Copy

## 990 **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Mente.

37

Department of the Treasury

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

Inte	ernal Reve	nue Service ► Information about Form 990 and its instructions is at www.	irs.gov/form99	0	Inspection				
A	For th	e 2013 calendar year, or tax year beginning , 2013, and end	ling		, 20				
В	Check	if applicable: C Name of organization		D Employ	er identification number				
	Addres	s change Doing Business As Big Brothers Big Sisters of the Shoals, Inc.			63-0966321				
	Name		suite	E Telepho	ne number				
	Initial re				256-248-1931				
$\Box$	Termin				200-240-1001				
$\Box$				G Gross re	aceints \$ 130507				
	Applica	tion pending F Name and address of principal officer:	100.00		subordinates? Yes No				
_		Gina Mashburn 505 N Columbia Ave Ste C Sheffield, AL 35660	0.00		s included? Yes No				
1		empt status:			a list. (see instructions)				
J	Websit		H(c) Group	exemption	number >				
		organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	nation: 1987	M State	of legal domicile: AL				
P	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: To pro-	ovide adult ro	e models	to children from				
Se		single parent homes							
Governance									
err	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.				
NO.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15				
•	4	Number of independent voting members of the governing body (Part VI, line 1)		4	15				
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	,	5					
Activities &					3				
cti	6	Total number of volunteers (estimate if necessary)		6	0				
A	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0				
-	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0				
			Prior Ye	ar	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)							
Revenue	9	Program service revenue (Part VIII, line 2g)							
e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24427 4					
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		118491	120587				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		-					
10	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		72522	70000				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		73533	79982				
en									
X	b	Total fundraising expenses (Part IX, column (D), line 25)							
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		38285	40037				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		111818	120019				
	19	Revenue less expenses. Subtract line 18 from line 12		6673	568				
Net Assets or Fund Balances			Beginning of Cur	rent Year	End of Year				
sets alan	20	Total assets (Part X, line 16)		13025	16042				
t As	21	Total liabilities (Part X, line 26)		2029	4478				
공급	22	Net assets or fund balances. Subtract line 21 from line 20		10996	11564				
	rt II	Signature Block							
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements and to th	e best of m	ny knowledge and belief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare			.,,				
Sig	n	Signature of officer	Date	۵					
Hei		Signature of officer	Dat	5					
HIC	C	Turn or print name and title							
		Type or print name and title		1	DTIN				
Pai	id	Print/Type preparer's name Preparer's signature	late / / / /	Check [					
	pare	r flytt riler I war I cher	1/1/17	self-emp	loyed				
	e Onl		Firm	s EIN 🕨	30-0358651				
		Firm's address ► P.O. Box 143 Hodges, AL 35571	Phor	e no.	205-441-5627				
May	the IF	S discuss this return with the preparer shown above? (see instructions)			Ves No				
For	Paperv	vork Reduction Act Notice, see the separate instructions. Cat.	No. 11282Y		Form <b>990</b> (2013)				

Part	90 (2013 	Statement of Program Service			Page
		Check if Schedule O contains a	response or note to any line in this P	'art III	
1		ly describe the organization's mis	sion:		
	To pr	ovide adult role models to children			
2	Did t	he organization undertake any sic	nificant program services during the ye	ear which were not listed on the	
	prior				Yes ☑ No
3	Did 1	the organization cease conducti	ng, or make significant changes in h		Yes ☑ No
4		es," describe these changes on So ribe the organization's program s	chedule O. ervice accomplishments for each of its		
	expe	nses. Section 501(c)(3) and 501(c	)(4) organizations are required to report, for each program service reported.	t the amount of grants and allocati	ions to others
4a	(Code	e:) (Expenses \$	106462 including grants of \$	) (Revenue \$	)
	10 pr	ovide adult role models to children	rom single parent homes.		
	*****				
					***************************************
4b	(Code	Y (Eyponsos ¢	including grants of \$	\/Daviers &	
~L)		······································	Including grants of \$	) (Revenue \$	)
		••			
4c	(Code	:) (Expenses \$	including grants of \$	) (Revenue \$	)
	******				
•					

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 106462

Par	t 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	1	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		1
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	<b>√</b>	
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	•	1
С	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		<b>√</b>
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		/
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	/	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	<b>√</b>	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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		<u>*</u> ✓
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		<u>▼</u>
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 (see instructions)	17		<u>√</u>
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			<b>v</b>
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	18	V	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	<u>√</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	+	₩

Part	IV Checklist of Required Schedules (continued)			
The second			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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		1
b	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 any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ ✓
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			✓
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 so, complete Schedule L, Part II	25b 26		<b>√</b>
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		<b>√</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>√</b>
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	28b 28c		<u>√</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 contributions? If "Yes," complete Schedule M	29		√ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>√</u>
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		✓
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		✓
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		✓
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>✓</b>
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		✓
	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,			
38	Part VI	37	<b>√</b>	<b>√</b>

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
_	Check it Schedule o contains a response of note to any line in this Part V		Yes	No No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	)		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 3	3		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	- 1 and organization have annotated business gross most no or \$1,000 or more daring the your.	3a		<b>√</b>
	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		
4	a 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)?	4-		1
	b If "Yes," enter the name of the foreign country:	4a		v
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5		5a		1
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ŀ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
ć	gently as a continuation and party for goods			
	and services provided to the payor?	7a		
t c	The second of th	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-		
c		7c		
6		7e		
f		7f		
9		7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		
b	de la contraction de la contra	9b		
10	Section 501(c)(7) organizations. Enter:			
a				
b	100			
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	110			
	against amounts due or received from them.)			
12a		12a		
b		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	The state of the s	4.5		
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 990 (2013) Page 6 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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a b Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . . 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.) No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 . . . . . . . . . 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Did the organization have a written whistleblower policy? . . . . . . . . . . . . 13 13 14 Did the organization have a written document retention and destruction policy? . . . . . . . . . . 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b  $\checkmark$ 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 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 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) available for public inspection. Indicate how you made these available. Check all that apply.

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, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: Gina Mashburn 505 N Columbia Ave Ste C Sheffield, AL 35660 Form **990** (2013)

Form 990 (2013)	Dana 7
	Page /

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

## 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.

Check this box if neither the organization no		d ora	aniz	zatio	on c	ombe	ensa	ated any currer	nt officer, directo	r. or trustee
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	do x, office Individua	not ci unle: er an	Pos heck ss pe	(C) sition mor erson		one h an tee)	(D)  Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated
(1) Gina Mashburn CEO	40				1			36865	0	0
(2) Trent Randolph	2									
President		✓		$\checkmark$				0	0	0
(3) Pam Fleming	2									
Board Member		✓						0	0	0
(4) Amy Jones	22									
Secretary (5) or in the secretary		_		✓				0	0	0
(5) Chris Letsinger	2									
Treasurer		<b>✓</b>		✓				0	0	0
(6) Derrick Robinson	2	_ ,								
Board Member		1						0	0	0
(7) Kristen McCaney	2		Î							
Vice President		<b>✓</b>		✓				0	0	0
(8) Marsha Moore	22			l		ĺ				
Board Member		<b>✓</b>			_			0	0	0
(9) Kyle Brown	22									
Board Member	-	<b>√</b>			$\dashv$		-	0	0	0
(10) Leslie Ouelette	2	1								
Board Member		V						0	0	0
(11) Tammy Wilson Board Member	2									
(12) Charri Dalan		V	+		$\dashv$		$\dashv$	0	0	0
Board Member	2							***************************************		
(13) Anita Crittenden	2	V	$\dashv$	$\dashv$	$\dashv$		-	0	0	0
Board Member	2	/				l				_
(14) Donna Abroms	2	4	$\dashv$	$\dashv$	-+			0	0	0
Board Member		/				ĺ				_
L/VIII INVIIII/		4						0	0	0

Pa	TEVII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd I C)	lighe	st C	compensated E	mployees (c	ontin	ued)	_
	(A) Name and title	(B)	(do not check more than						(D)	(E)		(F)	
	ivame and tille	hours per		box, unless person is bo officer and a director/tru					Reportable compensation	Reportable compensation from		Estimated amount of	
		week (list any hours for related organizations	Individu or direc	Institution	Officer	Key employee	Highest employe	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MI		other compensation from the organization	
		below dotted line)		Institutional trustee		ployee	Highest compensated employee		(W 27 1000 WIGO)			and related organizations	
(15) r	Derrick Chatman	2		ĕ			ated				_		_
	d Member	22	1						0		0		0
	flitch Hays	2											
Hono (17)	rary Board Member		<b>√</b>						0		0		0
(18)													_
(19)													_
(20)											+		_
(21)											+		_
(22)				+				-			+		_
(23)				+							-		_
(24)													_
(25)													
1b c	Sub-total						.		36865		0		0
d	Total (add lines 1b and 1c)						. 1		36865		0		0
2	Total number of individuals (including but reportable compensation from the organiz	not limited						wh	o received mo	re than \$100	,000		9
3	Did the organization list any former offi employee on line 1a? If "Yes," complete S	icer, direct	or, or	tru	ste	e, k	ey er	npl	oyee, or highe	est compens	ated		
4	For any individual listed on line 1a, is the organization and related organizations of individual	sum of rep	ortab	le co	omi	oen:	sation	an ," c	d other compe complete Sche	ensation from	the		
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue cor If "Yes," co	mpen: mple	satio	on f	rom	any e <i>J fo</i>	unre <i>r su</i>	elated organiza och person	ation or indivi			
Section	on B. Independent Contractors												_
1	Complete this table for your five highest compensation from the organization. Repoyear.	ompensate ort compen	d inde satior	eper n for	the	nt c	ontra lenda	ctor r ye	s that received ar ending with	d more than s or within the	100 org	,000 of anization's tax	
	(A) Name and business addre	ess							(B) Description of ser	vices	(	(C) Compensation	-
None													4
0	Takal mushau of the land of the land	// 1			47								
2	Total number of independent contractors received more than \$100,000 of compensations.							thos	se listed abov	(e) who			

Part VIII		Statement of Revenue							
		Check if Schedule O contains a res	ponse or note to	any line in this	Part VIII	[			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Grants	1a	. sacrated earnpaigne							
Gra	b								
Gifts,	C	3							
<u>.</u>	d	3							
Sir	e								
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	75487						
ontr od O	g					Land Control			
_	h	Total. Add lines 1a-1f	🕨	75487					
Program Service Revenue			Business Code						
evel	2a								
e B	b								
Ŋċ	С								
Se	d								
ram	е								
rog	f	All other program service revenue.							
	3	Total. Add lines 2a–2f							
	3	Investment income (including divide and other similar amounts)	enas, interest,						
	4								
	5	Income from investment of tax-exempt bo							
	3	Royalties	(ii) Personal						
	6a		(ii) Personal			2.867			
	b	Gross rents Less: rental expenses			1,000				
	C	Rental income or (loss)							
	d	Niet west-Lieuwest (I)							
	7a	Gross amount from sales of (i) Securities	(ii) Other						
		assets other than inventory	(ii) Galler						
	b	Less: cost or other basis				14.200			
		and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss)							
	<u> </u>	(1033)							
venue	8a	Gross income from fundraising events (not including \$							
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a							
the	b		49984			1400			
0		Less: direct expenses <b>b</b> Net income or (loss) from fundraising e	4884 vents . ▶						
		Gross income from gaming activities.	vents .	45100					
	-	See Part IV, line 19 a		4 4 4 6					
	b	Less: direct expenses b							
		Net income or (loss) from gaming activ	ities						
		Gross sales of inventory, less	ities						
	100	returns and allowances a		1.0					
	b	Less: cost of goods sold b							
		Net income or (loss) from sales of inver	ntony						
	0	Miscellaneous Revenue	Business Code						
1	11a								
	b								
	C				-				
	d	All other revenue							
	-	Total. Add lines 11a–11d							
	12	Total revenue. See instructions.		120597					

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				The second secon
<b>4 5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	36865	33178	1290	2397
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	36327	32695	1272	2360
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		2 2 2 2		
10	Payroll taxes	6790	6111	238	441
11	Fees for services (non-employees):				
a	Management				
b	Legal	3441	3441		
c d	Accounting	3441	3441		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	3855	3339	172	344
14	Information technology				
15	Royalties				
16	Occupancy	6000	5100	300	600
17	Travel	2994	2605	150	239
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	4669	2737	1932	
21	Payments to affiliates	6249	6249		
22	Depreciation, depletion, and amortization .	1349	1349		
23	Insurance	7693	6539	385	769
24	Other expenses. Itemize expenses not covered				ACCESS AND DESCRIPTION OF THE PERSON OF THE
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Communications	1340	1139	67	134
b	Postage and Shipping	1492	1268	75	149
C	Dues and Subscriptions	470	315	52	103
d	Miscellaneous	485	397	44	44
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	120019	106462	5977	7580
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)				

F	Part X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	10644	1	12984
	2	Savings and temporary cash investments	154	2	5
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
s,	6	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 instructions). Complete Part II of Schedule L			
ets	_	L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	1295	9	970
	Iva	other basis Commists Bart VI of Cabadyla D			
	b	Less: accumulated depreciation 10b 8794	022	10c	2083
	11	Investments—publicly traded securities	932	11	2003
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13025		16042
	17	Accounts payable and accrued expenses	2029		4478
	18	Grants payable		18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			
II		trustees, key employees, highest compensated employees, and			
Liabilities		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	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2029	26	4478
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	10996	27	11564
Ba	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Į A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	10996	33	11564
_	34	Total liabilities and net assets/fund balances	13025	34	16042

	Form 9	990 (2013)			Р	age <b>12</b>
	Par	t 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			20587
	2	Total expenses (must equal Part IX, column (A), line 25)	2			20019
	3	Revenue less expenses. Subtract line 2 from line 1	3			568
	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			10996
	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			
	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		33, column (B))	10			11564
B	Part	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
	1	Accounting method used to prepare the Form 990: Cash Accrual Other				
		If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			
		Schedule O.				
	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
		If "Yes," check a box below to indicate whether the financial statements for the year were compressionated and appropriate basis corrections as the statement of the year were compressionated basis corrections as the statement of the year were compressionated basis corrections as the statement of the year were compressionated by the statement of the year were compressionated by the statement of the year were compressionated by	iled or			
		reviewed on a separate basis, consolidated basis, or both:				
		Separate basis Consolidated basis Both consolidated and separate basis				
	D	Were the organization's financial statements audited by an independent accountant?		2b	1	
		If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	d on a			
		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 ov of the audit, review, or compilation of its financial statements and selection of an independent account	ersignt			
				2c	<b>√</b>	
		If the organization changed either its oversight process or selection process during the tax year, expected the control of the	olain in			
	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth in			
		the Single Audit Act and OMB Circular A-133?		3a		1
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			-
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3h		

Form **990** (2013)