Extended to November 15, 2019 29493180039 4

Return of Organization Exempt From Income Tax

r section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (system)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

ΑF	or the	e 2018 calendar year, or tax year beginning	and ending	_	
B c	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre chang	StandUp for Kids			
	Name		18181	33-0	414855
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	200 Nelson Ferry Road	В	•	954-6614
	return, termin		<u> </u>	G Gross receipts \$	1,855,429.
	ated Amen	ded Dogatum CA 30030			
-	⊒return ∏Applic		<del></del>	H(a) Is this a group re	
L	⊥tiòn pendii		-2	for subordinates	
		same as C above	W = 1 1 602	H(b) Are all subordinates in	
			)(1) or LL \$27		list. (see instructions)
		te: www.standupforkids.org	1	H(c) Group exemption	
		forganization:     Corporation   Trust   Association   Other ▶	L Year	of formation: 1990  N	1 State of legal domicile: CA
Pa	art I	Summary		1 £	
e	1	Briefly describe the organization's mission or most significant activities To	end the	cycle or y	outn
auc		homelessness.			
Activities & Governance	2	Check this box  If the organization discontinued its operations or di	sposed of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1	1b)	4	10
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	<u> </u>
Χŧ	6	Total number of volunteers (estimate if necessary)		6	600
Ċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	(ED	1,480,801.	1,784,703.
Revenue	I	Program service revenue (Part VIII, line 2g)		9,750.	12,837.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7,d)	2019	0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 15, and 16) 17	2019   91	0.	41,916.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 1	2) (2)	1,490,551.	1,839,456.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) OGDEN	LIT	488,490.	574,708.
	14	Benefits paid to or for members (Part IX, column (A), line(4)	<u>, U 1                                  </u>	0.	0.
10	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	357,912.	458,001.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	,	0.	0.
Sen			,669.	0.	<u></u>
찣			<del>, 005.</del>  -	373,826.	403,837.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	1,220,228.	1,436,546.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<del> </del>	270,323.	
<u> </u>	19	Revenue less expenses Subtract line 18 from line 12			402,910.
ts or inces		<b>-</b>	Be	ginning of Current Year	End of Year
	1	Total assets (Part X, line 16)	<b>}</b>	1,499,247.	1,898,045.
Z\$5		Total liabilities (Part X, line 26)	<u> </u>	34,980.	30,868.
$\infty_{\overline{\Sigma}}$		Net assets or fund balances Subtract line 21 from line 20		1,464,267.	1,867,177.
<b>⊂</b> Pa		<del></del>			
		alties of porjury, I declare that I have examined this return, including accompanying sche			y knowledge and belief, it is
₹ true,	, correc	ct, and complete. Declaration of prepater (other than officer) is based on all information	of which prepare	has any knowledge.	1 2
$\Box$				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	719
III Sigi	n	Signature of officer		Date '	<b>,</b> ,
子Her	e	_Justine Palmore, Treasurer			
<b>Z</b>		Type or print name and title	1.	<u></u>	
ပ္က		Print/Type preparer's name  Ann M. Thompson  Preparer's signature  Ann M. Thompson	I .	Date Check	PTIN
OJSIGI NA Her Spaid	i	Ann M. Thompson WWW. ONOW	your !	5 2 2019 if self-employe	P00719770
	parer	Firm's name Jones and Kolb	•	Firm's EIN	58-1763570
Use	Only	Firm's address 3475 Piedmont Road, Suite 150	0		
		Atlanta		Phone no. ( 4	04)262-7920
May	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2018) StandUp for Kids
Part IV Checklist of Required Schedules

•			165	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		X	
0	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			^
4	during the tax year? If "Yes," complete Schedule C, Part II	4	ĺ	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4_		
J	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			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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			
Ŭ	Schedule D, Part III	8		х
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?			ļ
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_ <del></del> _		<del></del>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	<u> </u>		
	as applicable			ļ
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	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			)
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 <u>e</u>		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	<u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	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			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach 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 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2018) StandUp for Kids Part IV Checklist of Required Schedules (continued)

			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 J	23		<u> </u>
24 a	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			<b>.</b>
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	_ <del></del>		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
	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		х
26	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, 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			
	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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	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,			37
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	<u>X</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	X	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	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	<u> </u>		
	Schedule N, Part II	32		Х
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_
35 a	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		
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> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			••
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note. All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 18			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_X_	
832004	4 12-31-18	Form	990	2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			,			
		1	Yes	No			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l ,			
	filed for the calendar year ending with or within the year covered by this return  2a 16	7 '''	<u></u>				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	X	<del> </del>			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		~~			
	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		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	] _ '		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
D	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).			<b>.</b>			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X			
	<ul><li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li><li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</li></ul>						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c					
ou	any contributions that were not tax deductible as charitable contributions?	6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		<del></del>			
_	were not tax deductible?	6b					
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		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
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 7d						
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			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L			
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	,						
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>			
	Sponsoring organizations maintaining donor advised funds.			·			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<b>_</b>	<u> </u>			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>			
10	Section 501(c)(7) organizations. Enter						
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-					
11	Section 501(c)(12) organizations. Enter	1					
	Gross income from members or shareholders						
	Gross income from other sources (Do not net amounts due or paid to other sources against	j '					
_	amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1					
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						
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	] '					
С	Enter the amount of reserves on hand	<b> </b>	<u>                                     </u>	x			
14a							
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
46	If "Yes," see instructions and file Form 4720, Schedule N.			- <del>-</del>			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	$\vdash$	X			
	If "Yes," complete Form 4720, Schedule O	Enra-	gan	(2018)			
		i Oill		(2010)			

Form 990 (2018) StandUp for Kids 33-0414855 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Nο 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 10 b Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 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? Х 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b 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 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >CA, GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Another's website X Own website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

832006 12-31-18

Form 990 (2018)

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year

Juanita Mitchell - 404-954-6614

200 Nelson Ferry Road, Suite B, Decatur,

# 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 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	(C) Position (do not check more than or box, unless person is both officer and a director/truste		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) Eddy Ameen	4.00									
Chairman		X		X	_			0.	0.	0.
(2) Justine Palmore	40.00									
Treasurer/Program ED		X		X		<u> </u>		49,342.	0.	0.
(3) Susan Dudas	1.00									
Board Secretary		X		X				0.	0.	0.
(4) Jim Dooley	1.00			ĺ						
Board Member		X		_		<u> </u>		0.	0.	0.
(5) Kim Sisson	1.00					į			i	
Board Member		X						0.	0.	0.
(6) Elizabeth Franklin	1.00								_	_
Board Member		X			<u> </u>	<u> </u>		0.	0.	0.
(7) Carlos Aponte	1.00									_
Board Member	1 00	X	_	_		ļ		0.	0.	0.
(8) Nikki Waters	1.00							•		•
Board Member	1 00	X		<u> </u>		<u> </u>		0.	0.	0.
(9) Robert Peters	1.00							_	•	•
Board Member	1 00	X		_		├-		0.	0.	0.
(10) Lisa Symons	1.00	٠,,							_	•
Board Member	40.00	X		-				0.	0.	0.
(11) Juanita Mitchell	40.00	}		x				68,867.	0.	^
Senior Director of Finance	-		-	^				00,007.	U •	0.
		ł	1							
								,		
		$\vdash$	$\vdash$		$\vdash$	-				
		1								
	<del></del>									
		1								
		-		-	$\vdash$	$\vdash$				
		1	1							
	<del>-   </del>		t	$\vdash$	$\vdash$	$\vdash$	$\vdash$			
				l	1					

Form **990** (2018)

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Fait VII Section A	<u>. Officers, Directors, Trus</u>	tees, Key Em	ploy	ees,	and	d Hi	ghes	st C	ompensated Employe	es (continued)				
•	(A)	(B)				<b>C)</b>			(D)	(E)			(F)	
Name	Name and title		Position (do not check more than one					226	Reportable	Reportable		Est	ımate	d
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		am	ount (	of
		week	-	cer an	dad	recto	r/trus	tee)	from	from related	İ	C	other	
		(list any	gg						the	organizations		comp	ensa	tion
		hours for	ě	یو			ated		organization	(W-2/1099-MIS	(C)		om the	
		related	stee	ruste		٠.	bensa		(W-2/1099-MISC)			-	ınızatı	
		organizations	lat tr	onalt		loye	E 25						relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	nızatı	ons
			흐	트	ō	<u>s</u>	로 등	32						
		ļ												
			_											
		<del></del>												
		-			-									
													-	
1b Sub-total				l					118,209.		0.			0.
	tinuation sheets to Part V	I Section A							0.		0.			0.
d Total (add lines		ii, occion A							118,209.		0.			0.
	individuals (including but n	ot limited to th	ose	liste	ed al	hove	e) wh	no ri		000 of reportable				
	rom the organization						.,	10 1	ooowou more anan proc	,,ooo or roportabl				0
											,		Yes	No
	ition list any former officer,		uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on		_		
line 1a? If "Yes,"	' complete Schedule J for s	uch individual									}	3		<u> </u>
•	al listed on line 1a, is the su	•							•	the organization				
and related orga	inizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual			4		X
- ·	listed on line 1a receive or a							elat	ed organization or indiv	idual for services		~-		· <b>-</b>
	organization? If "Yes," com	plete Schedul	e <i>J f</i>	or s	uch	pers	son					5		<u> X</u>
Section B. Independ	able for your five highest co	managet ad in	100	d			roote		that radawad mara than	\$100,000 of som	2000	ntion fr		
· ·	Report compensation for										ibens	auon n	OIII	
	(A)				_				(B)			(C	)	
	Name and business	address	N	INC	<u>:</u>				Description of s	services		ompen	isatio	
		<u> </u>						$\dashv$		-				
		<del></del>												
O Tabella dia		mali mine - to d			٠ د اند	Ale :			d ala	and their				
	independent contractors ( inpensation from the organi		iot II	mite	u t0		se II: O	STOC	abovej who received n	iore than				
Ţ. 10 jou 0, 001												Form 9	90 (2	2018)

33-0414855

Pa	πVI	<del></del>				
_•		Check if Schedule O contains a response or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ti c c e f	Business Code	1,784,703.			
Program Service Revenue	f		12,837.	12,837.		
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties  (i) Real (ii) Personal				
	· ·	a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of (i) Securities (ii) Other				-
	t	assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)				
Other Revenue	l	Met gain or (loss)  Gross income from fundraising events (not including \$ 36,293. of contributions reported on line 1c) See  Part IV, line 18  a 57,889.				
Ğ.	(	b Less direct expenses c Net income or (loss) from fundraising events a Gross income from gaming activities See	41,916.			41,916.
	،	Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities a Gross sales of inventory, less returns			· -	
	i I	and allowances  b Less. cost of goods sold  c Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code  a b c	<u> </u>			
	(	d All other revenue e Total. Add lines 11a-11d	1,839,456.	12,837.	0.	41,916.

# Form 990 (2018) StandUp for Kids Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			u	
	and domestic governments. See Part IV, line 21	- "			
2	Grants and other assistance to domestic	554 500	554 500		
	individuals. See Part IV, line 22	574,708.	574,708.		
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,	110 000	00 546	02 641	11 001
	trustees, and key employees	118,208.	82,746.	23,641.	11,821
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	212 500	200 220	00 100	11 000
7	Other salaries and wages	313,520.	280,232.	22,192.	11,096
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	26 272	10 201	E 055	0 (07
10	Payroll taxes	26,273.	18,391.	5,255.	2,627
11	Fees for services (non-employees)				
a		4,000.	1,000.	3,000.	
b	- · ·	8,500.	1,000.	8,500.	
C		8,300.		0,500.	
d	Destance of the design of the Control of the AZ				
e	Investment management fees				_
f		-			
g	column (A) amount, list line 11g expenses on Sch O.)	7,965.	4,659.	3,306.	
12	Advertising and promotion	21,922.	4,0331	1,096.	20,826
13	Office expenses	20,513.	14,714.	4,972.	827
14	Information technology	20,313.	11,111	2,3120	
15	Royalties				
16	Occupancy	199,263.	170,465.	19,466.	9,332
17	Travel	7,328.	5,496.	1,099.	733
18	Payments of travel or entertainment expenses		<u> </u>	2,000	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,401.	17,859.	9,502.	3,040
20	Interest		, , , , , ,	-,	- 1 - 2 - 0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	507.	482.		25
23	Insurance	14,511.	10,351.	3,470.	690
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.)	,			
a	Miscellaneous	26,244.	10,793.	6,582.	8,869
b	- 1 · · · · · · · · ·	24,725.	0.	0.	24,725
c	One and and and	20,470.	17,263.	2,418.	789
d	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,428.	5,785.	643.	. 0
	All other expenses	11,060.	8,223.	1,568.	1,269
25	Total functional expenses Add lines 1 through 24e	1,436,546.	1,223,167.	116,710.	96,669
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 (2018)

StandUp for Kids

Part )	<b>X</b>	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			1,295,117.	1	1,448,880.
2	2	Savings and temporary cash investments				2	
1 3	3	Pledges and grants receivable, net			156,291.	3	409,572.
4	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	ormer c	ifficers, directors,			
		trustees, key employees, and highest compensations	ated er	nployees. Complete			
		Part II of Schedule L				5	
e	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ıρ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
۶   ۶	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		Ţ	18,553.	9	13,913
		Land, buildings, and equipment cost or other			*		•
"		basis Complete Part VI of Schedule D	10a	63,283.			
	b	Less: accumulated depreciation	10b	63,198.	592.	10c	85
1.		Investments - publicly traded securities			11	4,417	
12		Investments - other securities See Part IV, line		12			
13		Investments - program-related See Part IV, line		13			
14		Intangible assets		Ī		14	
15		Other assets See Part IV, line 11			28,694.	15	21,178
16		Total assets. Add lines 1 through 15 (must equ	1,499,247.	16	1,898,045		
17		Accounts payable and accrued expenses			34,849.	17	30,868
18	8	Grants payable		[		18	
19	9	Deferred revenue		Ţ	131.	19	0 .
20	0	Tax-exempt bond liabilities		Ī		20	
2	1	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
y 2	2	Loans and other payables to current and forme					
<u>i</u>		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
ت   <sub>23</sub>	3	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
24	4	Unsecured notes and loans payable to unrelate				24	
25	5	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17·24	) Complete Part X of			
		Schedule D		<u> </u>		25	
20	6	Total liabilities. Add lines 17 through 25			34,980.	26	30,868
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here ▶ 🐰 and			
S S		complete lines 27 through 29, and lines 33 ar	nd 34.			-	
Ž 2	7	Unrestricted net assets			<u>1,323,985.</u>	27	1,479,187
를 2	8	Temporarily restricted net assets		_	140,282.	28	387,990
Net Assets or Fund Balances	9	Permanently restricted net assets		\		29	
<u> </u>		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖 📗			
p		and complete lines 30 through 34.					
ets 3	0	Capital stock or trust principal, or current funds	<u> </u>		30		
Ass 3	1	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
3:	2	Retained earnings, endowment, accumulated in	icome,	or other funds		32	
Z 3	3	Total net assets or fund balances			1,464,267.	33	1,867,177.
3	4	Total liabilities and net assets/fund balances			1,499,247.	34	1,898,045.

Form **990** (2018)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public

Employer identification number

StandUp for Kids 33-0414855 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 5 section 170(b)(1)(A)(IV). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 8 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). 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (III) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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#### 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

Section A. Public Support	slow, piedse comp	olete i ait ii j		·		<del></del> -		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1 Gifts, grants, contributions, and				, =,				
membership fees received (Do not								
include any "unusual grants")	1174063.	1357354.	1300388.	1480801.	1784703.	7097309.		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,043.	7,727.	4,529.	9,750.	12,837.	41,886.		
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	1181106.	1365081.	1304917.	1490551.	1797540.	7139195.		
7a Amounts included on lines 1, 2, and 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 line 6)						7139195.		
Section B. Total Support								
Calendar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9 Amounts from line 6	1181106.	1365081.	1304917.	1490551.	1797540.	7139195.		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
<b>b</b> Unrelated business taxable income	<del>-</del> "					-		
(less section 511 taxes) from businesses acquired after June 30, 1975					!			
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)					41,916.	41,916.		
13 Total support (Add lines 9, 10c, 11, and 12)	1181106.	1365081.	1304917.	1490551.	1839456.	7181111.		
14 First five years. If the Form 990 is for	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						<u>▶</u> □		
Section C. Computation of Publi	c Support Pe	rcentage						
15 Public support percentage for 2018 (li	ine 8, column (f), d	livided by line 13,	column (f))		15	99.42 %		
16 Public support percentage from 2017	Schedule A, Part	III, line 15			16	100.00 %		
Section D. Computation of Inves	stment Incom	e Percentage						
17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))  17 .00 %								
18 Investment income percentage from 2017 Schedule A, Part III, line 17								
19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
more than 33 1/3%, check this box ar	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
• •	=					▶□		
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

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### 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)

<u>s</u>

	tion A. All Supporting Organizations		Vaa	No
	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No_
1	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			1
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	- ••	
2	· · · · ·	\ <del>'</del>		
2	Did the organization have any supported organization that does not have an IRS determination of status			1 '
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	١٠,		:
٥.	organization was described in section 509(a)(1) or (2).	2		
Зa	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>
D	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	3c		<del></del>
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		<del></del>
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		<del> </del>
С	Did the organization support any foreign supported organization that does not have an IRS determination			ĺ '
	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)	-	٠ -	-
	purposes	4c		<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			'
	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,			' ا
	(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		<u> </u>
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		
С	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			
	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			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			"
	(as 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.	<u>9a</u>		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			-
	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		├─
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			,
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
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	l	l

<u>3</u>	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		
	see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
ect	ion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionall instructions)	y integrated Type III sur	oporting organization (see
			Schedule A (Form 990 or 990-EZ) 20

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Seot	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns .		
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-	•		
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
<u>b</u>	From 2014			
C	From 2015			
<u>d</u>	From 2016			
<u>e</u>	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>_i</u>	Carryover from 2013 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			!
	line 7 <sup>·</sup> \$			
	Applied to underdistributions of prior years		<del></del>	
	Applied to 2018 distributable amount			
<u> </u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h		,	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
<u> </u>	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	(Form 990 or 990-EZ) 2018 StandUp for KIds 33-U414855 Page Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
_	
_ <del>_</del>	
<del>_</del>	
_	
_	
_	

#### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	StandUp for Kids		33-0414855
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	•	
•	Preservation of land for public use (e.g., recreation or e	·	ally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space	Freservation of a certified	Thistoric structure
2	Complete lines 2a through 2d if the organization held a quali	ifind consequences contribution in the form of a	concentation agreement on the last
2		med conservation contribution in the form of a	
_	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements	washing and shades (2)	2b
C	Number of conservation easements on a certified historic str	` '	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	· ————————————————————————————————————	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4	···· — —
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservat	·	· ·
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the	organization's accounting for
<u> </u>	conservation easements	(A 4 11:44 : 1 T	O: 11 A
Pai	t III Organizations Maintaining Collections of	•	r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		·
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, 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		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

		for Kids							14855	
Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, e	or Other	r Simil	<u>ar Asse</u>	<b>ts</b> (continu	ed)
3.	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a sig	nıfıcant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	(			hange progra	ams				
þ	Scholarly research	•	e L	Other	-					
С	Preservation for future generations									
4	Provide a description of the organization's co			-	=			ose in Par	t XIII	
5	During the year, did the organization solicit of					er sımılar a	assets		<b>-</b>	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	n answered	"Yes" on F	Form 990	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets not II	ncluded	-		
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
	· · · · · · ·	·							Amount	
С	Beginning balance						1c			
d	Additions during the year						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	escrow or co	ustodial acco	ount liabilit			Yes	□ No
b	If "Yes," explain the arrangement in Part XIII						•			
Par							)			
	-	(a) Current year		rior year	(c) Two yea			years back	(e) Four y	ears back
1a	Beginning of year balance									
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e e	Other expenditures for facilities								-	
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	a. column (a	a)) held as					
a	Board designated or quasi-endowment	one your one building	%	9, 00.011 (	2)) 11014 40.					
b	Permanent endowment	%	—′"							
	Temporarily restricted endowment	^ %								
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ration the	at are held a	ind administs	ared for the	o organi	zation		
Ja	by	sssion of the organiz	ation the	at are rielu a	ina aaniiniste	3160 101 till	e organii	Zation	T.	res No
	(i) unrelated organizations									es No
	(ii) related organizations								3a(i)	
_	If "Yes" on line 3a(ii), are the related organizations	stions listed as requi	rod on S	chodulo B2					3a(II)	<del></del>
	-	•							3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	iunus.						
1 41	Complete if the organization answere		O Dort IV	/ line 11a S	Soo Form 000	) Bort V II	no 10			
									4 N D 1	
	Description of property	(a) Cost or o		` '	or other (other)		cumulate		(d) Book	value
	Land	Dasis (IIIVesti	menty	Dasis	(Ou loi)	uepi	reciation			<del></del>
1a	Land	<u> </u>	<del></del>							
b	Buildings				0 760		20 7	60		
C	Leasehold improvements				0,768.		<u>20,7</u>			0.
d	Equipment			4	2,515.	<del></del>	42,4	30.		85.
	Other			(F) (				_		
<u>I otal</u>	. Add lines 1a through 1e. (Column (d) must e	quai ⊦orm 990, Part	X, colur	กก ( <i>B</i> ), line 1	iuc)					85.

Schedule D (Form 990) 2018

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization						Employer ide	ntıfication number
StandUp	for Kids					33-0414	855
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answers</li> <li>t.</li> </ul>	ered "Y	'es" o	n Form 990, Part IV,	line 1	7 Form 990-E2	filers are not
1 Indicate whether the organization rais		ng acti	vities	Check all that apply			-
a Mail solicitations				overnment grants			
<b>b</b> Internet and email solicitations	s f Solicita	tion of	gover	nment grants			
c Phone solicitations	g 🔲 Special	fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individua	l (ınclu	ding o	fficers, directors, trus	stees	, or	
key employees listed in Form 990, P	-			*		L Yes	
<b>b</b> If "Yes," list the 10 highest paid indi		uant to	agree	ements under which	the fu	indraiser is to b	e
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser sted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				<u>.                                    </u>
			_				
Total		ŀ	•				
List all states in which the organization     or licensing	on is registered or licensed to solicit	contrib	utions	s or has been notified	ditis	exempt from re	egistration
					<u></u>		
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Sched	dule G (Form 9	90 or 990-EZ) 2018

12080514 751928 100760

Schedulè G (Form 990 or 990-EZ) 2018 StandUp for Kids 33-0414855 Page 2 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 None Orange (add col. (a) through County Gala Events col. (c)) (total number)-(event type) -- -·(event type)-Revenue 58,993. 25,000. 83,993. Gross receipts 11,293. 36,293. 25,000. 2 Less Contributions 47,700 47,700. Gross income (line 1 minus line 2) Cash prizes 4 Noncash prizes Direct Expenses 5,200. 5,200. Rent/facility costs 2,863. 990. 1,873 7 Food and beverages 350. 350. 8 Entertainment 535. 375 3,910. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 12.323.  $\triangleright$ 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 Revenue (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 4 Other direct expenses % % Yes Yes Yes 6 Volunteer labor No 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 Yes 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? Yes b if "Yes," explain Schedule G (Form 990 or 990-EZ) 2018 832082 10-03-18

Sch	edulè G (Form 990 or 990-EZ) 2018 StandUp for Kids	<u> 33-04</u>	14855	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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			
	The organization's facility	[ -	13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recoi	_	<u>,                                   </u>	
17	The file hand and address of the person who propared the eigenhead of garming openial events become and reserve	-		
	Name			
	Traine P			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	Yes	☐ No
100	, 5000 the digamentation have a contract with a time party from the digamentation received garming revenue	-		
h	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount		
	of gaming revenue retained by the third party  \$	74111		
	: If "Yes," enter name and address of the third party			
٠	, in 165, Sinto hand addition of the third party			
	Name			
	Namo y			
	Address ▶			
	Addiess F			
16	Gaming manager information:			
.0	Carring Haragor Information			
	Name			
	Name >			
	Gaming manager compensation > \$			
	Carning manager compensation			
	Description of services provided			
	Description of services provided P			
	Director/officer Employee Independent contractor			
	Director/officer Employee independent contractor			
47	Mandaton, distributions			
	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	ſ		☐ No
	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		
Da	organization's own exempt activities during the tax year \$	\ d Dd	III l O	Ob 10b
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	i; and Part	III, IInes 9	, 90, 100,
	156, 15c, 16, and 176, as applicable. Also provide any additional information. See instructions			<del>-</del>
				<del></del>
				,
8320	983 10-03-18 Schedule	G (Form	990 or 99	0-EZ) 2018

12080514 751928 100760

Schedule G (For	m 990 or 990-EZ)	StandUp for	r Kids		33-0414855 Page 4
Part IV Su	pplemental Infor	StandUp for mation (continued)			
•					
			·		
		•		•	
			<del></del>		· · · · · · · · · · · · · · · · · · ·
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	·				
		<u> </u>		•	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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,

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

1545,0047	18	-
OMB No	20	

Open to Public Inspection ŝ

Employer i dentification number 33-0414855 (h) Furpose of grant cr 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 (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 (c) IRC section (if applicable) General Information on Grants and Assistance StandUp for Kids (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Partl Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

33-0414855 · Page 2	(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other)	Assistance is primarily from gifts-in-kind and clothing, food, sleeping bags, value.			ditional information		assistance,	selection criteria	staff or	supervision		Schedule I (Form 990) (2018)	
ization answered "Yes" on Form 9	(c) Amount of (d) Amount of non- cash grant cash assistance	22. 376,986.			I ine 2; Part III, column (b); and any other additional information		for the recipients of	etc. The selecti	on by Organization s	ving without parental		41	1
Kids Induals. Complete if the organieded	(b) Number of (c) / recipients ca	52000			equired in Part I, line 2; Pa		criteria for	sleeping bags, e	determination k	or li			
Schedule I (Form 990) (2018) StandUp for Kids  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  Part III Gran be duplicated if additional space is needed	(a) Type of grant or assistance	Assistance to individuals consists of clothing, food, sleeping bags, hygience products, etc. provided to homeless and street kids.			Part IV Supplemental Information. Provide the information required in Part I, Ii	Part I, Line 2:	The Organization has established	consisting of clothing, food, sle	for assistance is based on the de	volunteers that a youth is homeless	or guidance.	832102 11-02-18	01-70-10

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Dav	StandUp for	Kids					33-04	<u>148</u>	55	
Par	t I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts report Form 990, Part V	rted on		(d) nod of dete		•	3
1	Art - Works of art									
2	Art - Historical treasures						•			
3	Art - Fractional interests						·			
4	Books and publications									
5	Clothing and household goods	X		142	,191.	Thrift	shop	val	ues	s
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	1	4	,111.	FMV				
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				<u></u>					
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									
25	Other • ()									
26	Other • ()									
27	Other • ()					<u></u>				
28	Other (	<u> </u>			, ,					
29	Number of Forms 8283 received by the organi									
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29					
							_	<b>─</b> +`	Yes	No_
30a	During the year, did the organization receive b									;
	must hold for at least three years from the dat	e of the initi	al contribution, and	d which isn't requi	red to be i	used for		-	-	
	exempt purposes for the entire holding period	1?					ئا	30a		_X_
b	If "Yes," describe the arrangement in Part II									
31	Does the organization have a gift acceptance	policy that r	requires the review	of any nonstanda	ird contrib	utions?	<u> </u>	31		<u>X</u>
32a	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or se	ell noncash	1		ļ		
	contributions?						<u> </u>	32a		<u>X</u>
b	If "Yes," describe in Part II								ļ	
33	If the organization didn't report an amount in o	column (c) fo	or a type of proper	y for which colum	n (a) is ch	ecked,				
	describe in Part II.								i	
LHA	For Paperwork Reduction Act Notice, see	the Instruc	ctions for Form 99	0.		Sc	hedule M	Form	990)	2018

Schedule M	(Form 990) 2018	StandUp	for	Kids				<u>33-0414</u>	855	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information I, column (b), th Iditional informat	<ul> <li>Provide e numbe tion.</li> </ul>	e the inform or of contrib	nation required by loutions, the numbe	Part I, lines 30b, 32b or of items received,	o, and 33, a or a combir	nd whether th	e organiza Also com	ition plete
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# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Name of the organization

StandUp for Kids

Employer identification number 33-0414855

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 VI, Section B, line 11b:
The Organization's Treasurer reviews the Form 990 in detail. Upon her
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.
Form 990, Part VI, Section B, Line 15:
The Board of Directors determines, votes upon and approves the compensation
of the CEO and other key employees.

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedulè O (Form 990 or 990-EZ) (2018)		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.	
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