

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

UNITED FRIENDS OF THE CHILDREN

95-3665186

Name and title of officer

CLARE K. YORKISON
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,394,820.
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **SANTORO AND COMPANY INC** to enter my PIN **16736**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Clare K. Yorkison* Date ▶ 2-11-15

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96689116736
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Paul Santoro* Date ▶ 02-09-2015

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

TAXABLE YEAR
2013

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name UNITED FRIENDS OF THE CHILDREN	Identifying number 95-3665186
---	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	6,230,677.00
2 Total gross income (Form 199, line 8)	2	4,787,748.00
3 Total expenses and disbursements (Form 199, line 9)	3	6,626,563.00

Part II Settle Your Account Electronically for Taxable Year 2013

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____


Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____
7 Type of account: Checking Savings

Part IV Declaration of Officer

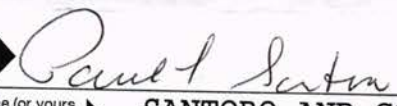
I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

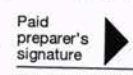
Sign Here  2-11-15 CFO
Signature of Officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign  Date 02-09-15 Check if also paid preparer Check if self-employed ERO's PTIN **P00450195**
Firm's name (or yours if self-employed) and address **SANTORO AND COMPANY INC** FEIN **20-1431797**
11400 WEST OLYMPIC BLVD STE 200
LOS ANGELES, CA ZIP Code **90064**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign  Date _____ Check if self-employed Paid preparer's PTIN _____
Firm's name (or yours if self-employed) and address _____ FEIN _____
ZIP Code _____

Filing Instructions

Prepared for:

UNITED FRIENDS OF THE CHILDREN
1055 WILSHIRE BLVD No. 1955
LOS ANGELES, CA 90017

Prepared by:

SANTORO AND COMPANY INC
11400 WEST OLYMPIC BLVD STE 200
LOS ANGELES, CA 90064

2013 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

2013 CALIFORNIA FORM 199

No payment is required.

The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

COPY

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

2013

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: C Name of organization: UNITED FRIENDS OF THE CHILDREN
D Employer identification number: 95-3665186
E Telephone number: (310) 580-1850
G Gross receipts \$: 6,230,677.
H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
I Tax-exempt status: 501(c)(3)
J Website: WWW.UNITEDFRIENDS.ORG
K Form of organization: Corporation
L Year of formation: 1980
M State of legal domicile: CA

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1. Mission statement, 2. Discontinued operations, 3-7. Activities and Governance summary.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8-12. Revenue summary, 13-19. Expenses summary.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20-22. Net Assets or Fund Balances summary.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: CLARE K. YORKISON, CFO
Preparer: PAUL SANTORO, SANTORO AND COMPANY INC
Firm's EIN: 20-1431797

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED FRIENDS OF THE CHILDREN EMPOWERS CURRENT AND FORMER FOSTER YOUTH ON THEIR JOURNEY TO SELF-SUFFICIENCY THROUGH SERVICE-ENRICHED EDUCATION AND HOUSING PROGRAMS, ADVOCACY, AND CONSISTENT RELATIONSHIPS WITH A COMMUNITY OF PEOPLE WHO CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,095,056. including grants of \$) (Revenue \$) PATHWAYS HOUSING PROGRAM - UFC'S PATHWAYS HOUSING PROGRAM PROVIDES EMANCIPATED FOSTER YOUTH IN LOS ANGELES COUNTY BETWEEN THE AGES OF 18 AND 24 WITH: 18-24 MONTHS OF HOUSING, CAREER/VOCATIONAL COUNSELING AND DEVELOPMENT, EDUCATIONAL MENTORING AND ASSISTANCE, HEALTH AND MENTAL HEALTH SERVICES, LIFE SKILLS TRAINING, AND ADVOCACY COUNSELING. UFC'S RELATIONAL APPROACH EMPHASIZES COMMITMENT AND CONSISTENCY WITHIN A FRAMEWORK THAT DEMANDS INCREASING LEVELS OF PERSONAL RESPONSIBILITY AND INITIATIVE TO EQUIP AND ENABLE FOSTER YOUTH TO BECOME SELF-SUFFICIENT ADULTS.

4b (Code:) (Expenses \$ 1,205,379. including grants of \$) (Revenue \$) COLLEGE SPONSORSHIP PROGRAM - UFC'S COLLEGE SPONSORSHIP PROGRAM PROVIDES COLLEGE BOUND FOSTER YOUTH WITH A FIVE-YEAR FINANCIAL COMMITMENT, HELPING THEM TO ATTEND FOUR-YEAR COLLEGES AND UNIVERSITIES WITHOUT THE FEAR OF BEING COMPLETELY ON THEIR OWN. BEYOND FINANCIAL SUPPORT, THE COLLEGE SPONSORSHIP PROGRAM PROVIDES IN-DEPTH SUPPORTIVE SERVICES, ENRICHMENT ACTIVITIES, POST-GRADUATE PLANNING AND PERSONALIZED ATTENTION TO MEET THE NEEDS OF INDIVIDUAL STUDENTS, WHILE EMPOWERING THEM TO BECOME GOOD DECISION MAKERS.

4c (Code:) (Expenses \$ 1,041,940. including grants of \$) (Revenue \$) COLLEGE READINESS PROGRAM - UFC'S COLLEGE READINESS PROGRAM PREPARES MIDDLE AND HIGH SCHOOL AGED FOSTER YOUTH TO GRADUATE FROM HIGH SCHOOL AND BECOME COMPETITIVE APPLICANTS TO ATTEND TOP-RATED FOUR-YEAR COLLEGES AND UNIVERSITIES. BEGINNING IN THE 7TH GRADE, THE COLLEGE READINESS PROGRAM PROVIDES INDIVIDUAL COLLEGE COUNSELING, TUTORING, WORKSHOPS, COLLEGE TOURS, MENTORING, SPECIAL EVENTS AND SUMMER PROGRAMS, EMPOWERING YOUTH TO BE ACCOUNTABLE FOR THEIR FUTURES AND PROVIDES THEM WITH THE NECESSARY TOOLS TO SUCCEED.

4d Other program services (Describe in Schedule O.) (Expenses \$ 607,556. including grants of \$) (Revenue \$)

4e Total program service expenses 4,949,931.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (26), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with 'X'.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SANTORO AND COMPANY, INC. - 310-914-0181 11400 W OLYMPIC BLVD SUITE 200, LOS ANGELES, CA 90064

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TREMALE BERGER BOARD MEMBER	0.00	X						0.	0.	0.
(2) JUDY BILLINGS BOARD MEMBER	0.00	X						0.	0.	0.
(3) CAROL OUGHTON BIONDI BOARD MEMBER	0.00	X						0.	0.	0.
(4) SEAN BURTON BOARD MEMBER	0.00	X						0.	0.	0.
(5) DEBRA MARTIN CHASE BOARD MEMBER	0.00	X						0.	0.	0.
(6) ROBERT A DALY JR BOARD MEMBER	0.00	X						0.	0.	0.
(7) KIMBERLY MARTEAU EMERSON BOARD MEMBER	0.00	X						0.	0.	0.
(8) MITCHELL EVALL, ESQ. CHAIRPERSON	0.50	X		X				0.	0.	0.
(9) DAVID FISHER BOARD MEMBER	0.00	X						0.	0.	0.
(10) MARIANNA FISHER BOARD MEMBER	0.00	X						0.	0.	0.
(11) CAROL FUCHS BOARD MEMBER	0.00	X						0.	0.	0.
(12) KELLY FISHER KATZ BOARD MEMBER	0.00	X						0.	0.	0.
(13) DENNY LURIA, PH.D. BOARD MEMBER	0.00	X						0.	0.	0.
(14) GRACIELA MEIBAR BOARD MEMBER	0.00	X						0.	0.	0.
(15) RICHARD MERKIN, M.D. BOARD MEMBER	0.00	X						0.	0.	0.
(16) WENDY B. MEYER, LCSW, PH.D. BOARD MEMBER	0.00	X						0.	0.	0.
(17) GAYLE NORTHROP BOARD MEMBER	0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAYE TOELLNER ROGOVIN BOARD MEMBER	0.00	X						0.	0.	0.
(19) ANDE ROSENBLUM BOARD MEMBER	0.00	X						0.	0.	0.
(20) ARACELI RUANO BOARD MEMBER	0.00	X						0.	0.	0.
(21) NADINE SCHIFF-ROSEN BOARD MEMBER	0.00	X						0.	0.	0.
(22) TONI SCHULMAN BOARD MEMBER	0.00	X						0.	0.	0.
(23) ERIN MULCAHY STEIN BOARD MEMBER	0.00	X						0.	0.	0.
(24) WILLIAM TEMKO, ESQ. GENERAL COUNSEL & SECRETARY	0.50	X		X				0.	0.	0.
(25) AKIHIKO WASHINGTON BOARD MEMBER	0.00	X						0.	0.	0.
(26) POLLY WILLIAMS PRESIDENT & CEO	40.00	X		X				218,310.	0.	3,603.
1b Sub-total								218,310.	0.	3,603.
c Total from continuation sheets to Part VII, Section A								371,285.	0.	0.
d Total (add lines 1b and 1c)								589,595.	0.	3,603.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	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		X
4 For any individual listed on line 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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,941,718.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	532,775.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,014,623.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		4,489,116.				
	Program Service Revenue	Business Code					
		2 a					
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		222,863.			222,863.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			-881.		-881.	
	8 a Gross income from fundraising events (not including \$ 1,941,718. of contributions reported on line 1c). See Part IV, line 18	a		76,650.			
		b Less: direct expenses		392,928.			
c Net income or (loss) from fundraising events			-316,278.			-316,278.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			4,394,820.	0.	0.	-94,296.	

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

Do 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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	218,310.	109,155.	54,578.	54,577.
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	2,889,644.	2,200,777.	477,806.	211,061.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	214,094.	169,246.	30,693.	14,155.
10 Payroll taxes	247,703.	176,305.	49,363.	22,035.
11 Fees for services (non-employees):				
a Management	322,644.	322,644.		
b Legal				
c Accounting	76,308.	38,154.	38,154.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	185,106.	147,897.	29,447.	7,762.
14 Information technology				
15 Royalties				
16 Occupancy	209,128.	140,253.	68,875.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,223.	74,001.	8,222.	
23 Insurance	103,537.	50,615.	52,922.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDUCATION	797,477.	797,477.		
b YOUTH SVCS/ASSISTANCE	439,863.	439,863.		
c REPAIRS AND MAINTENANCE	107,532.	89,184.	18,348.	
d CAREER DVLPMNT/INTRNSHP	92,781.	92,781.		
e All other expenses	247,761.	101,579.	64,836.	81,346.
25 Total functional expenses. Add lines 1 through 24e	6,234,111.	4,949,931.	893,244.	390,936.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	579,164.	1	592,462.	
	2 Savings and temporary cash investments	6,009,748.	2	5,575,174.	
	3 Pledges and grants receivable, net	1,583,892.	3	839,600.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	35,406.	9	35,406.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,106,164.			
	b Less: accumulated depreciation	10b 980,890.	160,247.	10c	125,274.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	1,206,829.	12	1,328,689.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	41,643.	15	56,574.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,616,929.	16	8,553,179.		
Liabilities	17 Accounts payable and accrued expenses	376,306.	17	501,792.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables 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 to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	376,306.	26	501,792.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	5,869,362.	27	5,002,168.	
	28 Temporarily restricted net assets	3,371,261.	28	3,049,219.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	9,240,623.	33	8,051,387.	
34 Total liabilities and net assets/fund balances	9,616,929.	34	8,553,179.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,394,820.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,234,111.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,839,291.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,240,623.
5	Net unrealized gains (losses) on investments	5	650,055.
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	8,051,387.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2013

Open to Public Inspection

Name of the organization **UNITED FRIENDS OF THE CHILDREN** Employer identification number **95-3665186**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e 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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,824,028.	4,675,699.	4,051,415.	5,536,138.	4,510,516.	23,597,796.
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	982,836.	1,009,656.	1,001,568.	1,017,529.	1,075,140.	5,086,729.
4 Total. Add lines 1 through 3	5,806,864.	5,685,355.	5,052,983.	6,553,667.	5,585,656.	28,684,525.
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)						1,540,605.
6 Public support. Subtract line 5 from line 4.						27,143,920.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	5,806,864.	5,685,355.	5,052,983.	6,553,667.	5,585,656.	28,684,525.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	167,061.	170,353.	245,906.	154,434.	222,863.	960,617.
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 Total support. Add lines 7 through 10						29,645,142.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	91.56	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	91.23	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
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 \$5,000 or 1% of the amount on line 13 for the year						
c 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) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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

b 33 1/3% support tests - 2012. 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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

UNITED FRIENDS OF THE CHILDREN

Employer identification number

95-3665186

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization UNITED FRIENDS OF THE CHILDREN	Employer identification number 95-3665186
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANGELL FOUNDATION C/O PERRY ORETZKY 10880 WILSHIRE BLVD STE 920 LOS ANGELES, CA 90024	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	CAPITAL GUARDIAN TRUST COMPANY 50 WEST LIBERTY STREET SUITE 650 RENO, NV 89501	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	CHARTWELL CHARITABLE FOUNDATION 1999 AVENUE OF THE STARS SUITE 3050 LOS ANGELES, CA 90067	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	HAIM AND CHERYL SABAN 10100 SANTA MONICA BLVD SUITE 2600 LOS ANGELES, CA 90067	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	THOMAS AND DOROTHY LEAVEY FOUNDATION 10100 SANTA MONICA BLVD SUITE 610 LOS ANGELES, CA 90067	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization UNITED FRIENDS OF THE CHILDREN	Employer identification number 95-3665186
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNITED FRIENDS OF THE CHILDREN	Employer identification number 95-3665186
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **UNITED FRIENDS OF THE CHILDREN** Employer identification number **95-3665186**

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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
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? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,206,829.	1,117,398.	1,225,894.	1,030,808.	471,786.
b Contributions					516,000.
c Net investment earnings, gains, and losses	189,587.	152,686.	-48,598.	204,662.	49,005.
d Grants or scholarships					
e Other expenditures for facilities and programs	57,446.	53,659.	50,150.		
f Administrative expenses	10,280.	9,596.	9,748.	9,576.	5,983.
g End of year balance	1,328,690.	1,206,829.	1,117,398.	1,225,894.	1,030,808.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		362,605.	294,778.	67,827.
e Other		743,559.	686,112.	57,447.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				125,274.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN CA		
(B) COMMUNITY FOUNDATION	1,328,689.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,328,689.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,120,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	650,055.	
b	Donated services and use of facilities	2b	1,075,140.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,725,195.	
3	Subtract line 2e from line 1	3	4,394,820.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,394,820.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,309,251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,075,140.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,075,140.	
3	Subtract line 2e from line 1	3	6,234,111.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,234,111.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S INTENDED USE OF THE ENDOWMENT FUNDS IS FOR COLLEGE SPONSORSHIP AND FOR BROAD GENERAL CHARITABLE USES AND PURPOSES.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. IN ADDITION, THE ORGANIZATION IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, A PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS NOT BEEN MADE.

Part XIII Supplemental Information *(continued)*

COPY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BRASS RING DINNER (event type)	CULTIVATE L.A. (event type)	NONE (total number)		
Revenue	1	Gross receipts	1,643,653.	374,715.		2,018,368.
	2	Less: Contributions	1,584,853.	356,865.		1,941,718.
	3	Gross income (line 1 minus line 2)	58,800.	17,850.		76,650.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	143,990.			143,990.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	132,257.	116,681.		248,938.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				392,928.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-316,278.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED FRIENDS OF THE CHILDREN

Employer identification number
95-3665186

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) POLLY WILLIAMS PRESIDENT & CEO	(i)	218,310.	0.	0.	0.	3,603.	221,913.	189,877.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED FRIENDS OF THE CHILDREN

Employer identification number

95-3665186

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SELF-SUFFICIENCY THROUGH SERVICE-ENRICHED EDUCATION AND HOUSING

PROGRAMS, ADVOCACY, AND CONSISTENT RELATIONSHIPS WITH A COMMUNITY OF

PEOPLE WHO CARE.

FORM 990, PART VI, SECTION A, LINE 2:

TWO OF THE BOARD MEMBERS ARE MARRIED.

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

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE BEFORE IT IS

FILED AND A COPY IS PRESENTED TO THE BOARD OF DIRECTORS.

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

EACH MEMBER OF THE BOARD OF DIRECTORS, ALL STAFF AND

CONSULTANTS ARE ASKED TO COMPLETE THE AGENCY'S CODE OF ETHICAL CONDUCT AND

CONFLICT OF INTEREST POLICY QUESTIONNAIRE ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING THE PRESIDENT'S COMPENSATION

INCLUDED A PERFORMANCE REVIEW AND ANALYSIS BY THE EXECUTIVE COMMITTEE OF

THE BOARD OF DIRECTORS. THE ANALYSIS ENCOMPASSED 1) JOB PERFORMANCE, 2)

SPECIFIC JOB MARKET COMPARABLES, AND 3) UFC'S FINANCIAL HEALTH.

COMPENSATION FOR OTHER KEY EMPLOYEES WAS BASED ON THE SAME THREE FACTORS

WITH JOB PERFORMANCE REVIEWS CONDUCTED BY THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2013)

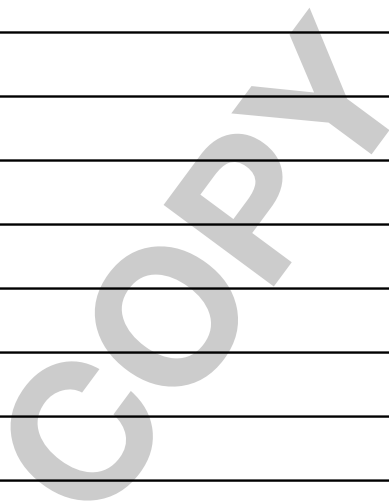
332211
09-04-13

Name of the organization UNITED FRIENDS OF THE CHILDREN

Employer identification number 95-3665186

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C: FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A FINANCE COMMITTEE AND AN AUDIT COMMITTEE. THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.



Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	FURNITURE & FIXTURES							
2	FURNITURE							
	01/01/98	SL	3.00	17	92,231.		92,230.	0.
3	FURNITURE							
	01/01/99	SL	3.00	17	257,351.		257,350.	0.
4	FURNITURE							
	01/01/00	SL	3.00	17	111,962.		111,962.	0.
5	FURNITURE							
	01/01/01	SL	3.00	17	72,333.		72,333.	0.
8	FURNITURE							
	06/28/02	SL	3.00	17	10,317.		10,317.	0.
14	FURNITURE							
	11/10/02	SL	3.00	17	1,520.		1,520.	0.
21	FURNITURE							
	07/24/03	SL	3.00	17	2,674.		2,674.	0.
22	FURNITURE							
	07/24/03	SL	3.00	17	2,570.		2,570.	0.
24	FURNITURE							
	09/09/03	SL	3.00	17	5,611.		5,611.	0.
27	FURNITURE							
	11/30/03	SL	3.00	17	21,930.		21,930.	0.
29	FURNITURE							
	02/12/04	SL	3.00	17	1,243.		1,242.	0.
30	FURNITURE							
	04/29/04	SL	3.00	17	4,758.		4,758.	0.
64	FURNITURE							
	08/28/08	SL	3.00	17	2,165.		2,165.	0.
70	FURNITURE							
	05/20/09	SL	3.00	17	7,746.		7,746.	0.
71	FURNITURE							
	06/25/09	SL	3.00	17	1,635.		1,635.	0.
77	FURNITURE							
	04/01/10	SL	3.00	17	5,213.		5,213.	0.
78	FURNITURE							
	04/01/10	SL	3.00	17	2,930.		2,930.	0.
79	FURNITURE							
	04/28/10	SL	3.00	17	5,487.		5,487.	0.
86	FURNITURE							
	10/14/10	SL	3.00	17	1,487.		1,240.	248.
89	FURNITURE							
	12/16/10	SL	3.00	17	20,000.		16,667.	3,334.
90	FURNITURE							
	11/19/10	SL	3.00	17	2,621.		2,185.	437.
92	FURNITURE							
	02/10/11	SL	3.00	17	3,929.		3,275.	655.
98	FURNITURE							
	01/19/12	SL	3.00	17	1,525.		762.	509.
100	FURNITURE							
	02/09/12	SL	3.00	17	5,691.		2,845.	1,897.
103	FURNITURE							
	03/29/12	SL	3.00	17	1,525.		762.	509.
104	FURNITURE							
	05/24/12	SL	3.00	17	4,501.		2,250.	1,501.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
107	FURNITURE							
	061412	SL	3.00	17	1,412.		706.	471.
109	FURNITURE							
	062812	SL	3.00	17	5,112.		2,556.	1,704.
112	FURNITURE							
	092712	SL	3.00	17	1,512.		252.	504.
113	FURNITURE							
	110812	SL	3.00	17	9,261.		1,544.	3,087.
114	FURNITURE							
	112712	SL	3.00	17	2,797.		466.	932.
115	FURNITURE							
	112912	SL	3.00	17	10,577.		1,763.	3,526.
116	FURNITURE							
	121312	SL	3.00	17	1,512.		252.	504.
118	FURNITURE							
	030713	SL	3.00	17	5,683.		947.	1,894.
121	FURNITURE							
	032813	SL	3.00	17	5,652.		942.	1,884.
122	FURNITURE							
	032813	SL	3.00	17	1,512.		252.	504.
124	FURNITURE							
	051613	SL	3.00	17	9,287.		1,548.	3,096.
129	FURNITURE							
	063013	SL	3.00	17	4,175.		696.	1,392.
130	FURNITURE							
	063013	SL	3.00	17	1,529.		255.	510.
131	FURNITURE							
	091113	SL	3.00	19A	2,213.			369.
132	FURNITURE							
	101013	SL	3.00	19A	1,529.			0.
134	FURNITURE							
	032714	SL	3.00	19A	5,087.			848.
137	FURNITURE							
	050114	SL	3.00	19A	11,362.	5,681.		1,894.
138	FURNITURE							
	051514	SL	3.00	19A	1,568.	784.		261.
139	FURNITURE							
	051514	SL	3.00	19A	1,308.	654.		218.
140	FURNITURE							
	052214	SL	3.00	19A	4,784.	2,392.		797.
141	FURNITURE							
	052914	SL	3.00	19A	4,732.	2,366.		789.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES							
					743,559.	11,877.	651,838.	34,274.
	MACHINERY & EQUIPMENT							
6	EQUIPMENT							
	082001	SL	3.00	17	3,360.		3,360.	0.
7	EQUIPMENT							
	031402	SL	3.00	17	1,018.		1,018.	0.
9	EQUIPMENT							
	070102	SL	3.00	17	4,919.		4,919.	0.
10	EQUIPMENT							
	073002	SL	3.00	17	5,470.		5,470.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
11	EQUIPMENT							
	073002	SL	3.00	17	4,185.		4,185.	0.
12	EQUIPMENT							
	090902	SL	3.00	17	8,029.		8,029.	0.
13	EQUIPMENT							
	100802	SL	3.00	17	1,111.		1,111.	0.
15	EQUIPMENT							
	110602	SL	3.00	17	2,003.		2,003.	0.
16	EQUIPMENT							
	020503	SL	3.00	17	1,715.		1,715.	0.
17	EQUIPMENT							
	042503	SL	3.00	17	4,000.		4,000.	0.
18	EQUIPMENT							
	052703	SL	3.00	17	1,388.		1,388.	0.
19	EQUIPMENT							
	061603	SL	3.00	17	1,721.		1,721.	0.
20	EQUIPMENT							
	063003	SL	3.00	17	4,797.		4,797.	0.
23	EQUIPMENT							
	073003	SL	3.00	17	3,216.		3,216.	0.
25	EQUIPMENT							
	101503	SL	3.00	17	8,394.		8,394.	0.
26	EQUIPMENT							
	103003	SL	3.00	17	19,366.		19,366.	0.
28	EQUIPMENT							
	112003	SL	3.00	17	1,682.		1,682.	0.
31	EQUIPMENT							
	042005	SL	3.00	17	1,500.		1,500.	0.
32	EQUIPMENT							
	042805	SL	3.00	17	1,843.		1,843.	0.
33	EQUIPMENT							
	072204	SL	3.00	17	1,119.		1,119.	0.
34	EQUIPMENT							
	042005	SL	3.00	17	2,483.		2,483.	0.
35	EQUIPMENT							
	042005	SL	3.00	17	2,771.		2,771.	0.
36	EQUIPMENT							
	081105	SL	3.00	17	1,824.		1,824.	0.
37	EQUIPMENT							
	082505	SL	3.00	17	1,178.		1,178.	0.
38	EQUIPMENT							
	110405	SL	3.00	17	1,447.		1,447.	0.
39	EQUIPMENT							
	111005	SL	3.00	17	5,098.		5,098.	0.
40	EQUIPMENT							
	011206	SL	3.00	17	1,083.		1,083.	0.
41	EQUIPMENT							
	032406	SL	3.00	17	3,450.		3,450.	0.
42	EQUIPMENT							
	062906	SL	3.00	17	13,642.		13,642.	0.
43	EQUIPMENT							
	050406	SL	3.00	17	10,924.		10,924.	0.
44	EQUIPMENT							
	062106	SL	3.00	17	2,918.		2,918.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
45	EQUIPMENT							
	062106	SL	3.00	17	1,821.		1,821.	0.
46	EQUIPMENT							
	072106	SL	3.00	17	1,082.		1,082.	0.
47	EQUIPMENT							
	100506	SL	3.00	17	2,735.		2,735.	0.
48	EQUIPMENT							
	022307	SL	3.00	17	2,751.		2,751.	0.
49	EQUIPMENT							
	041907	SL	3.00	17	2,109.		2,109.	0.
50	EQUIPMENT							
	041907	SL	3.00	17	1,883.		1,883.	0.
51	EQUIPMENT							
	051007	SL	3.00	17	1,883.		1,883.	0.
52	EQUIPMENT							
	060707	SL	3.00	17	8,271.		8,271.	0.
53	EQUIPMENT							
	072607	SL	3.00	17	3,443.		3,443.	0.
54	EQUIPMENT							
	091307	SL	3.00	17	1,195.		1,195.	0.
55	EQUIPMENT							
	101807	SL	3.00	17	2,188.		2,188.	0.
56	EQUIPMENT							
	120607	SL	3.00	17	1,666.		1,666.	0.
57	EQUIPMENT							
	030608	SL	3.00	17	1,572.		1,572.	0.
58	EQUIPMENT							
	031308	SL	3.00	17	1,061.		1,061.	0.
59	EQUIPMENT							
	042408	SL	3.00	17	1,728.		1,728.	0.
60	EQUIPMENT							
	050808	SL	3.00	17	1,691.		1,691.	0.
61	EQUIPMENT							
	050808	SL	3.00	17	1,638.		1,638.	0.
62	EQUIPMENT							
	061808	SL	3.00	17	1,701.		1,701.	0.
63	EQUIPMENT							
	080808	SL	3.00	17	1,117.		1,117.	0.
65	EQUIPMENT							
	100908	SL	3.00	17	5,130.		5,130.	0.
66	EQUIPMENT							
	112508	SL	3.00	17	1,334.		1,334.	0.
67	EQUIPMENT							
	012209	SL	3.00	17	1,880.		1,880.	0.
68	EQUIPMENT							
	012209	SL	3.00	17	1,497.		1,497.	0.
69	EQUIPMENT							
	021209	SL	3.00	17	1,497.		1,497.	0.
72	EQUIPMENT							
	080509	SL	3.00	17	1,503.		1,503.	0.
73	EQUIPMENT							
	080509	SL	3.00	17	1,899.		1,899.	0.
74	EQUIPMENT							
	100109	SL	3.00	17	1,503.		1,503.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
75	EQUIPMENT							
	11/11/09	SL	3.00	17	1,692.		1,692.	0.
76	EQUIPMENT							
	02/04/10	SL	3.00	17	1,635.		1,635.	0.
80	EQUIPMENT							
	04/12/10	SL	3.00	17	7,638.		7,638.	0.
81	EQUIPMENT							
	05/12/10	SL	3.00	17	1,436.		1,436.	0.
82	EQUIPMENT							
	06/10/10	SL	3.00	17	1,756.		1,756.	0.
83	EQUIPMENT							
	06/23/10	SL	3.00	17	1,757.		1,757.	0.
84	EQUIPMENT							
	06/23/10	SL	3.00	17	1,756.		1,756.	0.
85	EQUIPMENT							
	09/09/10	SL	3.00	17	1,395.		1,163.	232.
87	EQUIPMENT							
	11/18/10	SL	3.00	17	7,746.		6,455.	1,291.
88	EQUIPMENT							
	11/18/10	SL	3.00	17	1,460.		1,217.	243.
91	EQUIPMENT							
	12/09/10	SL	3.00	17	1,466.		1,222.	244.
93	EQUIPMENT							
	02/10/11	SL	3.00	17	2,440.		2,033.	407.
94	EQUIPMENT							
	06/16/11	SL	3.00	17	2,141.		1,785.	357.
95	EQUIPMENT							
	08/18/11	SL	3.00	17	4,506.		2,253.	1,502.
96	EQUIPMENT							
	10/13/11	SL	3.00	17	3,482.		1,741.	1,161.
97	EQUIPMENT							
	11/17/11	SL	3.00	17	3,668.		1,834.	1,223.
99	EQUIPMENT							
	01/26/12	SL	3.00	17	1,398.		699.	466.
101	EQUIPMENT							
	03/08/12	SL	3.00	17	2,807.		1,404.	936.
102	EQUIPMENT							
	03/22/12	SL	3.00	17	1,084.		542.	361.
105	EQUIPMENT							
	06/01/12	SL	3.00	17	4,218.		2,109.	1,406.
106	EQUIPMENT							
	06/14/12	SL	3.00	17	1,257.		629.	419.
108	EQUIPMENT							
	06/21/12	SL	3.00	17	3,040.		1,520.	1,013.
110	EQUIPMENT							
	08/09/12	SL	3.00	17	6,490.		1,082.	2,163.
111	EQUIPMENT							
	08/16/12	SL	3.00	17	1,814.		302.	605.
117	EQUIPMENT							
	02/28/13	SL	3.00	17	6,472.		1,079.	2,157.
119	EQUIPMENT							
	03/21/13	SL	3.00	17	2,741.		457.	914.
120	EQUIPMENT							
	03/28/13	SL	3.00	17	1,411.		235.	470.

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

See separate instructions. Attach to your tax return.

Attachment Sequence No. 179

UNITED FRIENDS OF THE CHILDREN

FORM 990 PAGE 10

95-3665186

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Line 1: 500,000. Line 3: 2,000,000. Line 7: [blank]. Line 13: [blank].

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Part II. Line 14: [blank]. Line 15: [blank]. Line 16: [blank].

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 74,602. Line 18: [checkbox].

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Row 19a: 3-year property, 33,844, 3 YRS, MQ, SL, 7,621.

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Row 20a: Class life, 12-year, 12 yrs, MM, S/L.

Part IV Summary (See instructions.)

Table with 2 main rows for Part IV. Line 21: [blank]. Line 22: 82,223. Line 23: [blank].

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27. 29 Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2013 tax year: 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

TAXABLE YEAR
2013

**California Exempt Organization
Annual Information Return**

328941 11-14-13
FORM
199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) **07/01/2013**, and ending (mm/dd/yyyy) **06/30/2014**

Corporation/Organization Name UNITED FRIENDS OF THE CHILDREN		California corporation number 1007200
Address (suite, room, or PMB no.) 1055 WILSHIRE BLVD, NO. 1955		FEIN 95-3665186
City LOS ANGELES	State CA	ZIP Code 90017

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	---

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,741,561.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	4,489,116.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	6,230,677.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,442,929.00
	7	Total costs. Add line 5 and line 6	7	1,442,929.00
	8	Total gross income. Subtract line 7 from line 4	8	4,787,748.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,626,563.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1,838,815.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Sign Here	Signature of officer	Title CFO	Date	<input checked="" type="checkbox"/> Telephone (310) 580-1850 <input type="checkbox"/> PTIN
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	<input checked="" type="checkbox"/> FEIN P00450195 <input type="checkbox"/> Telephone 20-1431797
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address SANTORO AND COMPANY INC 11400 WEST OLYMPIC BLVD STE 200 LOS ANGELES, CA 90064			<input checked="" type="checkbox"/> Telephone 310-914-0181
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	76,650.00	
	2	Interest	•	2	83,353.00	
	3	Dividends	•	3	139,510.00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	1,442,048.00	
	7	Other income	•	7	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,741,561.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	218,310.00	
	12	Other salaries and wages	•	12	2,889,644.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	247,703.00
		15	Rents	•	15	209,128.00
		16	Depreciation and depletion (See instructions)	•	16	81,747.00
		17	Other Expenses and Disbursements	•	17	2,980,031.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,626,563.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		6,588,912.		• 6,167,636.
2	Net accounts receivable				•
3	Net notes receivable				•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments		1,206,829.		• 1,328,689.
10	a Depreciable assets	1,058,914.		1,106,164.	
	b Less accumulated depreciation	(898,667.)	160,247.	(980,890.)	125,274.
11	Land				•
12	Other assets		1,660,941.		• 931,580.
13	Total assets		9,616,929.		8,553,179.
Liabilities and net worth					
14	Accounts payable		376,306.		• 501,792.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities				•
19	Capital stock or principle fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		9,240,623.		• 8,051,387.
22	Total liabilities and net worth		9,616,929.		8,553,179.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• -1,839,291.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	• 476.		Subtract line 9 from line 6	-1,838,815.
6	Total. Add line 1 through line 5	-1,838,815.			

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ANNENBERG FOUNDATION	150 N RADNOR-CHESTER ROAD RADNOR, PA 19087	06/05/14	25,000.
BARRY AND WENDY MEYER CHARITABLE FOUNDATION	9460 WILSHIRE BLVD #600 BEVERLY HILLS, CA 90212	04/24/14	85,500.
DAVID AND MARIANNA FISHER	11100 SANTA MONICA BLVD, 15TH FLOOR LOS ANGELES, CA 90025	04/24/14	70,000.
DAVID VICKTER FOUNDATION	865 VIA ABAJO SANTA BARBARA, CA 93110	11/04/13	65,000.
ANGELL FOUNDATION	C/O PERRY ORETZKY 10880 WILSHIRE BLVD STE 920 LOS ANGELES, CA 90024	06/02/14	150,000.
MERKIN FAMILY FOUNDATION	3115 OCEAN FRONT WALK MARINA DEL REY, CA 90292	03/27/14	50,000.
NESBITT FOUNDATION	C/O NORTHERN TRUST 355 SOUTH GRAND AVE LOS ANGELES, CA 90071	12/18/13	70,000.
W.M. KECK FOUNDATION	550 SOUTH HOPE STREET SUITE 2500 LOS ANGELES, CA 90071	06/16/14	25,000.
WARNER BROS ENTERTAINMENT INC	4000 WARNER BLVD BURBANK, CA 91522	12/18/13	55,000.
CAPITAL GUARDIAN TRUST COMPANY	50 WEST LIBERTY STREET SUITE 650 RENO, NV 89501	06/20/14	100,000.
CHARTWELL CHARITABLE FOUNDATION	1999 AVENUE OF THE STARS SUITE 3050 LOS ANGELES, CA 90067	06/30/14	200,000.
HAIM AND CHERYL SABAN	10100 SANTA MONICA BLVD SUITE 2600 LOS ANGELES, CA 90067	06/05/14	130,000.
THOMAS AND DOROTHY LEAVEY FOUNDATION	10100 SANTA MONICA BLVD SUITE 610 LOS ANGELES, CA 90067	01/08/14	100,000.
TOTAL INCLUDED ON LINE 3			<u>1,125,500.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
TREMALE BERGER 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
JUDY BILLINGS 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
CAROL OUGHTON BIONDI 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
SEAN BURTON 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
DEBRA MARTIN CHASE 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
ROBERT A DALY JR 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
KIMBERLY MARTEAU EMERSON 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
MITCHELL EVALL, ESQ. 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	CHAIRPERSON 0.50	0.
DAVID FISHER 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
MARIANNA FISHER 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
CAROL FUCHS 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.

KELLY FISHER KATZ 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
DENNY LURIA, PH.D. 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
GRACIELA MEIBAR 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
RICHARD MERKIN, M.D. 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
WENDY B. MEYER, LCSW, PH.D. 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
GAYLE NORTHROP 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
JAYE TOELLNER ROGOVIN 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
ANDE ROSENBLUM 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
ARACELI RUANO 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
NADINE SCHIFF-ROSEN 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
TONI SCHULMAN 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
ERIN MULCAHY STEIN 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
WILLIAM TEMKO, ESQ. 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	GENERAL COUNSEL & SECRETARY 0.50	0.

AKIHIKO WASHINGTON 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	BOARD MEMBER 0.00	0.
POLLY WILLIAMS 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	PRESIDENT & CEO 40.00	218,310.
CLARE K. YORKISON 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	CFO 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>218,310.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
----------	----------------	-----------	---

DESCRIPTION	AMOUNT
EDUCATION	797,477.
YOUTH SVCS/ASSISTANCE	439,863.
REPAIRS AND MAINTENANCE	107,532.
CAREER DVLPMNT/INTRNSHP	92,781.
DIRECT EXPENSES OF FUNDRAISING EVENTS	392,928.
OTHER EMPLOYEE BENEFITS	214,094.
MANAGEMENT FEES	322,644.
ACCOUNTING FEES	76,308.
OFFICE EXPENSES	185,106.
INSURANCE	103,537.
ALL OTHER EXPENSES	247,761.
TOTAL TO FORM 199, PART II, LINE 17	<u>2,980,031.</u>

FORM 199	OTHER INVESTMENTS	STATEMENT	5
----------	-------------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
BENEFICIAL INTEREST IN CA COMMUNITY FOUNDATION	1,206,829.	1,328,689.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>1,206,829.</u>	<u>1,328,689.</u>

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,583,892.	839,600.	
PREPAID EXPENSES AND DEFERRED CHARGES	35,406.	35,406.	
SECURITY DEPOSIT	41,643.	56,574.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,660,941.	931,580.	

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	7
DESCRIPTION		AMOUNT	
DEPRECIATION		476.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		476.	

COPY

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-3665186

Corporation name

California corporation number

UNITED FRIENDS OF THE CHILDREN

1007200

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	8	1,106,164.	898,082.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	81,747.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	81,747.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	82,223.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	-476.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)					20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12					22

CA 3885		DEPRECIATION				STATEMENT 8	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
2 FURNITURE	01/01/98	92,231.	92,230.	SL	3.00	0.	
3 FURNITURE	01/01/99	257,351.	257,350.	SL	3.00	0.	
4 FURNITURE	01/01/00	111,962.	111,962.	SL	3.00	0.	
5 FURNITURE	01/01/01	72,333.	72,333.	SL	3.00	0.	
6 EQUIPMENT	08/20/01	3,360.	3,360.	SL	3.00	0.	
7 EQUIPMENT	03/14/02	1,018.	1,018.	SL	3.00	0.	
8 FURNITURE	06/28/02	10,317.	10,317.	SL	3.00	0.	
9 EQUIPMENT	07/01/02	4,919.	4,919.	SL	3.00	0.	
10 EQUIPMENT	07/30/02	5,470.	5,470.	SL	3.00	0.	
11 EQUIPMENT	07/30/02	4,185.	4,185.	SL	3.00	0.	
12 EQUIPMENT	09/09/02	8,029.	8,029.	SL	3.00	0.	
13 EQUIPMENT	10/08/02	1,111.	1,111.	SL	3.00	0.	
14 FURNITURE	11/10/02	1,520.	1,520.	SL	3.00	0.	
15 EQUIPMENT	11/06/02	2,003.	2,003.	SL	3.00	0.	
16 EQUIPMENT	02/05/03	1,715.	1,715.	SL	3.00	0.	
17 EQUIPMENT	04/25/03	4,000.	4,000.	SL	3.00	0.	
18 EQUIPMENT	05/27/03	1,388.	1,388.	SL	3.00	0.	
19 EQUIPMENT	06/16/03	1,721.	1,721.	SL	3.00	0.	
20 EQUIPMENT	06/30/03	4,797.	4,797.	SL	3.00	0.	
21 FURNITURE	07/24/03	2,674.	2,674.	SL	3.00	0.	
22 FURNITURE	07/24/03	2,570.	2,570.	SL	3.00	0.	
23 EQUIPMENT	07/30/03	3,216.	3,216.	SL	3.00	0.	
24 FURNITURE	09/09/03	5,611.	5,611.	SL	3.00	0.	

25	EQUIPMENT	10/15/03	8,394.	8,394.	SL	3.00	0.
26	EQUIPMENT	10/30/03	19,366.	19,366.	SL	3.00	0.
27	FURNITURE	11/30/03	21,930.	21,930.	SL	3.00	0.
28	EQUIPMENT	11/20/03	1,682.	1,682.	SL	3.00	0.
29	FURNITURE	02/12/04	1,243.	1,243.	SL	3.00	0.
30	FURNITURE	04/29/04	4,758.	4,758.	SL	3.00	0.
31	EQUIPMENT	04/20/05	1,500.	1,500.	SL	3.00	0.
32	EQUIPMENT	04/28/05	1,843.	1,843.	SL	3.00	0.
33	EQUIPMENT	07/22/04	1,119.	1,119.	SL	3.00	0.
34	EQUIPMENT	04/20/05	2,483.	2,483.	SL	3.00	0.
35	EQUIPMENT	04/20/05	2,771.	2,771.	SL	3.00	0.
36	EQUIPMENT	08/11/05	1,824.	1,824.	SL	3.00	0.
37	EQUIPMENT	08/25/05	1,178.	1,178.	SL	3.00	0.
38	EQUIPMENT	11/04/05	1,447.	1,366.	SL	3.00	0.
39	EQUIPMENT	11/10/05	5,098.	4,814.	SL	3.00	0.
40	EQUIPMENT	01/12/06	1,083.	1,083.	SL	3.00	0.
41	EQUIPMENT	03/24/06	3,450.	3,450.	SL	3.00	0.
42	EQUIPMENT	06/29/06	13,642.	13,642.	SL	3.00	0.
43	EQUIPMENT	05/04/06	10,924.	10,924.	SL	3.00	0.
44	EQUIPMENT	06/21/06	2,918.	2,918.	SL	3.00	0.
45	EQUIPMENT	06/21/06	1,821.	1,821.	SL	3.00	0.
46	EQUIPMENT	07/21/06	1,082.	1,082.	SL	3.00	0.
47	EQUIPMENT	10/05/06	2,735.	2,735.	SL	3.00	0.
48	EQUIPMENT	02/23/07	2,751.	2,751.	SL	3.00	0.
49	EQUIPMENT	04/19/07	2,109.	2,109.	SL	3.00	0.
50	EQUIPMENT	04/19/07	1,883.	1,883.	SL	3.00	0.
51	EQUIPMENT	05/10/07	1,883.	1,883.	SL	3.00	0.

52	EQUIPMENT						
		06/07/07	8,271.	8,271.	SL	3.00	0.
53	EQUIPMENT						
		07/26/07	3,443.	3,443.	SL	3.00	0.
54	EQUIPMENT						
		09/13/07	1,195.	1,195.	SL	3.00	0.
55	EQUIPMENT						
		10/18/07	2,188.	2,188.	SL	3.00	0.
56	EQUIPMENT						
		12/06/07	1,666.	1,666.	SL	3.00	0.
57	EQUIPMENT						
		03/06/08	1,572.	1,572.	SL	3.00	0.
58	EQUIPMENT						
		03/13/08	1,061.	1,061.	SL	3.00	0.
59	EQUIPMENT						
		04/24/08	1,728.	1,728.	SL	3.00	0.
60	EQUIPMENT						
		05/08/08	1,691.	1,691.	SL	3.00	0.
61	EQUIPMENT						
		05/08/08	1,638.	1,638.	SL	3.00	0.
62	EQUIPMENT						
		06/18/08	1,701.	1,701.	SL	3.00	0.
63	EQUIPMENT						
		08/08/08	1,117.	1,117.	SL	3.00	0.
64	FURNITURE						
		08/28/08	2,165.	2,165.	SL	3.00	0.
65	EQUIPMENT						
		10/09/08	5,130.	5,130.	SL	3.00	0.
66	EQUIPMENT						
		11/25/08	1,334.	1,334.	SL	3.00	0.
67	EQUIPMENT						
		01/22/09	1,880.	1,880.	SL	3.00	0.
68	EQUIPMENT						
		01/22/09	1,497.	1,497.	SL	3.00	0.
69	EQUIPMENT						
		02/12/09	1,497.	1,497.	SL	3.00	0.
70	FURNITURE						
		05/20/09	7,746.	7,746.	SL	3.00	0.
71	FURNITURE						
		06/25/09	1,635.	1,635.	SL	3.00	0.
72	EQUIPMENT						
		08/05/09	1,503.	1,294.	SL	3.00	0.
73	EQUIPMENT						
		08/05/09	1,899.	1,635.	SL	3.00	0.
74	EQUIPMENT						
		10/01/09	1,503.	1,377.	SL	3.00	0.
75	EQUIPMENT						
		11/11/09	1,692.	1,598.	SL	3.00	0.
76	EQUIPMENT						
		02/04/10	1,635.	1,635.	SL	3.00	0.
77	FURNITURE						
		04/01/10	5,213.	5,213.	SL	3.00	0.
78	FURNITURE						
		04/01/10	2,930.	2,930.	SL	3.00	0.

79	FURNITURE						
		04/28/10	5,487.	5,487.	SL	3.00	0.
80	EQUIPMENT						
		04/12/10	7,638.	7,638.	SL	3.00	0.
81	EQUIPMENT						
		05/12/10	1,436.	1,436.	SL	3.00	0.
82	EQUIPMENT						
		06/10/10	1,756.	1,756.	SL	3.00	0.
83	EQUIPMENT						
		06/23/10	1,757.	1,757.	SL	3.00	0.
84	EQUIPMENT						
		06/23/10	1,756.	1,756.	SL	3.00	0.
85	EQUIPMENT						
		09/09/10	1,395.	1,318.	SL	3.00	77.
86	FURNITURE						
		10/14/10	1,487.	1,364.	SL	3.00	123.
87	EQUIPMENT						
		11/18/10	7,746.	6,670.	SL	3.00	1,076.
88	EQUIPMENT						
		11/18/10	1,460.	1,258.	SL	3.00	202.
89	FURNITURE						
		12/16/10	20,000.	16,667.	SL	3.00	3,334.
90	FURNITURE						
		11/19/10	2,621.	2,258.	SL	3.00	363.
91	EQUIPMENT						
		12/09/10	1,466.	1,263.	SL	3.00	203.
92	FURNITURE						
		02/10/11	3,929.	3,166.	SL	3.00	763.
93	EQUIPMENT						
		02/10/11	2,440.	1,965.	SL	3.00	475.
94	EQUIPMENT						
		06/16/11	2,141.	1,785.	SL	3.00	356.
95	EQUIPMENT						
		08/18/11	4,506.	2,253.	SL	3.00	1,502.
96	EQUIPMENT						
		10/13/11	3,482.	1,741.	SL	3.00	1,161.
97	EQUIPMENT						
		11/17/11	3,668.	1,834.	SL	3.00	1,223.
98	FURNITURE						
		01/19/12	1,525.	762.	SL	3.00	509.
99	EQUIPMENT						
		01/26/12	1,398.	699.	SL	3.00	466.
100	FURNITURE						
		02/09/12	5,691.	2,845.	SL	3.00	1,897.
101	EQUIPMENT						
		03/08/12	2,807.	1,404.	SL	3.00	936.
102	EQUIPMENT						
		03/22/12	1,084.	542.	SL	3.00	361.
103	FURNITURE						
		03/29/12	1,525.	762.	SL	3.00	509.
104	FURNITURE						
		05/24/12	4,501.	2,250.	SL	3.00	1,501.
105	EQUIPMENT						
		06/01/12	4,218.	2,109.	SL	3.00	1,406.

106	EQUIPMENT	06/14/12	1,257.	629.	SL	3.00	419.
107	FURNITURE	06/14/12	1,412.	706.	SL	3.00	471.
108	EQUIPMENT	06/21/12	3,040.	1,520.	SL	3.00	1,013.
109	FURNITURE	06/28/12	5,112.	2,556.	SL	3.00	1,704.
110	EQUIPMENT	08/09/12	6,490.	1,082.	SL	3.00	2,163.
111	EQUIPMENT	08/16/12	1,814.	302.	SL	3.00	605.
112	FURNITURE	09/27/12	1,512.	252.	SL	3.00	504.
113	FURNITURE	11/08/12	9,261.	1,544.	SL	3.00	3,087.
114	FURNITURE	11/27/12	2,797.	466.	SL	3.00	932.
115	FURNITURE	11/29/12	10,577.	1,763.	SL	3.00	3,526.
116	FURNITURE	12/13/12	1,512.	252.	SL	3.00	504.
117	EQUIPMENT	02/28/13	6,472.	1,079.	SL	3.00	2,157.
118	FURNITURE	03/07/13	5,683.	947.	SL	3.00	1,894.
119	EQUIPMENT	03/21/13	2,741.	457.	SL	3.00	914.
120	EQUIPMENT	03/28/13	1,411.	235.	SL	3.00	470.
121	FURNITURE	03/28/13	5,652.	942.	SL	3.00	1,884.
122	FURNITURE	03/28/13	1,512.	252.	SL	3.00	504.
123	EQUIPMENT	04/25/13	1,986.	331.	SL	3.00	662.
124	FURNITURE	05/16/13	9,287.	1,548.	SL	3.00	3,096.
125	EQUIPMENT	06/18/13	14,023.	2,337.	SL	3.00	4,675.
126	EQUIPMENT	06/28/13	14,024.	2,337.	SL	3.00	4,675.
127	EQUIPMENT	06/28/13	33,117.	5,519.	SL	3.00	11,039.
128	EQUIPMENT	06/20/13	20,650.	3,442.	SL	3.00	6,883.
129	FURNITURE	06/30/13	4,175.	696.	SL	3.00	1,392.
130	FURNITURE	06/30/13	1,529.	255.	SL	3.00	510.
131	FURNITURE	09/11/13	2,213.		SL	3.00	369.
132	FURNITURE	10/10/13	1,529.		SL	3.00	0.

133 EQUIPMENT					
	03/06/14	9,277.	SL	3.00	1,547.
134 FURNITURE					
	03/27/14	5,087.	SL	3.00	848.
135 EQUIPMENT					
	04/03/14	2,143.	SL	3.00	357.
136 EQUIPMENT					
	04/03/14	3,247.	SL	3.00	541.
137 FURNITURE					
	05/01/14	11,362.	SL	3.00	1,894.
138 FURNITURE					
	05/15/14	1,568.	SL	3.00	261.
139 FURNITURE					
	05/15/14	1,308.	SL	3.00	218.
140 FURNITURE					
	05/22/14	4,784.	SL	3.00	797.
141 FURNITURE					
	05/29/14	4,732.	SL	3.00	789.
TOTAL DEPR TO FORM 3885		<u>1,106,164.</u>	<u>898,082.</u>		<u>81,747.</u>

COPY