778.	793.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Fundraising Expense	18,093.	0.	0.	18,093.
b	Communications	14,882.	12,723.	1,466.	693.
c	Miscellaneous	11,336.	9,101.	1,823.	412.
d	3 6 1	3,113.	2,335.	311.	467.
e		8,727.	7,165.	1,358.	204.
25	Total functional expenses. Add lines 1 through 24e	1,113,418.	904,115.	92,496.	116,807.
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here Infollowing SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 981,605. 846,844. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 133,909. 168,950. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 13,203. 15,983. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 63,283. basis Complete Part VI of Schedule D 10a 61,521. 6,304. 1,762. 10b 10c b Less accumulated depreciation Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 27,778. 1,030,818. 29,435. Other assets See Part IV, line 11 15 15 1,194,955. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 28,073. 1,011. Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Labilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 28,073. 1,011. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 841,595. 1,082,955. 27 Unrestricted net assets 27 110,989. Temporarily restricted net assets 161,150. 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 1,002,745. 33 1,193,944. Total net assets or fund balances 030,818. ,194,955. Total liabilities and net assets/fund balances 34 Form 990 (2016)

Forn	1990 (2016) StandUp for Kids	33-	0414855	Page 1	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	1,304		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,113	<u>3,418</u>	•
3	Revenue less expenses Subtract line 2 from line 1	3	191	<u>1,199</u>	•
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,002	2,745	•
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8	·		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,193	3,944	
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			X	<u>]</u>
				Yes No)
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		Ì	
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		İ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Aud	ıt		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t		_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (201	6)

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.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

33-0414855 StandUp for Kids Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 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 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) A federal, 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). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X 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) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (III) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 692021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 Schedule A (Form 990 or 990-EZ) 2016 StandUp for Kids 33-0414855 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			1	1		
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
•	by each person (other than a				,		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			ĺ			
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		···			.'	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8							
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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					1	
	Gross receipts from related activities,	etc (see instruct	ions)		-	12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ax vear as a section		
	organization, check this box and stop	-	,,	•	,	(-,()	ightharpoonup
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2016 (li	ne 6, column (f) c	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2016. If the o	rganization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organization	1			ightharpoons
b	33 1/3% support test - 2015. If the o	rganization did n	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	6 or more, check th	ns box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2016. If the org	ganization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstar	nces" test, check t	his box and stop h	nere. Explain in Pa	art VI how the organ	ization
	meets the "facts-and-circumstances"					J	
b	10% -facts-and-circumstances test				-	17a, and line 15 is	10% or
	more, and if the organization meets th	•	=			•	
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		-				s
	- 					odulo A /Form 900	

Schedule A (Form 990 or 990-EZ) 2016 StandUp for Kids Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")	1324802.	1006818.	1174063.	1357354.	1300388.	6163425.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	11 545	22 462	7 042	7 707	4 520	E2 207			
	organization's tax-exempt purpose	11,545.	22,463.	7,043.	7,727.	4,529.	53,307.			
3	Gross receipts from activities that are not an unrelated trade or business 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 the organization without charge									
6	Total, Add lines 1 through 5	1336347.	1029281.	1181106.	1365081.	1304917.	6216732.			
-	Amounts included on lines 1, 2, and									
	3 received from disqualified persons						0			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.			
c	: Add lines 7a and 7b						0.			
8_	Public support. (Subtract line 7c from line 6)						6216732.			
Se	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
9	Amounts from line 6	1336347.	1029281.	1181106.	1365081.	1304917.	6216732.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3.					3.			
b	Unrelated business taxable income	,								
	(less section 511 taxes) from businesses acquired after June 30, 1975									
C	Add lines 10a and 10b	3.					3.			
	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)						 _			
	Total support (Add lines 9, 10c, 11, and 12)	1336350.	1029281.	1181106.	1365081.	1304917.	6216735.			
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,			
	check this box and stop here			····		— — ———	<u> </u>			
	tion C. Computation of Publi									
	Public support percentage for 2016 (li			olumn (f))		15 .	100.00 %			
	Public support percentage from 2015					_16	<u>99.99 %</u>			
Seg	ction D. Computation of Inves	tment Income	e Percentage							
	Investment income percentage for 20	•	•	e 13, column (f))		17	.00 %			
18	8 Investment income percentage from 2015 Schedule A, Part III, line 17									
19a	$33\ 1/3\%$ support tests - 2016. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1				
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	•	= -	•			▶ X			
	line 18 is not more than 33 1/3%, che	=				<i>'</i>				
20	Private foundation. If the organization		-			•				

632023 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			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	<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	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		
С	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	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		_
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	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			
_	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,"			
- 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,			
	(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		
h	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		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		1	
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	Ì		
	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			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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		
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			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
h	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		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10°	Was the organization subject to the excess business holdings rules of section 4943 because of section	55	—	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	55		
J	determine whether the organization had excess business holdings)	10b		

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 o	r 990-EZ)	2016

1

3

4

5

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Part V Type III Non-Functionally Inte	rated 509(a)(3) Supporting Organic	anizations (continued)								
ection D - Distributions			Current Year							
1 Amounts paid to supported organizations to a	complish exempt purposes									
2 Amounts paid to perform activity that directly	thers exempt purposes of supported		•							
organizations, in excess of income from activit										
3 Administrative expenses paid to accomplish e	mpt purposes of supported organization	s								
4 Amounts paid to acquire exempt-use assets										
5 Qualified set-aside amounts (prior IRS approva	Qualified set-aside amounts (prior IRS approval required)									
	Other distributions (describe in Part VI) See instructions									
7 Total annual distributions. Add lines 1 through										
8 Distributions to attentive supported organization										
(provide details in Part VI) See instructions	3									
Distributable amount for 2016 from Section C.	ne 6									
Line 8 amount divided by Line 9 amount										
o zino o amount antico o j zino o amount	(1)	(ii)	(uii)							
	Excess Distributions	Underdistributions	Distributable							
ection E - Distribution Allocations (see instruction	s)	Pre-2016	Amount for 2016							
Distributable amount for 2016 from Section C,	ne 6									
2 Underdistributions, if any, for years prior to 20	·-·									
able cause required- explain in Part VI) See ins										
3 Excess distributions carryover, if any, to 2016	dottorio									
a										
b			· · · · · · · · · · · · · · · · · · ·							
c From 2013			<u> </u>							
d From 2014										
e From 2015										
f Total of lines 3a through e										
g Applied to underdistributions of prior years										
h Applied to 2016 distributable amount	- \									
i Carryover from 2011 not applied (see instruction	s)	· · · · · · · · · · · · · · · · · · ·								
j Remainder Subtract lines 3g, 3h, and 3i from 3										
4 Distributions for 2016 from Section D,										
line 7 \$										
a Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·								
b Applied to 2016 distributable amount										
c Remainder Subtract lines 4a and 4b from 4										
5 Remaining underdistributions for years prior to										
any Subtract lines 3g and 4a from line 2. For re	ult greater									
than zero, explain in Part VI See instructions										
6 Remaining underdistributions for 2016 Subtractions	1									
and 4b from line 1 For result greater than zero,	xplain in									
Part VI See instructions										
7 Excess distributions carryover to 2017. Add	es 3j									
and 4c										
Breakdown of line 7										
a										
b Excess from 2013										
c Excess from 2014										
d Excess from 2015										
e Excess from 2016										

Schedule A (Form 990 or 990-EZ) 2016

Part VI	(Form 990 or 990-E				rod by David II has 40	Dort II line 17	33-0414855 Pag
rart VI	Part IV, Section A,	lines 1, 2, 3b, 3d tion D, lines 2 an 6, and 8, and Pa	c, 4b, 4c, 5a, 6, ld 3. Part IV. Se	9a, 9b, 9c, 11a, 1 ction E. lines 1c.	11b, and 11c, Part I\	/, Section B, lines 1 Part V, line 1, Part V	17b, Part III, line 12, and 2, Part IV, Section C, , Section B, line 1e, Part V, nal information
<u> </u>	(Gee mandenons)			 			
				 			
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Chandra fan wida

Employer identification number

StandUp for Kids 33-0414855 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 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? VAS 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 Protection of natural habitat Preservation of a certified historic structure 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 2 day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 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 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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

632051 08-29-16

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

Schedule D (Form 990) 2016

		for Kids		· · · · · · · · · · · · · · · · · · ·					1485		<u>ge 2</u>
Pa	rt III Organizations Maintaining C						•				
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a s	ignificant ι	use of its	collection	ıtems	
	(check all that apply)										
а	<u></u>	c	ַ וַ	Loan or exc	hange progra	ams					
b		e	• 📙	Other	··-						
С											
4	Provide a description of the organization's co	•		•	-			se in Par	t XIII		
5	During the year, did the organization solicit of					er sımıla	r assets		_	r	
<u> </u>	to be sold to raise funds rather than to be ma								_ Yes		No
Ра	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements. Compl rt X, line 21	ete if the	e organizatio	on answered '	"Yes" on	ı Form 990), Part IV,	line 9, or	_	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2 a	Did the organization include an amount on Fo							<u> </u>	」 Yes		No
b											
Ра	rt V Endowment Funds. Complete it										
		(a) Current year	(b) F	Prior year	(c) Two year	s back	(d) Three ye	ears back	(e) Four	yea <u>r</u> s b	ack_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
9	End of year balance				L		···				
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a	a)) held as						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should be contained as a second secon	%									
20	Are there endowment funds not in the posses	•	ntion the					-4			
Sa	by	ssion of the organiza	alion in	at are rielu a	na administer	rea for ti	ne organiza	ation	Γ,	<u></u>	
	(i) unrelated organizations									Yes	No
	(ii) related organizations								3a(i)		
b	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	ed on S	chedule R2					3a(11) 3b		
4	Describe in Part XIII the intended uses of the								30 1		
	rt VI Land, Buildings, and Equipm		***************************************	idildo							
	Complete if the organization answered), Part I\	/, line 11a S	see Form 990	. Part X.	line 10				
-	Description of property	(a) Cost or of		(b) Cost			cumulated	н Т	(d) Book	value	
		basis (investin		basis (preciation	-	,_,		
1a	Land					<u></u>			· · · · · ·		
	Buildings										
С	Leasehold improvements			2	0,768.		20,76	8.			0.
d	Equipment				2,515.		40,75		1	,76	
е	Other										
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colun	nn (B), line 1	0c)			>	1	,76	2.
								chodula	D (Form		

StandUp for Kids

33-0414855 Page 3

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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization						Employer ide	ntification number
StandUp	for Kids					33-0414	855
Part I Fundraising Activities required to complete this par	. Complete if the organization answe t	ered "Ye	s" oı	n Form 990, Part IV,	line 1	7 Form 990-EZ	filers are not
Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations	e Solicita	tion of n	on-g over	overnment grants nment grants			
 d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessio	nal f	undraising services?	•	Yes	
(i) Name and address of individual or entity (fundraiser)	(iı) Actıvıty	(iii) D fundrais have cus or contro contributi	itody of of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				
						·	
							!
Total			>				
List all states in which the organization or licensing	n is registered or licensed to solicit o	ontribut	tions	or has been notified	t it is	exempt from re	egistration
LHA For Paperwork Reduction Act Noti	ce, see the Instructions for Form 9	990 or 9	90-E	EZ. S	Sched	lule G (Form 9	90 or 990-EZ) 2016

632081 09-12-16

33-0414855 Page 2 Schedule G (Form 990 or 990 EZ) 2016 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 (c) Other events (b) Event #2 (d) Total events Superbowl Golfing (add col (a) through Events Partv col (c)) (total number) (event type) (event type) 9,754 6,510. 27,741. 11,477. Gross receipts 6,510 11,477. 27,741. 9,754 Less Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 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? __ Yes b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ___ Yes b If "Yes," explain.

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 StandUp for Kids	33-0414855 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	,——, ———,
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	1 1
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name ▶	
Address ►	
16 Gaming manager information	
Name N	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
	·
Director/officer Employee Independent contractor	
zmotomoti	
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?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and I	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions	
632083 09-12-16 Schedule	G (Form 990 or 990-EZ) 2016

Schedule G	(Form 990 or 990-EZ)	StandUp for	· Kids		<u>33-0414855</u>	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
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Schedule G (Form 990 or 990-EZ)

% Employer identification number 33-0414855 Open to Public OMB No 1545-0047 2016 Inspection (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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) 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, (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. ► Attach to Form 990. 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) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance StandUp for Kids (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part PartII 0

Schedule I (Form 990) (2016)

Page 2 (f) Description of noncash assistance Clothing, food, sleeping bags, 33-0414855 Assistance is primarily (e) Method of valuation (book, FMV, appraisal, other) rom gifts-in-kind and ralued at thrift shop The Organization has established criteria for the recipients of assistance supervision The selection criteria Part IV 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 or for assistance is based on the determination by Organization staff 305,245, value volunteers that a youth is homeless or living without parental (d) Amount of non cash assistance 148,438 (c) Amount of cash grant etc. sleeping bags, (b) Number of recipients 25000 StandUp for Kids food, sleeping bags, etc. provided to homeless and Assistance to individuals consists of clothing, consisting of clothing, food, (a) Type of grant or assistance Line 2: or guidance. street kids Part I, Part III

Schedule I (Form 990) (2016)

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Schedule I (Form 990) (2016)

SCHEDULE M (Form 990)

Noncash Contributions

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number

	StandUp for	Kids			33-0	41485	<u> </u>
Pa	rt I Types of Property						
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	nts
1	Art - Works of art						
2	Art · Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		256,068.	Thrift shop	valu	es
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property			<u> </u>			
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities · Miscellaneous			<u> </u>			
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						
19	Food inventory						
20	Drugs and medical supplies			=	-		
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	<u> </u>					
25	Other ()					····	
26	Other ()						
27	Other ()						
28_	Other ()	L,					
29	Number of Forms 8283 received by the organ						
	for which the organization completed Form 82	283, Part IV, I	Donee Acknowledo	gement 29			
						Yes	No_
30a	During the year, did the organization receive b						
	must hold for at least three years from the dat		al contribution, and	l which isn't required to be ι	ised 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					31	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	<u> </u>
	If "Yes," describe in Part II						
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	y for which column (a) is che	ecked,		
	describe in Part II						
_HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	O.	Schedule M	(Form 990)) (2016)

Schedule M	(Form 990) (2016)	StandUp	for	Kids	33-0414855	Page 2
Part II	Supplemental	Information I, column (b), the	. Provid e numb	le the information required by Part I, lines 30b, 32b, and 3 er of contributions, the number of items received, or a co	33, and whether the organiza	ation
	this part for any ac					
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SCHEDULE 0

(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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 33-0414855 StandUp for Kids Form 990, Part I, Line 1, Description of Organization Mission: We do this, every day, in cities across America. We carry out our mission through our volunteers who go to the streets in order to find, stabilize and otherwise help homeless and street kids improve their lives by providing and connecting them with life-saving services. Form 990, Part III, Line 1, Description of Organization Mission: improve their lives by providing and connecting them with life-saving services. Form 990, Part III, Line 4a, Program Service Accomplishments: and protective environment for kids to relax and escape the dangers of the streets. Through December 2016, StandUp For Kids assisted over 25,000 homeless and at-risk youth. Form 990, Part VI, Section B, line 11b: The Organization's Treasurer reviews the Form 990 in detail. Upon his approval, the Form 990 is sent to all other members of the Board of Directors prior to its filing. Form 990, Part VI, Section B, Line 12c: Any member of the Board of Directors, principal Officer or member of a committee with governing Board delegated powers, who has a direct or indirect financial interest, as defined in the conflict of interest policy, is an interested person. Also, there is an annual review of the policy and

disclosure of any potential conflicts of interest. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

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