

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ALEX'S LEMONADE STAND FOUNDATION		<b>D</b> Employer identification number 56-2496146
	Doing Business As		<b>E</b> Telephone number (610) 649-3034
	Number and street (or P O box if mail is not delivered to street address) Room/suite 333 E LANCASTER AVENUE NO 414		
	City or town, state or province, country, and ZIP or foreign postal code WYNNEWOOD, PA 19096		<b>G</b> Gross receipts \$ 20,081,231
<b>F</b> Name and address of principal officer JASON SCOTT 333 E LANCASTER AVENUE NO 414 WYNNEWOOD, PA 19096		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: WWW.ALEXSLEMONADE.ORG			
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ FOUNDATION		<b>L</b> Year of formation 2005	<b>M</b> State of legal domicile PA

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE FOUNDATIONS PURPOSE IS TO RAISE FUNDS FOR PEDIATRIC CANCER, TREATMENT AND RESEARCH THE FOUNDATION RAISES PUBLIC AWARENESS ABOUT PEDIATRIC CANCER, ENCOURAGES AND EDUCATES OTHERS, ESPECIALLY CHILDREN, TO RAISE FUNDS FOR SUCH PURPOSES PLEASE SEE BELOW FOR A COMPLETE LIST OF OUR MOST SIGNIFICANT ACTIVITIES		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	43
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	21,823
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	12,444,711	14,797,090
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,942	63,907
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	623,762	986,714
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,120,415	15,847,711
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	9,173,564	12,899,877
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,725,759	1,934,930
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 800,427	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,148,281	1,356,221
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,047,604	16,191,028
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,072,811	-343,317	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	12,957,629	13,603,989
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	487,513	1,434,443

## 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer	2014-06-30 Date
	JASON SCOTT CO-EXECUTIVE DIRECTOR Type or print name and title	

<b>Paid Preparer Use Only</b>	Pnnt/Type preparer's name CHRISTOPHER M PEKULA	Preparer's signature	Date 2014-06-26	Check <input type="checkbox"/> if self-employed	PTIN P00734965
	Firm's name ▶ MCGLADREY LLP			Firm's EIN ▶ 42-0714325	
	Firm's address ▶ 751 ARBOR WAY SUITE 200 BLUE BELL, PA 19422			Phone no (215) 641-8600	

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  Yes  No

**1** Briefly describe the organization's mission

THE FOUNDATION'S PURPOSE IS TO RAISE FUNDS FOR PEDIATRIC CANCER TREATMENT AND RESEARCH THE FOUNDATION RAISES PUBLIC AWARENESS ABOUT PEDIATRIC CANCER, ENCOURAGES AND EDUCATES OTHERS, ESPECIALLY CHILDREN, TO RAISE FUNDS FOR SUCH PURPOSES

**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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

**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 \$ 13,013,627 including grants of \$ 12,785,385 ) (Revenue \$ )  
 PEDIATRIC CANCER RESEARCH GRANTMAKING PROGRAM TO FUND CUTTING EDGE CHILDHOOD CANCER RESEARCH PROJECTS THAT SEEK TO FIND BETTER TREATMENTS FOR, AND CAUSES OF, CHILDHOOD CANCER -THROUGH A COMPETITIVE GRANT REVIEW PROCESS, ALSF FUNDS ALL STAGES OF CHILDHOOD CANCER RESEARCH, INCLUDING, BASIC SCIENCE, CLINICAL TRIALS, KICKSTARTING THE CAREERS OF YOUNG SCIENTISTS, EPIDEMIOLOGY, TRANSLATIONAL RESEARCH AND NURSING RESEARCH AMONG OTHER AREAS ALSF IS COMMITTED TO FINDING AREAS OF RESEARCH THAT ARE UNDERFUNDED AND FILLING THE GAP WITH FUNDING -ALSF ALSO CREATED AND OPERATES THE "MYCHILDHOODCANCER.ORG" DATABASE, THIS IS A LONGITUDINAL DATABASE WHICH TRACKS USER GENERATED INFORMATION FROM CHILDHOOD CANCER FAMILIES

**4b** (Code ) (Expenses \$ 1,187,042 including grants of \$ ) (Revenue \$ )  
 PUBLIC AWARENESS AND EDUCATION-RAISE FUNDS AND AWARENESS FOR CHILDHOOD CANCER -EFFECTIVELY ENCOURAGES VOLUNTEERISM TO TENS OF THOUSANDS OF INDIVIDUALS ANNUALLY ESPECIALLY AMONG YOUNG PEOPLE -EDUCATE CHILDHOOD CANCER FAMILIES ABOUT CHILDHOOD CANCER EDUCATE NURSES ABOUT HOW TO CONDUCT CHILDHOOD CANCER RESEARCH EDUCATE YOUNG SCIENTIST HOW TO BECOME BETTER CHILDHOOD CANCER RESEARCHERS AND FINALLY EDUCATE YOUNG SCIENTISTS ABOUT HOW TO DO DRUG DEVELOPMENT SO THAT WE CAN FIND CURES AND BETTER TREATMENTS FOR CHILDREN WITH CANCER

**4c** (Code ) (Expenses \$ 173,303 including grants of \$ 114,492 ) (Revenue \$ )  
 TRAVEL FOR PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES-THE TRAVEL FUND ASSISTS CHILDHOOD CANCER FAMILIES WHO ARE FORCED TO TRAVEL FOR TREATMENT FOR THEIR CHILDREN THIS TRAVEL PUTS AN EXTREME FINANCIAL BURDEN ON THESE FAMILIES AND THE TRAVEL FUND SEEKS TO ALLEVIATE SOME OF THIS BURDEN

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

**4e Total program service expenses** 14,373,972

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> 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>		No
<b>4 Section 501(c)(3) organizations.</b> 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>		No
<b>5</b> 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>		No
<b>6</b> 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> <input checked="" type="checkbox"/>		No
<b>7</b> 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> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b> 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> <input checked="" type="checkbox"/>		No
<b>10</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>11</b> 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		
<b>a</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
<b>c</b> 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> <input checked="" type="checkbox"/>		No
<b>d</b> 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> <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
<b>f</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
<b>b</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> <input checked="" type="checkbox"/>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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> <input checked="" type="checkbox"/>	Yes	
<b>15</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>16</b> 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> <input checked="" type="checkbox"/>		No
<b>17</b> 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 (see instructions)</i> <input checked="" type="checkbox"/>		No
<b>18</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>19</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</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)*

<b>21</b>	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> . . . . .	<b>21</b>	Yes	
<b>22</b>	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> . . . . .	<b>22</b>	Yes	
<b>23</b>	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> . . . . .	<b>23</b>		No
<b>24a</b>	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> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	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? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>		No
<b>34</b>	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> . . . . .	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</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> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> AL, <input type="checkbox"/> AK, <input type="checkbox"/> AR, <input type="checkbox"/> HI, <input type="checkbox"/> CA, <input type="checkbox"/> MA, <input type="checkbox"/> CT, <input type="checkbox"/> FL, <input type="checkbox"/> GA, <input type="checkbox"/> IL, <input type="checkbox"/> KS, <input type="checkbox"/> KY, <input type="checkbox"/> MD, <input type="checkbox"/> MI, <input type="checkbox"/> MN, <input type="checkbox"/> MS, <input type="checkbox"/> NH, <input type="checkbox"/> NJ, <input type="checkbox"/> NM, <input type="checkbox"/> NY, <input type="checkbox"/> NC, <input type="checkbox"/> OH, <input type="checkbox"/> OK, <input type="checkbox"/> OR, <input type="checkbox"/> PA, <input type="checkbox"/> RI, <input type="checkbox"/> SC, <input type="checkbox"/> TN, <input type="checkbox"/> UT, <input type="checkbox"/> VA, <input type="checkbox"/> WV
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	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
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> JASON SCOTT 333 E LANCASTER AVENUE SUITE 414 WYNNEWOOD, PA 19096 (610) 649-3034

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List parts VII 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 dotted 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) JASON SCOTT CO-EXECUTIVE DIRECTOR	40 00	X		X				128,839	0	16,998
(2) ELIZABETH SCOTT CO-EXECUTIVE DIRECTOR	40 00	X		X				132,738	0	10,486
(3) LEWIS GANTMAN BOARD MEMBER	1 00	X						0	0	0
(4) BILLY KING BOARD MEMBER	1 00	X						0	0	0
(5) MARY STENGEL AUSTEN BOARD MEMBER	1 00	X						0	0	0
(6) STEPHEN COHN CHAIR	1 00	X		X				0	0	0
(7) ERIN FLYNN BLAIR TREASURER	1 00	X		X				0	0	0
(8) JOCELYN HILLMAN VICE CHAIR	1 00	X		X				0	0	0
(9) JEFFREY BENJAMIN SECRETARY	1 00	X		X				0	0	0
(10) MICHAEL GEORGE BOARD MEMBER	1 00	X						0	0	0
(11) JOEL FRANK BOARD MEMBER	1 00	X						0	0	0
(12) GIANNA JACKSON BOARD MEMBER	1 00	X						0	0	0
(13) MARC BRUNO BOARD MEMBER	1 00	X						0	0	0
(14) MARC SUMMERS BOARD MEMBER	1 00	X						0	0	0
(15) JEFFREY KALINER BOARD MEMBER	1 00	X						0	0	0
(16) JON HITCHCOCK BOARD MEMBER	1 00	X						0	0	0



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 97,795				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 1,794,511				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 12,904,784				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	47,595				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		14,797,090			
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____					
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		74,461		74,461	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .		603,227		603,227	
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	3,663,662			
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	3,674,216			
			<b>c</b> Gain or (loss)	-10,554			
	<b>d</b>	Net gain or (loss) . . . . .		-10,554		-10,554	
	<b>8a</b>	Gross income from fundraising events (not including \$ 1,794,511 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 734,579				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b> 466,395				
<b>c</b>	Net income or (loss) from fundraising events . . . . .		268,184		268,184		
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> 60,753					
<b>b</b>	Less direct expenses . . . . .	<b>b</b> 11,430					
<b>c</b>	Net income or (loss) from gaming activities . . . . .		49,323		49,323		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	147,459				
		<b>b</b> Less cost of goods sold . . . . .	<b>b</b> 81,479				
		<b>c</b> Net income or (loss) from sales of inventory . . . . .		65,980	65,980		
Miscellaneous Revenue		Business Code					
<b>11a</b>	_____						
<b>b</b>	_____						
<b>c</b>	_____						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		15,847,711	65,980	0	984,641	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	12,558,428	12,558,428		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	114,492	114,492		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	226,957	226,957		
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	281,262	140,631	56,383	84,248
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	1,349,707	545,951	463,490	340,266
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,048	15,340	12,212	9,496
<b>9</b>	Other employee benefits	120,361	48,143	41,900	30,318
<b>10</b>	Payroll taxes	146,552	60,679	48,307	37,566
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal				
<b>c</b>	Accounting	31,768		31,768	
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	99,070	13,162	79,276	6,632
<b>12</b>	Advertising and promotion				
<b>13</b>	Office expenses	97,838	39,374	32,157	26,307
<b>14</b>	Information technology	154,313	67,606	38,203	48,504
<b>15</b>	Royalties				
<b>16</b>	Occupancy	137,310	57,670	43,939	35,701
<b>17</b>	Travel	71,454	26,624	22,306	22,524
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	176,197	176,197		
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	120,883	62,914	34,498	23,471
<b>23</b>	Insurance	35,812	15,041	11,460	9,311
<b>24</b>	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)				
<b>a</b>	PROMOTIONAL MATERIALS	102,452	74,741	7,055	20,656
<b>b</b>	LICENSES AND FEES	93,813	3,226	16,252	74,335
<b>c</b>	LONGITUDINAL DATABASE S	75,175	75,175		
<b>d</b>	PRINTING	71,047	29,716	12,086	29,245
<b>e</b>	All other expenses	89,089	21,905	65,337	1,847
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	16,191,028	14,373,972	1,016,629	800,427
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	45,709	<b>1</b>	52,650
	<b>2</b> Savings and temporary cash investments . . . . .	12,097,837	<b>2</b>	12,766,984
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	374,441	<b>4</b>	276,910
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	109,070	<b>8</b>	80,609
	<b>9</b> Prepaid expenses and deferred charges . . . . .	34,702	<b>9</b>	55,080
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 701,613		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 368,924	284,620	<b>10c</b> 332,689
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	11,250	<b>15</b>	39,067
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	12,957,629	<b>16</b>	13,603,989	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	107,359	<b>17</b>	96,613
	<b>18</b> Grants payable . . . . .	82,500	<b>18</b>	960,000
	<b>19</b> Deferred revenue . . . . .	262,225	<b>19</b>	377,830
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	35,429	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	487,513	<b>26</b>	1,434,443
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	12,345,116	<b>27</b>	11,016,702
	<b>28</b> Temporarily restricted net assets . . . . .	125,000	<b>28</b>	833,933
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	318,911
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	12,470,116	<b>33</b>	12,169,546	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	12,957,629	<b>34</b>	13,603,989	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,847,711
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,191,028
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-343,317
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	12,470,116
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	42,747
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	12,169,546

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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	Yes	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	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?		No
<b>3b</b>	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		

**SCHEDULE A**  
(Form 990 or 990EZ)

**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.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ALEX'S LEMONADE STAND FOUNDATION

**Employer identification number**  
56-2496146

**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?  
  - (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)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,266,988	6,899,285	9,828,809	12,444,711	14,797,090	50,236,883
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	6,266,988	6,899,285	9,828,809	12,444,711	14,797,090	50,236,883
<b>5</b> 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)						5,917,235
<b>6 Public support.</b> Subtract line 5 from line 4						44,319,648

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	6,266,988	6,899,285	9,828,809	12,444,711	14,797,090	50,236,883
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	566,207	360,529	371,665	464,064	677,688	2,440,153
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	77,996	52,850	52,260	43,465	60,753	287,324
<b>11 Total support</b> (Add lines 7 through 10)						52,964,360
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	2,859,454

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	83.680%
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	91.460%

**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

**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

**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

**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

**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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

- 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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ALEX'S LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about purpose of easements, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions	414,411				
<b>c</b> Net investment earnings, gains, and losses	8,384				
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	422,795				

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

- a** Board designated or quasi-endowment 29.130 %
  - b** Permanent endowment 69.870 %
  - c** Temporarily restricted endowment 1.000 %
- 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
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	No
<b>(ii)</b> related organizations	<b>3a(ii)</b>	No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		52,916	52,916	0
<b>d</b> Equipment		130,005	70,741	59,264
<b>e</b> Other		518,692	245,267	273,425
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				332,689

**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		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**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
<b>Total.</b> (Column (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
<b>Total.</b> (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
Federal income taxes	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	16,417,917
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	42,747	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	90,276	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	437,183	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 570,206
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 15,847,711
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 15,847,711

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	16,718,487
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	90,276	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	437,183	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 527,459
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 16,191,028
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 16,191,028

**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.

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FOUNDATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE FOUNDATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF FASB ASC TOPIC 740-10. CONSEQUENTLY, NO ACCRUAL FOR INTEREST AND PENALTIES WAS DEEMED NECESSARY FOR THE YEARS ENDED DECEMBER 31, 2013 OR 2012. THE FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010.
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF MERCHANDISE SALES OFFSET 81,479 GALA/EVENT EXPENSES 355,704
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF MERCHANDISE SALES OFFSET 81,479 GALA/EVENT EXPENSES 355,704



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2013**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALEX'S LEMONADE STAND FOUNDATION

Employer identification number  
56-2496146

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS	PEDIATRIC CANCER RESEARCH GRANT- MAKING PROGRAM- FUND CUTTING EDGE CHILDHOOD CANCER RESEARCH PROJECTS THAT SEEK TO FIND BETTER TREATMENTS FOR, AND CAUSES OF, CHILDHOOD CANCER - FUND THE "A" AWARD, A PRESTIGIOUS AWARD GIVEN TO A LEADING YOUNG SCIENTIST IN THE FIELD OF CHILDHOOD CANCER - FUND CHILDHOOD CANCER NURSING RESEARCH WHICH SEEKS TO IMPROVE THE QUALITY OF LIFE FOR CHILDHOOD CANCER PATIENTS - CREATE AND OPERATE THE "MYCHILDHOODCANCER.ORG" DATABASE, A LONGITUDINAL DATABASE WHICH TRACKS USER GENERATED INFORMATION FROM CHILDHOOD CANCER FAMILIES	226,957
<b>3a</b> Sub-total	0	0			226,957
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			226,957

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PEDIATRIC CANCER RESEARCH	51,957	CHECK/TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PEDIATRIC CANCER RESEARCH	125,000	CHECK/TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PEDIATRIC CANCER RESEARCH	50,000	CHECK/TRANSFER			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 3

3 Enter total number of other organizations or entities . . . . .



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization ALEX'S LEMONADE STAND FOUNDATION

Employer identification number 56-2496146

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

**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
		<u>LEMON BALL</u> (event type)	<u>LA LOVES ALEX'S LEMONADE</u> (event type)	<u>10</u> (total number)	(add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	839,266	545,909	1,143,915	2,529,090
	<b>2</b> Less Contributions . . . . .	594,094	241,829	958,588	1,794,511
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	245,172	304,080	185,327	734,579
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	122,121			122,121
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	30,365	104,384	209,525	344,274
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(466,395)
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					268,184

**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))
		<b>1</b> Gross revenue . . . . .			60,753
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .			11,430	11,430
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					11,430
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					49,323

**9** Enter the state(s) in which the organization operates gaming activities PA

**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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	100.000 %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ JASON SCOTT

Address ▶ 333 E LANCASTER AVENUE NO 414  
WYNNEWOOD, PA 19096

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ JASON SCOTT

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ JASON'S MAIN RESPONSIBILITY IS AS CO-EXECUTIVE DIRECTOR AND OFFICER, HOWEVER A MINOR PART OF HIS RESPONSIBILITIES FOR THIS YEAR INCLUDED THE OVERSIGHT OF THE RAFFLE TICKET SALES

Director/officer  Employee  Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization ALEX'S LEMONADE STAND FOUNDATION

Employer identification number 56-2496146

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) MEDICAL TRAVEL ASSISTANCE	300	114,492		FMV	

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 2	GRANTS ARE MONITORED THROUGH THE SUBMISSION OF YEARLY PROGRESS REPORTS INVESTIGATORS MUST DEMONSTRATE SATISFACTORY COMPLETION OF PROPOSED RESEARCH OBJECTIVES AND APPROPRIATE BUDGET EXPENDITURES CONTINUED SUPPORT FOR SECOND AND THIRD YEARS OF FUNDING IS CONTINGENT UPON A NONCOMPETITIVE REVIEW OF THE YEARLY REPORTS AND BUDGET BY ALSF'S SCIENTIFIC ADVISORY BOARD A FINAL REPORT IS DUE AT THE CONCLUSION OF THE GRANT

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 56-2496146  
**Name:** ALEX'S LEMONADE STAND FOUNDATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE 6621 FANNIN HOUSTON, TX 77030	74-1613878	501(C)(3)	1,238,205	5,936	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	100,000				PEDIATRIC CANCER RESEARCH
CASE WESTERN RESERVE 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	119,986				PEDIATRIC CANCER RESEARCH
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH
CHILDREN'S CAUSE FOR CANCER ADVOCACY 750 FIRST STREET NE 700 WASHINGTON, DC 20002	11-3485631	501(C)(3)	27,000				PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	150,000	5,908	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	6,000				PEDIATRIC CANCER RESEARCH
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010	56-1654453	501(C)(3)	24,790				PEDIATRIC CANCER RESEARCH
CHILDREN'S ONCOLOGY GROUP FOUNDATION 3501 CIVIC CENTER BLVD PHILADELPHIA, PA 10060	43-3083156	501(C)(3)	500,000				PEDIATRIC CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(C)(3)	225,000				PEDIATRIC CANCER RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	140,000				PEDIATRIC CANCER RESEARCH
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET BOX 49 NEW YORK, NY 10032	13-5598093	501(C)(3)	131,000				PEDIATRIC CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2263040	501(C)(3)	978,356	7,686	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
DUKE UNIVERSITY 103 RESEARCH DRIVE BOX 3158 DURHAM, NC 27710	56-0532129	501(C)(3)	131,110				PEDIATRIC CANCER RESEARCH
DUKE UNIVERSITY MEDICAL CENTER 2301 ERWIN ROAD DURHAM, NC 27710	56-0532129	501(C)(3)	232,000	2,000	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-0700497	501(C)(3)	12,000				PEDIATRIC CANCER RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(C)(3)	103,395	2,624	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
GEORGETOWN UNIVERSITY 37 AND O STREET NW WASHINGTON, DC 20007	53-0196603	501(C)(3)	7,000				PEDIATRIC CANCER RESEARCH
GEORGIA HEALTH SCIENCES UNIVERSITY RESEARCH INSTITUTE 1120 FIFTEENTH STREET AUGUSTA, GA 30912	58-1418202	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	42-1035800	501(C)(3)	25,000				PEDIATRIC CANCER RESEARCH
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN NE GRAND RAPIDS, MI 49503	38-1360529	501(C)(3)	200,125				PEDIATRIC CANCER RESEARCH
HUNTSMAN CANCER INSTITUTE 75 SOUTH 2000 EAST RM 211 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	236,000				PEDIATRIC CANCER RESEARCH
INDIANA UNIVERSITY 980 INDIANA AVENUE LOCKEFIELD 2232 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	130,500				PEDIATRIC CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	303,490	1,975	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	25,000				PEDIATRIC CANCER RESEARCH
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, NY 55905	41-6011702	501(C)(3)	54,995	2,000	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-0714831	501(C)(3)	50,000				PEDIATRIC CANCER RESEARCH
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	100,000				PEDIATRIC CANCER RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501(C)(3)	169,529				PEDIATRIC CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEMOURS ALFRED I DUPONT HOSPITAL FOR CHILDREN 1701 ROCKLAND ROAD WILMINGTON, DE 19803	59-0634433	501(C)(3)	6,000				PEDIATRIC CANCER RESEARCH
NEUROBLASTOMA EXPERIMENTAL THERAPEUTICS FUND 34TH STREET AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	10,000				PEDIATRIC CANCER RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 630 WEST 168TH STREET NEW YORK, NY 10032	13-5562308	501(C)(3)	132,367				PEDIATRIC CANCER RESEARCH
NORTHWESTERN UNIVERSITY MEDICAL SCHOOL RUBLOFF BUILDING 7TH FLOOR 750 NORTH LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD MAILCODE CDRCP PORTLAND, OR 97239	23-7083114	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH
PALMETTO HEALTH 5 RICHLAND MEDICAL PARK DRIVE COLUMBIA, SC 29203	58-2296052	501(C)(3)	50,000				PEDIATRIC CANCER RESEARCH
PHOENIX CHILDREN'S HOSPITAL 1919 EAST THOMAS ROAD PHOENIX, AZ 85016	86-0422559	501(C)(3)	10,000	2,717	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
SEATTLE CHILDRENS HOSPITAL AND REGIONAL MEDICAL CENTER 4800 SAND POINT WAY NE MS B6553 SEATTLE, WA 98105	91-1156519		20,000				PEDIATRIC CANCER RESEARCH
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	317,000	1,930	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
STANFORD UNIVERSITY 1050 ARASTRADERO RD PALO ALTO, CA 94304	94-1156365	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY SCHOOL OF MEDICINE LUCILE PACKARD CHILDREN'S HOSPITAL 300 PASTEUR DRIVE STANFORD, CA 94305	77-0003859	501(C)(3)	225,000				PEDIATRIC CANCER RESEARCH
SUNY UPSTATE MEDICAL UNIVERSITY 750 EAST ADAMS STREET SYRACUSE, NY 13210	14-1368361	501(C)(3)	6,000				PEDIATRIC CANCER RESEARCH
TEXAS CHILDREN'S HOSPITAL 6621 FANNIN STREET HOUSTON, TX 77030	74-1100555	501(C)(3)	846,000				PEDIATRIC CANCER RESEARCH
THE CHILDREN'S HOSP OF PHILA 34TH ST AND CIVIC CNTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	1,142,523	7,896	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	91-2153073	501(C)(3)	6,000				PEDIATRIC CANCER RESEARCH
THE GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW SUITE 601 WASHINGTON, DC 20052	04-2697983	501(C)(3)	25,000	2,057	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY BRB SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	277,000	2,034	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE 370 W 9TH AVENUE COLUMBUS, OH 43210	31-6025986	501(C)(3)	6,000				PEDIATRIC CANCER RESEARCH
THE PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	501(C)(3)	6,000				PEDIATRIC CANCER RESEARCH
UCSF NEUROBLASTOMA RESEARCH FUND 505 PARNASSUS AVENUE SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	10,000				PEDIATRIC CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ARIZONA 1501 N CAMPBELL AVE TUCSON, AZ 85724	74-2652689	501(C)(3)	11,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA BERKELEY 50 UNIVERSITY HALL BERKLEY, CA 94720	94-6002123	501(C)(3)	109,978				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA LOS ANGELES 11000 KINROSS AVENUE SUITE 102 LOS ANGELES, CA 94103	95-6006143	501(C)(3)	50,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 505 PARNASSUS AVENUE SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	657,700	3,910	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	100,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA SANTA CRUZ 1156 HIGH ST SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF COLORADO DENVER 13001 EAST 17TH PLACE AURORA, CO 80045	84-6000555	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF FLORIDA 1600 SW ARCHER RD GAINESVILLE, FL 32610	59-6002052	501(C)(3)	50,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA CITY, IA 52242	42-6004813	501(C)(3)	105,018				PEDIATRIC CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND - COLLEGE PARL 2330 JEONG H KIM BUILDING COLLEGE PARK, MD 20903	52-6002033	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE 1600 NW 10TH AVENUE MIAMI, FL 33136	59-0624458	501(C)(3)	100,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF MINNESOTA 420 DELAWARE STREET SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	131,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE SUITE 2200 CB 1350 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	50,721				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P-221 FRANKLIN BLDG PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	267,370	3,993	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	501(C)(3)	140,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF TEXAS 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6000203	501(C)(3)	125,000				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75235	75-6002868	501(C)(3)	119,001				PEDIATRIC CANCER RESEARCH
UNIVERSITY OF WISCONSIN 21 NORTH PARK STREET SUITE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	50,000				PEDIATRIC CANCER RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE SUITE 100 NASHVILLE, TN 37203	62-0476822	501(C)(3)	231,000				PEDIATRIC CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVE CAMPUS BOX 8018 ST LOUIS, MO 63110	43-0653611	501(C)(3)	277,010	17,322	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	15-0532082	501(C)(3)	6,000				PEDIATRIC CANCER RESEARCH
YALE UNIVERSITY 47 COLLEGE STREET SUITE 2013 NEW HAVEN, CT 06510	06-0646973	501(C)(3)	43,920	1,986	FMV	RESEARCH EQUIPMENT	PEDIATRIC CANCER RESEARCH

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization ALEX'S LEMONADE STAND FOUNDATION

Employer identification number 56-2496146

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 6 shows 'Cars and other vehicles' with 'X' in column (a), '1' in column (b), '47,595' in column (c), and 'FMV' in column (d).

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Row 30a: 'During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years...' with 'No' in the Yes column. Row 31: 'Does the organization have a gift acceptance policy...' with 'No' in the Yes column. Row 32a: 'Does the organization hire or use third parties...' with 'No' in the Yes column. Row 33: 'If the organization did not report an amount in column (c) for a type of property...' with 'No' in the Yes column.

**Part III Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

Schedule M (Form 990) (2013)

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on Form 990 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](http://www.irs.gov/form990).**

Name of the organization  
ALEX'S LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JASON SCOTT AND ELIZABETH SCOTT ARE HUSBAND AND WIFE. ELIZABETH SCOTT AND ERIN FLYNN BLAIR ARE SISTERS
FORM 990, PART VI, SECTION A, LINE 6	ALEX'S LEMONADE STAND FOUNDATION HAS ONE CLASS OF MEMBERS WHOSE VOTING AND OTHER RIGHTS AND INTERESTS SHALL EQUAL EXCEPT FOR THE RIGHTS GIVEN TO JASON SCOTT AND ELIZABETH SCOTT FOR APPOINTING AND REMOVING MEMBER OF THE CORPORATION AS NOTED IN PART VI, LINE 7A
FORM 990, PART VI, SECTION A, LINE 7A	THE INITIAL MEMBERS OF THE CORPORATION CONSIST OF JASON SCOTT AND ELIZABETH SCOTT. THE INITIAL MEMBERS MAY, FROM TIME TO TIME, BY UNANIMOUS VOTE, NAME ONE OR MORE ADDITIONAL PERSONS TO BE MEMBERS OF THE CORPORATION. EACH MEMBER OF THE CORPORATION SHALL REMAIN A MEMBER UNTIL HIS OR HER RESIGNATION, DEATH, OR IN THE CASE OF ANY MEMBER NAMED BY THE INITIAL MEMBERS, HIS OR HER REMOVAL BY A UNANIMOUS VOTE OF THE INITIAL MEMBERS. UPON THE DEATH OR RESIGNATION OF THE LAST LIVING MEMBER OF THE CORPORATION, THOSE PERSONS THEN SERVING AS DIRECTORS OF THE CORPORATION SHALL, WITHOUT FURTHER ACTION, BECOME MEMBERS OF THE CORPORATION.
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR INITIAL APPROVAL. ONCE APPROVED BY THE FINANCE COMMITTEE IT IS THEN SENT TO THE FULL BOARD FOR FINAL APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ARE GIVEN THE CONFLICT OF INTEREST POLICY UPON JOINING THE BOARD TO REVIEW. BOARD MEMBERS ARE REQUIRED TO NOTIFY THE ORGANIZATION OF ANY CONFLICTS THAT ARISE AND ARE NOT ALLOWED TO VOTE OR PARTICIPATE IN BOARD MATTERS IN WHICH THEY HAVE A CONFLICT. THE SCIENTIFIC REVIEW BOARD ARE EACH GIVEN A CONFLICT OF INTEREST POLICY. MEMBERS RECUSE THEMSELVES FROM VOTING ON A PROJECT WHERE A CONFLICT OF INTEREST EXISTS.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DID A REVIEW AND COMPENSATION COMPARISON FOR KEY STAFF. THE PROCESS CONSISTED OF PERFORMING A JOB REVIEW WHICH INCLUDED INTERVIEWING KEY STAFF AND CONSTITUENTS REGARDING JOB PERFORMANCE AND INTERACTIONS. A COMPENSATION COMPARISON WAS PERFORMED LOOKING AT SIMILAR SIZE ORGANIZATIONS AND SIMILAR JOBS. BASED ON THE RESULTS OF THIS REVIEW A RECOMMENDATION WAS MADE TO THE FULL BOARD REGARDING SALARIES AND THE FULL BOARD HAD A VOTE ON THE MATTER.
FORM 990, PART VI, SECTION C, LINE 19	OUR FINANCIAL INFORMATION IS AVAILABLE THROUGH 3RD PARTY WEBSITES. OUR FINANCIAL INFORMATION, CONFLICT OF INFORMATION POLICY AND GOVERNING DOCUMENTS ARE ALL AVAILABLE UPON REQUEST THROUGH ALEX'S LEMONADE STAND FOUNDATION (ALSF).
FORM 990, PART XII, LINE 2C	FORM 990, PART XII, LINE 2C. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
FORM 990, PART I, LINE 6	ALEX'S LEMONADE STAND FOUNDATION HAS VOLUNTEERS THAT ASSIST IN MANY CAPACITIES. VOLUNTEERS GIVE THEIR TIME BY HOSTING LEMONADE STANDS, ASSISTING AT VARIOUS SPECIAL EVENTS, HELPING OUT WITH OFFICE TASKS, AND LENDING THEIR EXPERTISE TO ADVISORY BOARDS.
FORM 990, PART I, LINE 19	THE FOUNDATION DISCLOSED A NET DEFICIT OF (\$343,317) IN 2013, FOLLOWING A NET SURPLUS OF \$1,072,811 IN 2012. THE NET DEFICIT OCCURRED AS THE RESULT OF AN ACCRUAL OF \$550,000 MADE IN 2013 FOR COMMITTED FUTURE PAYMENTS TO BE MADE IN 2014-2015 FOR A SPECIAL CANCER RESEARCH PROJECT.