**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

Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

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

Information about Form 990 and its instructions is at  $\frac{1}{WWW}$  irs  $\frac{1}{2}$  gov/form 990 tax year beginning APR 1, 2013 and ending MAR 31,

Open to Public

<b>B</b> c	Check if pplicable	E: C Name of organization		D Employer identifie	cation number
v	Addre chang	GIFTS TO GIVE, INC.			
	¬Name			26-2	475885
H	chang □Initial	3	om/suite		
H	return ☐Termii	' '	Join/Suite	E Telephone number	)-717-8715
H	⊸ated □Amen	ded O.,		G Gross receipts \$	427,963.
H	⊒return □Applio			H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
_	⊥tion pendi			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	······ — —
1 1	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or L	527		list. (see instructions)
		te: > GIFTSTOGIVE.ORG		H(c) Group exemption	,
		forganization: X Corporation Trust Association Other	L Year o		State of legal domicile: MA
	art I	Summary	12		· cuito or regul derment,
		Briefly describe the organization's mission or most significant activities: GIFTST	rogiv	E IS A LARG	E SCALE
& Governance	-	PLATFORM FOR SERVICE LEARNING, MANAGED BY	ADUL	T VOLUNTEER	S TO
rna		Check this box  if the organization discontinued its operations or disposed			
ove.				3	4
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			3
Se		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			1
ĕ		Total number of volunteers (estimate if necessary)			13240
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
•	I	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		265,317.	406,259.
eun	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4.	2.
т.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,722.	14,386.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		280,043.	420,647.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		72,750.	266,100.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		43,684.	15,087.
Expenses	I	Professional fundraising fees (Part IX, column (A), line 11e)	, 🗀	0.	0.
Ϋ́	I	Total fundraising expenses (Part IX, column (D), line 25)  4,581	_	1.66 0.60	140 202
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		166,862.	149,382.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		283,296. -3,253.	430,569.
- Se		Revenue less expenses. Subtract line 18 from line 12	-	· ·	-9,922.
315 O	00	Tabel accepts (Dart V. Bara 40)	Бе	ginning of Current Year 33,162.	End of Year 23,240.
Net Assets Fund Balanc	20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		0.	0.
und und	21	Net assets or fund balances. Subtract line 21 from line 20		33,162.	23,240.
	art II	Signature Block		3371021	23/2101
		alties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			,,
Sigi	n	Signature of officer		Date	
Her		■ JAMES STEVENS, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid	i	ERIC SAUNDERS		if self-employe	P00039212
Prep	parer	Firm's name MARCUM LLP		Firm's EIN	11-1986323
Use	Only	Firm's address 117 KENDRICK STREET, SUITE 800			
		NEEDHAM, MA 02494		Phone no.61	7-559-4400
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

332002 10-29-13 Form **990** (2013)

396,627.

Total program service expenses

### Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		Х
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		Х
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		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 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?			Х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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	10		
	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	х	
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
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		Х
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			37
	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	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	- 22	
ıza	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20°	complete Schedule G, Part III  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		
		_00		

### Part IV | Checklist of Required Schedules (continued)

			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	х	
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		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		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		240		Х
		24a		21
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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 so,			
	complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			_	

## Form 990 (2013) GIFTS TO GIVE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Service The number reported in Box 3 of Form 1008. Enter 0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in control of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize wirmers?  2e Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  1 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2 b If we call the search of the organization file all required federal employment tax returns?  2 b If the organization have unrelated business gross income of \$1,000 or more during the year?  3 b If the organization have unrelated business gross income of \$1,000 or more during the year?  3 b If the organization have unrelated business gross income of \$1,000 or more during the year?  4 c 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 accounts?  5 b If west, enter the name of the foreign country. End as a bank account, securities account, or other financial accounts?  5 b If west, enter the name of the foreign country. End as a shark account, securities account, or other financial accounts?  5 b If west, in the same of the foreign country. End as a part of the properties account or other financial accounts?  5 b If west, in the same of the foreign country. End as a shark account, securities account, or other financials accountly?  5 b If west, in the same of the foreign country. End as a financial account of the financial Accounts.  5 b If west, in the same of the foreign country. End as a financial accountry of the same of the same of the financial Accountry.  5 b If west, in the same of the organization and part where the same of the sa						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o II not applicable O Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 If I all least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 In I was a filed a form 960 of Tor this year? If Y/No, Yo line 90, provide an explanation in Schedule O  4 In Yea, I was the did a filed a form 960 of Tor this year? If Y/No, Yo line 90, provide an explanation in Schedule O  5 If Yea, I was the defendancy 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 accounts?)  5 If Yea, I was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If Yea, I was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If Yea, I was the organization that was or is a party to a prohibited tax shelter transaction?  5 If Yea, I was the organization have amusal gross recipits that are normally greater than \$100,000, and did the organization solicital any contributions that were not tax deductible as charitable contributions?  5 If Yea, I was the organization have amusal gross recipits that are normally greater than \$100,000, and did the organization solicital was not accompanied to the organization solicital and explanating property to which it was required to the form \$200 the organization solicitation and explanation solicitation and party to goods and services provided to the payor?  7 Organizations that may receive deductible co	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
collaboration comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize wheners?  2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3 In the state on the reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state of the state of the state of the state one of the state of the organization state of the organization had it were not tax deductible as charitate or contributions under section 170(c).  4 If 'Yes,' In the State of the organization file Form 88861??  5 Organization state may receive deductible contributions under section 170(c).  5 If 'Yes,' Indicate the number of Forms 8282 filed during the year  5 Organization state may receive deductible contributions under section 170(c).  5 If the organization received a contribution of qualified intellectual property, did the organizations. But were not state destribution to a donor, dinor	b		1b	0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a IV the congruination have unrelated business gross income of \$1,000 or more during the year?  3a IV 19 19 19 19 19 19 19 19 19 19 19 19 19	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportat	ole gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a IV the congruination have unrelated business gross income of \$1,000 or more during the year?  3a IV 19 19 19 19 19 19 19 19 19 19 19 19 19		(gambling) winnings to prize winners?			1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$7,000 or more during the year?  3b If the organization have unrelated business gross income of \$7,000 or more during the year?  3a At any time during the celandary year, did the organization have an inferest 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 accountly?  4a At any time the name of the foreign country   \$\frac{1}{2}\$ & \$1	2a						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to refile (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary 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 accountly?  4a At any time the name of the foreign country.  5b If "Yes," enter the name of the foreign country.  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If yes, to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If Yes, to line 3a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d If Yes, did the organization of the value of the goods or services provided?  7d If Yes, did the organization of the value of the goods or services provided?  7d If Yes, did the organization or ecoleve any funds, directly or indirectly, to pay premiums on a personal		filed for the calendar year ending with or within the year covered by this return	2a	1			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  bif "Yes," has it filed a Form 990T for this year? if "No," to fire 3,000 or more during the year?  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 accounts).  5b if "Yes," inter the name of the foreign country." ►  5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c was the organization have a private for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5c if "Yes," to line 5a or 50t, did the organization file Form 8886-17?  6c if "Yes," to line 5a or 50t, did the organization file Form 8886-17?  6c if "Yes," to line 5a or 50t, did the organization file Form 8886-17?  6c if "Yes," the file the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6c if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7c if if the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7d if "Yes," indicate the number of Forms 8282 filed during the year  9 bid the organization file peyer, pay premiums, directly or indirectly, on a personal benefit contract?  7d if the organization make any taxable distribution or dars, boats, airplanes, or other vehicles, did the organization file form 1098-027 sponsoring organizations	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ทร?		2b	Х	
b if Yes, 'has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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)?  5a Was the organization aperunts for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that many receive deductible contributions under section 170(c).  a Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 To Did the organization notity the donor of the value of the goods or services provided?  7 Did the organization receive apyment in excess of \$75 made partly as a contribution on apersonal benefit contract?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization funding the year, pay premiums, directly or indirectly, or a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file or members of the property or indirectly, or a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 59	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b   fi *Yes,** enter the name of the foreign country;**  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b   Did any stabelip party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X   X    c   fi *Yes,** to line 5a or 5b, did the organization file Form 8886.7?  6a   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible as charitable contributions?*  6a   X    b   fi *Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organization shat may receive deductible contributions under section 170(c).  a   Did the organization shall exchange, or otherwise dispose of tangible personal property for goods and services provided to the payor?  7   Difference   Total    b   fi *Yes,** did the organization notify the donor of the value of the goods or services provided?  c   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   fi *Yes,** indicate the number of Forms 8282 filed during the year  e   Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088 c?  7   Fi   Did the organization maintaining donor advised funds an absolute for sell of the payor of granizations. Did the support organization sell exceptions of granizations and personal benefit contract?  7   Fi   Did the organization maintaining donor advised funds an association sell described forms the organization in sell as forms to the organization file form 1088 c?  8   Sponsoring organ	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Initiation fees and capital contributions included on Part VIII, line 12  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  11b  11c  12a  13b  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  It the organization is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	:?	7e		
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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?  Sponsoring organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  Utility or a donor advised funds.  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  Ital  X  Ital	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9  Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10  Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12  Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13  C  14  Did the organization receive any payments for indoor tanning services during the tax year? 14  X  15  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.$	id the su	pporting			
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c  Light "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any time	e during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13a  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	9	Sponsoring organizations maintaining donor advised funds.					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a 1	10		, ,				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		, , , , , , , , , , , , , , , , , , , ,					
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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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b							
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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	•			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b							
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b		1. 1				
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
							V
	b	It "Yes," has it filed a Form 720 to report these payments? It "No," provide an explanation in Schedule	eυ			000	(0040)

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			X
Sec	tion A. Governing Body and Management			
	<u> </u>		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 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
7 4		7a		Х
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		Х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	tion D. 1 Onoico (mis occilon B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a		12a	Х	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
h	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	10.0		
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
 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)	availah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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, ar	ıd finar	ncial	
	statements available to the public during the tax year.		.0.41	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
	THE ORGANIZATION - (508)-717-8715			
	1 TITLETST DRIVE ACUSHNET MA 02743			

## 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l					iisai	(D)	(E)	(F)
Name and Title	Average	(do	not c	(C Pos heck	more	tnan	one	Reportable	Reportable	Estimated
	hours per week	box,	unle	ss pe	erson is both an lirector/trustee)			compensation	compensation from related	amount of other
	(list any	tor						from the	organizations	compensation
	hours for	or direc	ao.			ited		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	truste		8	suadı		(W-2/1099-MISC)		organization and related
	below	Individual trustee or director	Institutional trustee	<u>_</u>	Key employee	Highest compensated employee	la la			organizations
	line)	Indivi	Instit	Officer	Key e	Highe emplo	Former			
(1) JAMES STEVENS	40.00									
PRESIDENT / CLERK / DIRECT	1 00	Х		Х				0.	0.	0.
(2) ROGER C. GREENE	1.00	х						0.	0.	0.
(3) CHRISTOPHER STEVENS	1.00	_						0.	0.	· ·
DIRECTOR	1.00	х						0.	0.	0.
(4) MICHAEL ESPOSITO	1.00								•	
TREASURER				Х				0.	0.	0.
						<u> </u>				
					$\vdash$	<u> </u>				

	1 990 (2013) GIFTS TO	GIVE,	IN							26-24	<u>.758</u>	385	Pa	ige <b>8</b>
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	iH b	ghe	st C	Compensated Employe	es (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	box	not c	Posi heck ress per nd a di	tion more	than is bot	h an	( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensatior from related	ו	Esti amo	(F) mate ount o ther	
		(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-MIS		orga	m the nizati relate	e on ed
											$\frac{1}{2}$			
											$\dashv$			
											_			
														_
С	Sub-total  Total from continuation sheets to Part VII  Total (add lines 1b and 1c)	I, Section A						<b>&gt; &gt;</b>	0. 0. 0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed at	OOV	e) wł	no r	received more than \$100	0,000 of reportable	•	- 1	⁄es l	0 <b>N</b> o
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual	-		4		Х
	rendered to the organization? If "Yes," competion B. Independent Contractors					-						5		Х
1	Complete this table for your five highest conthe organization. Report compensation for t								n the organization's tax		pensa			
	(A) Name and business	address	N	INC	3				(B) Description of s	services	Co	(C) ompens		1
	·													
2	Total number of independent contractors (in	ncluding but r	ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	)							

			Check if Schedule O cont		ponse	or note to any lin	e in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a					
3ra Ioui		b	Membership dues	L	1b					
ts, ( Arr		С	Fundraising events		1c					
a E			Related organizations		1d					
ini		е	Government grants (contribut	ions)	1e					
tior sr S		f	All other contributions, gifts, gran	ts, and						
ibu			similar amounts not included abor	ve L	1f	406,259.				
nt d O		g	Noncash contributions included in lines	1a-1f: \$		265,750.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f			<b>&gt;</b>	406,259.			
						Business Code				
ce	2	а								
e vi		b								
S c		С								
Program Service Revenue		d								
rog		е								
₫		f	All other program service reve	nue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including	dividends	s, inter	est, and	_			
			other similar amounts)			<b>&gt;</b>	2.			2.
	4		Income from investment of tax	x-exempt	bond p	oroceeds <b>&gt;</b>				
	5		Royalties	<u></u>						
				(i) Re	eal	(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Secu	ırities	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
		С	Gain or (loss)							
		d	Net gain or (loss)			. <u></u>				
Other Revenue	8	а	Gross income from fundraising including \$							
3ev			contributions reported on line	1c). See						
erF			Part IV, line 18		а	21,702.				
끍		b	Less: direct expenses		b	7,316.				
		С	Net income or (loss) from fund	draising ev	/ents	<b></b>	14,386.			14,386.
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
		С	Net income or (loss) from gam	ing activit	ties					
	10	а	Gross sales of inventory, less							
			and allowances							
		b	Less: cost of goods sold		b					
		С	Net income or (loss) from sale	s of inven	tory	<b></b>				
			Miscellaneous Revenu	е		Business Code				
	11	а								
		b								
		С								
			All other revenue							
			Total. Add lines 11a-11d				400 645			14 200
33200	<b>12</b>		Total revenue. See instructions.			<b></b>	420,647.	0.	0.	,
33200 10-29	-13									Form <b>990</b> (2013)

### 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 response or note to any line in this Part IX **(D)** Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 266,100. 266,100. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,544. Other salaries and wages 9,812. 1,732. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,543. 3,012. 531. Payroll taxes 10 Fees for services (non-employees): Management 1,600. 1,360. 240. Accounting Professional fundraising services. See Part IV. line 17 Investment management fees \_\_\_\_\_ Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 19,676. 11,412. 8,264. 13 Office expenses Information technology ..... 14 15 Royalties 65,256. 55,468. 9,788. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates 21 6,492. 7,638. 1,146. 22 Depreciation, depletion, and amortization ..... 4,643.4,643. 23 Other expenses, Itemize expenses not covered 24 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.) 23,247. 23,247. SUPPLIES **AUTO EXPENSES** 10,636. 10,636. 8,989. MEALS 7,641. 1,348. 4,581. d MARKETING 4,581. 3,116. 1,447. 1,669 All other expenses 430,569. 396,627. 29,361. 4,581. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

## Form 990 (2013) Part X | Balance Sheet

Par	tχ	Balance Sheet					
		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,351.	1	1,067.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	51,414.			
	b		10b	29,241.	29,811.	10c	22,173
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		33,162.	16	23,240	
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
es	22	Loans and other payables to current and forme	r officers, o	directors, trustees,			
Liabilities		key employees, highest compensated employe					
<u>a</u>		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). C	omplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0 .
		Organizations that follow SFAS 117 (ASC 958		nere 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 ar			22 162		22 240
au au	27	Unrestricted net assets			33,162.	27	23,240
Ва	28	Temporarily restricted net assets				28	
<u> </u>	29					29	
던		Organizations that do not follow SFAS 117 (A	ISC 958), (	check here			
ō		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
AS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			22 160	32	72 740
-	33	Total net assets or fund balances			33,162. 33,162.	33	23,240.
	34	Total liabilities and net assets/fund balances .			33,102.	34	23,240. Form <b>990</b> (2013)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u>Ш</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	<u>3,1</u>	62.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	3,2	<u>40.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIFTS TO GIVE, INC.

**Employer identification number** 26-2475885

Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
The orga	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з 🗌			tal service organization of		in <b>section</b>	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospi	tal's nar	ne,
	city, and stat				•				•	·		,
5	1		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
	-	(b)(1)(A)(iv). (Comple		,		,	Ü					
6	1		ent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7 X			eives a substantial part					r from the	general	public de	scribed	in
•	-	(b)(1)(A)(vi). (Comple	•	o ou.pp		90.0			90	P 4.10 .10 4.10		
8	1		section 170(b)(1)(A)(vi). (	(Complete	Part II )							
9 🗆	1		eives: (1) more than 33 1			rom contri	butions m	nembershi	n fees a	nd aross	receipts	from
• —	-	•	nctions - subject to certa							-	-	
			axable income (less sect									
		<b>509(a)(2).</b> (Complete	•		,,, ,, o,,,, b,	011100000	zoquii ou b	y and orga	. neation	artor our	0 00, 10	
10			perated exclusively to te	st for publ	ic safety S	See <b>sectio</b>	n 509(a)(4	1).				
11		-	perated exclusively for the	· -	-			-	v out the	nurnose	s of one	or
	J		ations described in section		′ '		,		,			O.
			organization and comple		•		.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,(-,		071 111011	
	a Type I			ype III - Fu			d	Typ	e III - No	n-functior	nally inte	arated
е 🗆	1		at the organization is not		•	•		• •			•	-
		•	han one or more publicly		-	-	-		•	-		
f			ten determination from t						( )( )		( )( )	
		rganization, check th										
g	•	•	organization accepted ar					owina pers	sons?			
J			lirectly controls, either al								Yes	No
											(i)	
	-		n described in (i) above?									
			person described in (i) o									
h			about the supported org									
		Ü		9	. ,							
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	ı notify the	(vi) ls	the .	(vii) Amo	unt of mo	netary
` '	ganization	(11) 2.11	(described on lines 1-9	in col. (i) lis		organizat		organizátio (i) organiz	on in col. ed in the		support	notal y
				governing	document?	(i) of your	support?	(i) organiz U.S	.?		• •	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	· · · · · · · · · · · · · · · · · · ·											
Γotal												

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sed	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and	, ,	Ì	, ,	, ,	, ,	, ,				
	membership fees received. (Do not										
	include any "unusual grants.")	184,410.	396,168.	286,211.	265,317.	427,961.	1560067.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	184,410.	396,168.	286,211.	265,317.	427,961.	1560067.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						365,843.				
6	Public support. Subtract line 5 from line 4.						1194224.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011 286, 211.	(d) 2012	(e) 2013 427, 961.	(f) Total				
7	Amounts from line 4	184,410.	396,168.	286,211.	265,317.	427,961.	1560067.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources			5.	4.	2.	11.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)										
11	<b>Total support.</b> Add lines 7 through 10						1560078.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First five years. If the Form 990 is for	-			•						
0-	organization, check this box and stor						<b>&gt;</b>				
	ction C. Computation of Publ						76 55				
	Public support percentage for 2013 (					14	76.55 %				
	Public support percentage from 2012					15	63.82 %				
16a	33 1/3% support test - 2013. If the c	-									
	<b>stop here.</b> The organization qualifies										
b	33 1/3% support test - 2012. If the o										
4-	and <b>stop here.</b> The organization qual										
1/a	7a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization										
				-	=	-					
1-	meets the "facts-and-circumstances"										
O	<b>b 10</b> % -facts-and-circumstances test - <b>2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the										
	,		•								
10	organization meets the "facts-and-circ										
ΙÖ	Private foundation. If the organization	iii ulu not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this box a		S				

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and		, , , , , , , , , , , , , , , , , , ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	, ,	, ,		.,
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(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 IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and <b>stop here</b>	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

schedule A (Form 990 or 990-EZ) 2013 GIFTS TO GIVE, INC.	26-24/5885 Pa
Part IV Supplemental Information. Provide the explanations required by Part II, line	10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
, and complete the parties any additional morning (coordinates).	

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2013

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
IPSWICH	353,247.	322,045
LYNCH FOUNDATION	75,000.	43,798
otal Excess Contributions to Schedule A, Part II, Line 5	1	365,843

### **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" to Form 990, Part IV, lines 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.

Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number

26-2475885 GIFTS TO GIVE, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody from activity fundraiser or entity (fundraiser) or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

	edu I <b>rt</b> I	le G (Form 990 or 990-EZ) 2013 G1F1S 1  Fundraising Events. Complete if the		I "Yes" to Form 990, Part		<u>24/5885</u> Page 2 more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990			
			(a) Event #1 APRIL SERVICE NIGH	(b) Event #2 ANNUAL	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	13,000.	5,500.	3,202.	21,702.
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	13,000.	5,500.	3,202.	21,702.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment		1 200	F1.6	7 216
	9	Other direct expenses			516.	7,316. 7,316.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I			_	14,386
Pa	rt l	<b>III Gaming.</b> Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	11/300
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
æ	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	_	Valuata au labau	Yes %	Yes %	Yes %	
		Volunteer labor	No	└── No	∟ No	
	7	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7				
	Ŭ	Net gaming moonie summary. Subtract line 7	TOTT III C 1, COIGITIT (d)			
		ter the state(s) in which the organization opera	_			
		the organization licensed to operate gaming ac				Yes Mo
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 GIFTS TO GIVE, INC.	26-247	5885	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	13a	,	%
	o An outside facility			——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		<u>'                                    </u>	
14	Enter the frame and address of the person who prepares the organization's gaming/special events books and records	š.		
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	nt		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
	of "Yes," enter name and address of the third party:			
	on the fine and address of the time party.			
	Name >			
	Address >			
16	Gaming manager information:			
	Carning manager information.			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	rt III. linge C	9h 1	0h 15h
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction		, 30, 1	00, 100,
	13c, 10, and 17b, as applicable. Also complete this part to provide any additional information (see instruction	15).		
_				

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2013)

GIFTS TO	GIVE, INC	C.					26-2475885
Part I General Information on Grants a	ınd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						tion X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIOUS		501C3	0.	266,100.	FMV	GENTLY USED CLOTHING & SCHOOL SUPPLIES	TO PROVIDE DONATED GOODS
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in tl	he line 1 table				<b>&gt;</b>
3 Enter total number of other organization	s listed in the line	1 table					<b>&gt;</b>

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

Part III Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	ited States. Com	plete if the organiza	ation answered "Yes	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2, Part III, columr	(b), and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION ONLY PROVIDES NON	I-CASH AS	SISTANCE I	O OTHER		
ORGANIZATIONS IN THE UNITED STATES	. IT DO	ES NOT DIS	TRIBUTE GR	ANT FUNDS,	
AND THUS HAS NO PROCEDURES FOR MON	IITORING '	THEIR USE.			

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

GIFTS TO GIVE, INC.

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

Employer identification number 26-2475885

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)	•		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d		•	_
		applicable		Form 990, Part VIII, line 10	noncash contrib	ution a	nount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		265,750.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ( )							
27	Other							
28	Other (							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82							
		, ,					Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 - 28,	that it must hold for			
	at least three years from the date of the initial							
	the entire holding period?			•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contri	outions?	31	Х	
	Does the organization hire or use third parties							
			-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is o	hecked,			
	describe in Part II.	(-) .	71 1- 34-0	,	,			
LHA		the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (	2013)

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013)

332142 09-03-13

### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Inspection

**Employer identification number** 

26-2475885

Department of the Treasury Internal Revenue Service

SCHOOL.

Name of the organization

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

GIFTS TO GIVE, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECT THOUSANDS OF LOCAL CHILDREN TO GIVING AND SERVICE. WE CALL IT TANGIBLE PHILANTHROPY AND BIG CITIZENSHIP. CHILDREN AND THEIR FAMILIES DONATE GENTLY-USEDOCLOTHES, BOOKS, TOYS AND THINGS THEY NO LONGER NEED OR USE AND VOLUNTEER AT OUR REPURPOSING FACTORY TO PROCESS, ORGANIZE AND PACKAGE TONS OF DONATIONS TRANSFORMING THEM INTO THOUSANDS OF INDIVIDUAL GIFT PACKAGES THAT ARE ORDERED BY LOCAL AGENCIES AND ORGANIZATIONS FOR HOMELESS AND IN-NEED CHILDREN IN THEIR CARE. WE ALSO SUPPORT PUBLIC SCHOOLS WITH STUDENT AND ADULT VOLUNTEERS IN EARLY LITERACY PROGRAMMING IN KINDERGARTENS, DURING SCHOOL. WE ALSO PROGRAM ADULT VOLUNTEERS TO MENTOR MIDDLE SCHOOL STUDENTS, IN SCHOOL, AFTER

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S

GOVERNING BODY FOR APPROVAL BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ITS DIRECTORS AND OFFICERS TO

DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICT.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S PUBLIC DOCUMENTS ARE AVAILABLE FOR

INSPECTION ON THE ORGANIZATIONS WEBSITE AND MASSACHUSETTS ATTORNEY

GENERAL'S WEBSITE.

Name of the organization  GIFTS TO GIVE, INC.	Employer identification number 26-2475885
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS THAT ARE REQUIRED TO BE MADE AVAILABLE TO T	HE
PUBLIC ARE AVAILABLE UPON REQUEST.	

### 2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	EQUIPMENT														
1	2 DYMO LABEL PRINTERS	11/19/08	SL	5.00	1	.6	206.				206.	178.		28.	206.
2	PRINTER	12/26/08	SL	5.00	1	.6	331.				331.	281.		50.	331.
3	SIGNS	12/30/08	SL	7.00	1	.6	1,097.				1,097.	667.		157.	824.
10	FREEZER	10/23/09	SL	5.00	1	.6	450.				450.	308.		90.	398.
11	LAWNMOWER	05/10/10	SL	7.00	1	.6	395.				395.	164.		56.	220.
12	BUILDING MATERIALS	07/01/10	SL	15.00	1	.6	1,533.				1,533.	281.		102.	383.
13	LAPTOP	07/06/10	SL	5.00	1	.6	844.				844.	465.		169.	634.
14	BUILDING MATERIALS	07/07/10	SL	15.00	1	.6	571.				571.	105.		38.	143.
15	BUILDING MATERIALS	07/08/10	SL	15.00	1	.6	273.				273.	50.		18.	68.
16	PRINTER	07/26/10	SL	5.00	1	.6	495.				495.	264.		99.	363.
17	LAPTOP	07/28/10	SL	5.00	1	.6	600.				600.	320.		120.	440.
18	PRINTER	08/02/10	SL	5.00	1	.6	127.				127.	67.		25.	92.
19	CAMERA	10/21/10	SL	5.00	1	.6	245.				245.	118.		49.	167.
20	CAMERA	01/10/11	SL	5.00	1	.6	277.				277.	124.		55.	179.
21	CABINETS	01/12/11	SL	7.00	1	.6	238.				238.	77.		34.	111.
22	HAND TRUCKS	01/12/11	SL	7.00	1	.6	228.				228.	74.		33.	107.
23	PRINTER	01/19/11	SL	5.00	1	.6	159.				159.	69.		32.	101.

328111 05-01-13

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### 2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
24	MONITORS	01/24/11	SL	5.00	16	133.				133.	58.		27.	85.
25	WOODEN TABLES	01/26/11	SL	7.00	16	1,000.				1,000.	310.		143.	453.
26	CAMERA	02/28/11	SL	5.00	16	242.				242.	100.		48.	148.
29	PRINTER	10/04/10	SL	5.00	16	329.				329.	165.		66.	231.
40	APPLE I POD	06/18/12	SL	5.00	16	1,591.				1,591.	239.		318.	557.
41	APPLE I POD	06/18/12	SL	5.00	16	1,591.				1,591.	239.		318.	557.
42	LENOVO COMPUTER	06/18/12	SL	5.00	16	2,373.				2,373.	356.		475.	831.
	* 990 PAGE 10 TOTAL - EQUIPMENT					15,328.				15,328.	5,079.		2,550.	7,629.
	FURNITURE AND EQUIPMENT													
4	WAREHOUSE FIXTURES	02/20/09	SL	7.00	16	5,000.				5,000.	2,916.		714.	3,630.
5	CARPETING	02/23/09	SL	7.00	16	677.				677.	396.		97.	493.
6	AWNING	02/26/09	SL	7.00	16	1,007.				1,007.	588.		144.	732.
7	CARPETING	03/03/09	SL	7.00	16	677.				677.	396.		97.	493.
8	FIRE SAFETY DOORS	03/27/09	SL	15.00	16	2,570.				2,570.	684.		171.	855.
9	WAREHOUSE FIXTURES	08/03/09	SL	7.00	16	10,000.				10,000.	5,239.		1,429.	6,668.
30	WAREHOUSE FIXTURES	04/19/10	SL	7.00	16	2,000.				2,000.	834.		286.	1,120.
31	WAREHOUSE FIXTURES	04/23/10	SL	7.00	16	2,000.				2,000.	834.		286.	1,120.
32	COMPUTER	07/19/10	SL	5.00	16	2,251.				2,251.	1,200.		450.	1,650.

328111 05-01-13

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### 2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
33	SHELVING	09/08/10	SL	7.00	1	L 6	5,000.				5,000.	1,845.		714.	2,559.
34	CARPETING	09/22/10	SL	7.00	1	L 6	490.				490.	175.		70.	245.
35	OFFICE COUCH	11/17/10	SL	7.00	1	L 6	313.				313.	105.		45.	150.
36	CONSTRUCTION MATERIALS	12/15/10	SL	7.00	1	L 6	729.				729.	243.		104.	347.
37	SHELVING	12/28/10	SL	7.00	1	L 6	2,726.				2,726.	875.		389.	1,264.
38	OFFICE COUCH	01/12/11	SL	7.00	1	L 6	267.				267.	86.		38.	124.
39	CARPETING	03/30/11	SL	7.00	1	L 6	380.				380.	108.		54.	162.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQUIPMENT						36,087.				36,087.	16,524.		5,088.	21,612.
	* GRAND TOTAL 990 PAGE 10 DEPR						51,415.				51,415.	21,603.		7,638.	29,241.
					П										