Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

A Fo	rthe 2	2008 ca <u>lendar ye</u> a	ar, or tax year beginning 01-01-2008 and ending 12-31-2008	3							
B Che	ck if ap	pplicable Please	C Name of organization INVEST IN KIDS		D Employer	identification number					
┌ Add	ress ch	ange use IRS			84-1455						
┌ Nar	ne char		Doing Business As		E Telephone	e number					
┌ _{Init}	ıal retur	type. See Specific	Number and street (or P O box if mail is not delivered to street address	s\ Doom/suito	(303)83	9-1808					
_	mınatıo	Instruc-	1775 SHERMAN ST ROOM/SUITE 2075	s) Room/suite	G Gross rec	eipts \$ 1,263,418					
☐ Am	ended r	return	City or town, state or country, and ZIP + 4	•							
┌ App	lication	pending	DENVER, CO 80203								
	v-evem	JENNI 1775 DENV	me and address of Principal Officer FER V ATLER SHERMAN ST 2075 ER,CO 80203 c) (3) • (insert no)	affilia	l affiliates incl	「Yes ▼ Nouded? 「Yes 「No					
			.) (3) ¬ (IIISEIT 110) ¬ ¬¬¬¬¬(a)(1) 01 ¬ 327	_		ist See instructions)					
J W	eb site	e: F		H(c) Grou	p Exemption	Number F					
К Туре	e of org	anızatıon 🔽 Corpora	tion	L Year of Fo	rmation 1998	M State of legal domicile					
Pai	rt I	Summary									
	1	Briefly describe th	ne organization's mission or most significant activities								
Governance			IS WORKING TO IMPROVE THE HEALTH AND WELL-BEIN S 0-8) THROUGH THE IMPLEMENTATION OF RESEARCH								
ĭē.	2	Check this box	if the organization discontinued its operations or disposed of	more than 2	5% of its ass	ets					
ទី	3	Number of voting members of the governing body (Part VI, line 1a)									
2 6	4	Number of indepe	ndent voting members of the governing body (Part VI, line 1b)	. 4	88					
Activities &	5	Total number of e	mployees (Part V , line 2a)		5	20					
₫	6	Total number of v	olunteers (estimate if necessary)		6	45					
व	7a	Total gross unrela	ated business revenue from Part VIII, line 12, column (C) .		7	a 0					
	ь	Net unrelated bus	iness taxable income from Form 990-T, line 34		7	b					
				Prio	r Year	Current Year					
_	8	Contributions an	d grants (Part VIII, line 1h)		565,281	613,753					
Revenue	9	Program service	revenue (Part VIII, line 2g)		426,255	572,595					
9	10	Investment inco	me (Part VIII, column (A), lines 3, 4, and 7d)		43,064	24,994					
Щ	11	Other revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,200	44,580					
	12	Total revenue—a 12)	add lines 8 through 11 (must equal Part VIII, column (A), line		1,082,800	1,255,922					
	13		ar amounts paid (Part IX, column (A), lines 1-3)			0					
	14	•	or for members (Part IX, column (A), line 4)			0					
\$	15	Salaries, other c 10)	ompensation, employee benefits (Part IX, column (A), lines 5	-	707,203	828,508					
Expenses	16a		draising fees (Part IX, column (A), line 11e)			0					
五	ь	` -	penses, Part IX, column (D), line 25 105,083								
	17	Other expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)		483,064	464,541					
	18	Total expenses-	-add lines 13-17 (must equal Part IX, line 25, column (A))		1,190,267	1,293,049					
- 00	19	Revenue less ex	penses Subtract line 18 from line 12		-107,467	-37,127					
\$ & \$ & \$ &				Beginni	ng of Year	End of Year					
Set Ses	20	Total assets (Pa	rt X, line 16)		1,491,338	1,408,229					
Not Assets or Fund Balances	21	Total liabilities (Part X, line 26)		68,815	52,833					
2 E	22	Net assets or fu	nd balances Subtract line 21 from line 20		1,422,523	1,355,396					
		Signature Bl			•	<u> </u>					

Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Please Sign Signature of officer Here JENNIFER V ATLER EXECUTIVE DIRECTOR Type or print name and title Date 2009-07-27 Preparer's signature DAVE MAGRUDER Paid Preparer's Firm's name (or yours Use if self-employed), address, and ZIP + 4 Only JDS PROFESSIONAL GROUP 5670 GREENWOOD PLAZA BLVD STE 200 GREENWOOD VILLAGE, CO 80111 May the IRS discuss this return with the preparer shown above? (See instruction

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission NURSE-FAMILY PARTNERSHIP IS A PROGRAM T TO IMPROVE PREGNANCY OUTCOMES, IMPROV			
2	Did the organization undertake any sittle prior Form 990 or 990-EZ?		ces during the year which were not list	ed on ✓ Yes No
	If "Yes," describe these new services			
3	Did the organization cease conducting services?		anges in how it conducts any program	
4	If "Yes," describe these changes on S			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) trus	ts are required to report the amount o	
4a		1 THAT SENDS SPECIALLY TR	cluding grants of \$) (Re AINED NURSES ON WEEKLY OR BI-WEEKLY VI: 'H AND DEVELOPMENT AND IMPROVE A FAMILY	
4b	(Code) (Expenses \$	539,872 ind	cluding grants of \$) (Re	venue \$)
	THEIR PARENTS' PARENTING PRACTICES IY MANAGEMENT CURRICULUM TAUGHT TO PR	HAS THREE DISTINCT COMP E-SCHOOL TEACHERS (DELIV	IED TO IMPROVE THE MENTAL HEALTH OF YOU ONENTS THAT WORK TOGETHER TO ACHIEVE ÆRED BY SPECIALLY TRAINED COACHES), A DI THE CHILDREN'S TEACHERS), AND A PARENT	SIGNIFICANT OUTCOMES A CLASSROOM EVELOPMENTALLY APPROPRIATE BEHAVIORAL
4c		PROMOTION PROGRAM, IS A	Cluding grants of \$) (Re CLASSROOM-BASED BEHAVIOR PROGRAM ST MEMBERSHIP, 3) MONITORING OF BEHAVIOR,	
4d	Other program services (Describe i	n Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	1,027,252	Must equal Part IX, Line 25, column (B)	

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🖼	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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		No

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to			_		
_	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported in 2a, did the organization file all required federal employs	nent t	ax returns?	2b	Yes	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the Did the organization have unrelated business gross income of \$1,000 or more during				163	NI -
L	return?	odulo.		3a 3b		No
- Б 4а	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch At any time during the calendar year, did the organization have an interest in, or a s			3D		
'I a	over, a financial account in a foreign country (such as a bank account, securities acaccount)?	-	•	4a		Νο
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement the					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	itribut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property of the Farm 02 02 02	rty for	which it was required to	7c		Νo
d	file Form 8282?	7d		70		NO
u	in res, marcate the number of rorms 5252 med during the year	<u> </u>				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	nums on a personal	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization to	ile a F	orm 1098-C as			
_	required?			7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		No
_	year?		l I			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			_		
_	Did the organization make any taxable distributions under section 4966?			9a		No_
b	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		No
10	Section 501(c)(7) organizations. Enter	ــــــــــــــــــــــــــــــــــــــ	I			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a 10b				
D	facilities	TOB				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year				ı l	

Section A. Governing Body and Management

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	desc	ribe the circumstances,			
а	Enter the number of voting members of the governing body	1a	10			
b	Enter the number of voting members that are independent	1b	8			
	Did any officer, director, trustee, or key employee have a family relationship or a busy other officer, director, trustee, or key employee?		·	2		No
	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		No
	Did the organization make any significant changes to its organizational documents sifiled?	ınce t	he prior Form 990 was	4		Νο
	Did the organization become aware during the year of a material diversion of the orga	nızatı	on's assets?	5		Νo
	Does the organization have members or stockholders?			6		Νo
а	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholde	ers, o	other persons?	7b		No
	Did the organization contemporaneously document the meetings held or written actio year by the following	ns ur	dertaken during the			
а	the governing body?			8a	Yes	
b	each committee with authority to act on behalf of the governing body?			8b	Yes	
а	Does the organization have local chapters, branches, or affiliates?			9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the organization.			9b		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. v upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

INVEST IN KIDS 1775 SHERMAN ST 2075 DENVER, CO 80203 (303) 839-1808

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did r	ot compens	ate any	offic	er, d	lirec	tor, tru	uste	e or key employee		
		Posit tl	(C non (hat a	chec		I			(-)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JENNIFER V ATLER	32	Х						70,799	0	13,796
ROBERT HILL	1	Х						0	0	0
CATHY LEMON	1	X						0	0	0
ADELE PHELAN	1	X						0	0	0
GREGORY KANAN	1	Х						0	0	0
ERIC HILTY	1	X						0	0	0
JAMES SCARBORO	1	Х						0	0	0
CATHERINE GOODWILLIE	2	X						0	0	0
SEAN WATERS	1	Х						0	0	0
JOHN WALSH	4			Х				0	0	0

Part VIII Continued

(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	appl	у)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
				_					
						\vdash			
						ليا			1
1b Total					ı		70,799)	13,796

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Page **9**

Part Stat

					(A)	(B)	(C)	(D)
					Total Revenue	(B) Related or Exempt Function	Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated can	mpaigns 1a			Revenue		512, 513, or 514
\$ \$	ь		ues					
필필		Membership a	1b					
% E	С	Fundraising events						
無っ	d	Related organizations 1d						
<u>چ</u> <u>≡</u>	e	Government grar	nts (contributions) 1e					
r Si	f	All other contribut	tions, gifts, grants, and	613,753				İ
5 ₹ 5		sımılar amounts r	not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash cont	rıbutıons ıncluded ın					
ဝင်း	١.	lines 1a-1f \$			613,753			
	h	rotal (Add iin	es 1a-1f)	· · · · ·				
Q.	_			Business Code				
eun	2a	GOVERNMENT CO			373,980	·		
æ	Ь	TRAINING & TA R			121,331	121,331		
Program Serwoe Revenue	С	OTHER CONTRAC	CTS		77,284	77,284		
ē. E	d							
S =	e							
ē ē	f	All other prog	ram service revenue					
Š	g	Total. Add line	es 2a-2f					
		> \$ 572,595						
	3		come (including divi	·	24,994			24,994
			amounts)	▶	21,551			21,331
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents	9,876					
	Ь	Less rental expenses						
	С	Rental income or (loss)	9,876					
	d		ome or (loss)		9,876			9,876
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	С	Gaın or (loss)						
	d	Net gain or (lo						
	8a		from fundraising					
		events (not in	cluding 2,200					
Other Revenue		т	ns reported on line					
ās ≯		1c) See Part	IV , line 18 le G if total exceeds					
æ								
Jēr	ь	Less directe	xpensesb	7,496				
₹	с	Net income or	(loss) from fundrais	ing events	34,704			34,704
	9a	Gross income	from gaming					
		activities See	part IV, line 19					
		Complete Schel						
			а					
	b		xpensesb					
	С	Net income or	· (loss) from gaming a	activities -				
	10a	Gross sales o	fınventory, less					
		returns and al						
	ь	Less cost of	a hoods sold					
	C		goods sold b ·(loss) from sales of	Inventory				
		Miscellaneou		Business Code				
	11a							
	ь							
	С							
	d	All other reve	 nue _					
	e		es 11a-11d	\$				
	12	Total Revenue	e. Add lines 1h, 2g, 3		1,255,922	572,595		69,574
		8c,		.				

Part IX Statement of Functional Expenses

A	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do i	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	84,595	52,992	14,406	17,197				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	646,475	529,848		55,208				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	40,200	28,554	7,518	4,128				
10	Payroll taxes	57,238	41,066	9,753	6,419				
11	Fees for services (non-employees)								
а	Management				_				
b	Legal								
c	Accounting								
d	Lobbying								
е	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	27,250	2,689	24,240	321				
12	Advertising and promotion	14,418	9,954	3,280	1,184				
13	Office expenses	12,332	3,749	6,860	1,723				
14	Information technology	17,642	12,561	3,998	1,083				
15	Royalties				_				
16	Occupancy	65,807	51,824	7,394	6,589				
17	Travel	57,261	55,312	826	1,123				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings	39,739	39,739						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	6,961	5,520	780	661				
23	Insurance	5,005		5,005					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	PROGRAM MATERIALS & EVAL	125,946	125,946		_				
b	COMMUNITY GRANTS	34,868	34,868						
c	OTHER/MISC	22,636	9,169	9,271	4,196				
d	ADVOCACY	15,072	15,072						
e	EDUCATION & STAFF DEV	14,761	8,389	5,964	408				
f	All other expenses	4,843			4,843				
25	Total functional expenses. Add lines 1 through 24f	1,293,049	1,027,252	160,714	105,083				
26	Joint Costs. Check fif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				, , , , , , , , , , , , , , , , , , ,				

Parity Balance Sheet	Dart Y	Ralance	Sheet
----------------------	--------	---------	-------

					(A) Beginning of year		(E	3) fyear
	1	Cash—non-interest-bearing			-10,418	1	Liid 0	90,519
	2	Savings and temporary cash investments			1,173,351	2		1,028,757
	3	Pledges and grants receivable, net			246,700	-		161,500
	4	Accounts receivable, net			63,284	4		94,131
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L	key er	nployees or	,	5		· ·
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So	tion 4			6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
93	9	Prepaid expenses and deferred charges			8,483	9		25,033
Assets	10a	Land, buildings, and equipment cost basis	1	l 47.004				
⋖	_		10a	47,681				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	39,392	· '			8,289
	11	Investments—publicly traded securities			562	11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII o	f		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Of Schedule D$.	t VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,491,338	16		1,408,229
	17	Accounts payable and accrued expenses .			46,295	17		35,274
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities		20				
<u>ē</u>	21	Escrow account liability		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
=======================================		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			22,520	25		17,559
	26	Total liabilities. Add lines 17 through 25			68,815	26		52,833
s e		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	te line	es 27				
anc	27	Unrestricted net assets			938,631	27		1,067,659
Balance	28	Temporarily restricted net assets			483,892	28		317,737
Ξ	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here F and	compl	ete				
2		lines 30 through 34.						
ζ.	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fun-			32			
Ŋ€ţ	33	Total net assets or fund balances		1,422,523	33		1,385,396	
_	34	Total liabilities and net assets/fund balances			1,491,338	34		1,438,229
Pa	rt XI	Financial Statements and Reporting						
		_					Yes	No

Doub VI	Einaneial	Statements	and Reporting
27:14 29:4 20	Financiai	Statements	and keborting

	_					
1	Accounting method used to prepare the Form 990					
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?					
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o		
b	If "Yes," did the organization undergo the required audit or audits?	3ь				

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue

1

2

3

10 11

h

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Service Name of the organization INVEST IN KIDS

Employer identification number

84-1455282

Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		s the ation in organized US?	(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
Total										

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

(ii) a family member of a person described in (i) above?

Yes

11g(i)

11g(ii)

11g(iii)

No

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box or	n line 5, 7, or	8 of Part I.)				
Р	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	895,498	784,918	1,045,445	565,281		583,753	3,874,895
2	Tax revenues levied for the organization'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 line 1-3	895,498	784,918	1,045,445	565,281		583,753	3,874,895
5	The portion of total contribution by each				·			· · · · · · · · · · · · · · · · · · ·
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							1,757,408
6	(f) Public Support subtract line 5 from line 4							2,117,487
Т	otal Support			•	•			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	895,498	8,678	1,045,445	565,281		583,753	3,874,895
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	3,512	8,678	30,798	53,518		34,870	131,376
9 10	sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in							
	Part IV)							4,006,271
11 12	Total Support (Add lines 7 through 10) Gross receipts from related activities, etc	(See instruction	s)			12		139,683
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		st, second, thire	d, fourth, or fifth	tax year as a 50			▶ □
	omputation of Public Support Perc			(5)				
14 15	Public Support Percentage for 2008 (line 6		•	olumn (T))		14		52 854 %
15 162	Public Support Percentage for 2007 Sched 33 1/3% Test - 2008. If the organization did			and line 14 is 33	1/3% or more	15	this box	51 900 %
	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization dibox and stop here. The organization qualifies	a publicly supp d not check the l	orted organızatı oox on line 13 o	on r 16a, and line 1				▶ ▼ s
	10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fact the organization meets the "facts and circumstances"	If the organization is and circumstances" test The If the organization is and circumstances" test	on did not check ances" test, che e organization qu on did not check ances" test, che The organizatio	a box on line 13 eck this box and ualifies as a pub a box on line 13 eck this box and in qualifies as a	stop here. Explicly supported 3, 16a, 16b, or stop here. Expl publicly suppor	laın ın organı 17a ar laın ın ted org	Part IV ho zation id line 15 Part IV ho janization	w the ► us 10% or
18	Private Foundation. If the organization did	not check the bo	x on line 13, 16	sa, 16b, 17a or 1	L7b, check this	box a	nd see	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (b)** 2005 (d) 2007 **(e)** 2008 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (f) Total Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 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) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 **Computation of Investment Income Percentage 17** Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 18

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities) Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B ◆ Section 527 organizations complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B

If th	e organization answered "Ye	t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (P		(h)) Complete Part II-B Do n	ot complete Pari	t II-A			
Na	ection 501(c)(4), (5), or (6) organi me of the organization /EST IN KIDS	zations complete Part III		Employer iden	itification numb	er			
Par		y all organizations exempt e the instructions for Schedule		84-1455282 n 501(c) and section	527				
1 2	Provide a description of the org	ganization's direct and indirect polit	ical campaign act	ıvıtıes ın Part IV	\$				
3	Volunteer hours				—				
Par	t I-B To be completed be for Schedule C for de	y all organizations exempt etails.)	under section	501(c)(3). (See the	instructions				
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955		\$				
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectior	1 4955	\$				
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	7	☐ Yes	✓ No			
4a	Was a correction made?				☐ Yes	✓ No			
ь	If "Yes," describe in Part IV								
Par		y all organizations exempt	under section	1 501(c), except sect	ion 501(c)(3).			
_	(See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities								
1		, 5 5	·		\$				
2	527 exempt funtion activities	rganization's internal funds contribi	ated to other organ	ilzations for section	\$				
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$				
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes	✓ No			
5	State the names, addresses ar were made Enter the amount p political contributions received segregated fund or a political a	organization's own interna litical organization, such a	l funds or were s a separate	nents					
(a) Name		(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount o contributions and promp directly deliv separate p organization enter -	received tly and ered to a olitical If none,			

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

section 4911 tax for this year?

┌ Yes ┌ No

				i age a
P	Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns—			68
			e C for details.)	
	<u></u>	<u> </u>		
В	Check If the filing organization	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures—	(a) Filing Organization's	(b) Affiliated Group
	(The term "expenditure	es" means amounts paid or incurred.)	Totals	Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	15,072	
c	Total lobbying expenditures (add line	es 1a and 1b)	15,072	
d	Other exempt purpose expenditures		1,172,894	
е	Total exempt purpose expenditures	1,187,966		
f	, -	193,797		
	columns— If the amount on line 1e, column (a)			
	or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	48,449	
h	Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- if line f is more than line c		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2a	Lobbying non-taxable amount	134,614	183,919	185,195	193,797	697,525					
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,046,288					
c	Total lobbying expenditures	6,000	15,000	15,000	15,072	51,072					
d	Grassroots non-taxable amount	33,654	45,980	46,299	48,449	174,382					
е 	Grassroots ceiling amount (150% of line d, column (e))					261,573					
f	Grassroots lobbying expenditures										

che	edule C (Fo	orm 990 or 990-EZ) 20	08					Р	age 3
Pa	rt II-B		by organizations exempt und ider section 501(h)). (See the				ed F		
					(a	a)	<u> </u>	(b)	
					Yes	No	A	mour	nt
1	legislatio		janization attempt to influence foreign, it to influence public opinion on a legis						
а	Voluntee	· =				No			
b	Paid stat	ff or management (includ	de compensation in expenses reported	on lines c through i)?		No	1		
С	Media ac	lvertisements?				Νo			
d	Mailings	to members, legislators	, or the public?			Νo			
e	Publicati	ons, or published or bro	adcast statements?			Νo			
f	Grants to	o other organizations for	· lobbying purposes?			Νo			
g	Direct co	ontact with legislators, t	heir staffs, government officials, or a l	egislative body?		Νo			
h	Rallies, o	demonstrations, semina	rs, conventions, speeches, lectures, o	rany other means?		Νo			
i	Otherac	tivities If"Yes," descri	be in Part IV			Νo			
j	Total line	es 1c through							
2a	1ı Did the a	activities in line 1 cause	the organization to be not described i	n section 501 (c)(3)?		No	1		
			tax incurred under section 4912	11 300 (0)(3)		140	1		
			tax incurred by organization managers	s under section 4912			-		
			a section 4912 tax, did it file Form 4			l No	<u> </u>		
			by all organizations exempt i	-	ction			0 0 0	
u i	CIII A		. (See the instructions for Schedi		Ction	301(-)(J)	, 01	
	144					_	$\overline{}$	Yes	No
1		. ,	nore) dues received nondeductible by			-	1		No
2		-	n-house lobbying expenditures of \$2,0				2		No
3			rryover lobbying and political expendit				3		Νo
'a r		section 501(c)(6) question 3 is ans	by all organizations exempt of if BOTH Part III-A, questions wered "Yes." (See the instruction	1 and 2 are answered "No"	OR if	Part			
1	,	sessments and similar			-	1 \$			
2			obbying and political expenditures <i>(do</i> n <i>527(f) tax was paid).</i>	not include amounts of political	'				
а	Current `	Year				2a \$			
b	Carryove	er from last year				2b\$			
c	Total					2c \$			
3	A ggrega	te amount reported in se	ection $6033(e)(1)(A)$ notices of nonde	ductible section 162(e) dues		3 \$			
4	does the		ount on line 2c exceeds the amount on arryover to the reasonable estimate of			4 \$			
5			political expenditures (line 2c total mi	nus 3 and 4)	-	 5 \$			
	art IV	Supplemental Inf		nus 5 anu +)		Э ф			
Со	mplete thi		scriptions required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, and	l Part I	I-B, lıne	11		
13		Ident if ier	Return Reference	Explana	tion				
				, , , , , , , , , , , , , , , , , , ,					

Part IV Supplemental Information			
Ident if ier	Return Reference	Explanation	

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493208003109

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Service Name of the organization **Employer identification number** INVEST IN KIDS 84-1455282 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised **▽** No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨

- - Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

-\$

Cat No 52283D

Part	Organizations Maintaining Collections of Art,	His	tor	<u>ical Treasur</u>	es, or Othe	<u>r Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and other records, check any items (check all that apply)	ofth	ne fo	lowing that are	a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or excha	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explai Part XIV	n hov	w the	y further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as j						Yes	✓ No
Par		Com	plet	e if the organ		ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X? $$	dıary	for	contributions or	other assets 1		Yes	✓ No
b	If "Yes," explain why in Part XIV and complete the following tabl	е						
						A mo	unt	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line	21?				Γ	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if the organization (a)Current Year		wer Prior			t IV, line 10. Three Years Back (e	. 	/ PI-
1-	Beginning of year balance	(D	PHOL	real (c) I wo	rears back (u)	Tillee Teals back (e)i oui i	ears back
1a								
Ь	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held a	s						
а	Board designated or quasi-endowment							
ь	Permanent endowment							
	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organiza	tion	that	are held and ad	ministered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		Νο
	(ii) related organizations	•				3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizations listed as required					3b		No
4	Describe in Part XIV the intended uses of the organization's end				+ V l.m. = 10			
Раг	IVI Investments—Land, Buildings, and Equipmen	1t. 5		<u>'</u>			1	
	Description of investment			a) Cost or other asis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) I	Book value
1 a L	and		\perp			٦		
b B	Guildings	•	\perp					
c L	easehold improvements							
d E	quipment				47,681	39,39	2	8,289
	ther							
Total	Add lines 1a-1e (Column (d) should equal Form 990, Part X, colum	ın (B)), line	e 10(c).)				8,289
						Schedule D (Form 9	990) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Dest VIII Investments Duescom Polated Co	a Farma 000 Daret V June	12	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	otion		(b) Book value
Table (Calumen (b) about a good Farms 000 Part V and (B) line	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part >			
(a) Description of Liability	(b) A mount		
Federal Income Taxes	(=)		
DEFERRED RENT	17,559		
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	17,559		
	/	1	

Par	t XI Reconciliation of C	<u>hange in Net Assets from Fori</u>	n 99	0 to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	1,255,922
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	1,293,049
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-37,127
4	Net unrealized gains (losses) o	n investments				4	
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Iir	nes 4 - 8				9	
10		per financial statements Combine line	c 3 ar	4 0		10	-37,127
		evenue per Audited Financial			ts With Revenue		l
1		r support per audited financial					1,255,922
	statements					1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	tments	•	2a			
Ь	Donated services and use of fa	acılıtıes	•	2b			
C	Recoveries of prior year grants	s	•	2c			
d	Other (Describe in Part XIV)		•	2d			
e	Add lines 2a through 2d .					2e	
3	Subtract line 2e from line 1 .		•			3	1,255,922
4		0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	•	4a			
b	Other (Describe in Part XIV)			4b			
С	Add lines 4a and 4b		•			4c	
5		d 4c. (This should equal Form 990, Par				5	1,255,922
Part 1		xpenses per Audited Financia raudited financial statements			nts With Expense	s per	
2		t not on Form 990, Part IX, line 25				<u> </u>	1,293,049
۷ a	Donated services and use of fa			2a	I		
a b	Prior year adjustments			2b		-	
C	,	Part IX, line 25	•	2c		-	
d	Other (Describe in Part XIV)			2d		-	
e	Add lines 2a through 2d		•	Zu		- │ 2e	
3	<u>-</u>		• •			3	1,293,049
4		0, Part IX, line 25, but not on line 1:	•			<u> </u>	1,293,049
a		uded on Form 990, Part VIII, line 7b		4a	I		
а b				4b		1	
c	Add lines 4a and 4b		•	45		4 _c	
5		nd 4c. (This should equal Form 990, Pa	rt I li	na 18		5	1,293,049
	t XIV Supplemental Inf		,		,		1,233,013
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 9, 9, 9, 10, 11, 11, 11, 11, 11, 11, 11, 11, 11				art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	
			I				

Part XIV Supplemental Information(continued)				
Ident if ier	Return Reference	Explanat ion		

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

Department of the

Internal Revenue

Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493208003109

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

INVEST IN KIDS	ply ent grants
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990 1 Indicate whether the organization raised funds through any of the following activities Check all that ap	, Part IV, line 17. oply ent grants
1 Indicate whether the organization raised funds through any of the following activities Check all that ap	ply ent grants
	nt grants
	nt grants
·	
b F Email solicitations f Solicitation of government gr	rants
c Phone solicitations	
d In-person solicitations	
 Did the organization have a written or oral agreement with any individual (including officers, directors, to rkey employees listed in Form 990, Part VII) or entity in connection with professional fundraising action. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under white to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete. 	tivities? Yes N ich the fundraiser is
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) A mount fundraiser light fundraiser have custody or contributions?	ed by) (or retained by) organization
Yes No	
Total •	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Components than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List	on answered "Yes" to events with gross rec	Form 990, Part IV, line telepts greater than \$5,	ne 18, or ,000.	report	ed
			(a) Event #1 SPECIAL EVENTS (event type)	(b) Event #2	(c) O ther Events (total number)	(Add col	tal Eve (a) thi I (c))	
<u>⊕</u>	1	Constants	42,200		(total namber)	1	4:	2,200
Revenue	2	Gross receipts Less Charitable contributions						
<u> </u>	3	Gross revenue (line 1 minus line 2)	42,200)			42	2,200
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses	7,496	5			7	7,496
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			7	7,496
	9	Net income summary Combine lin	-				34	4,704
Par	t II	Gaming. Complete if the or		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e than	
		\$15,000 on Form 990-EZ, lin		(b) Pull tabs/Instant	(c) O ther gaming	(d) Total	damind	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) th		
	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
Щ Б	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9		er the state(s) in which the organiza		-			Yes	No
a b		the organization licensed to operate No," Explain	gaming activities in eaci	n or these states?		· 9a	+-+	
_		,						
10a b		re any of the organization's gaming li Yes," Explain	icenses revoked, susper	ided or terminated durin	g the tax year?	10a	+-+	
_								
	_							
11		es the organization operate gaming a				11	+	
12		the organization a grantor, beneficiar med to administer charitable gaming				. 12		

			res	IAO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🟲			
	Address -			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	.5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🟲			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	.7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	-		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493208003109

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization INVEST IN KIDS

Employer identification number

84-1455282

ldentifier	Return Reference	Explanation
ANY SIGNIFICANT NEW PROGRAM SERVICES NOT LISTED ON A PRIOR RETURN	FORM 990, PAGE 2, PART III, LINE 2	THE GOOD BEHAVIOR GAMES PROGRAM WAS ADDED IN 2008 SEE THE LIST OF PROGRAM SERVICE ACCOMPLISHMENTS FOR DETAILS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE 990 BEFORE IT IS FILED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	POTENTIAL CONFLICTS OF INTEREST ARE CONSISTENTLY MONITORED TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51056K

Schedule O (Form 990) 2008