

James E. Richman, CPA, PC
Certified Public Accountant
1 SW Columbia, Suite 400
Portland, OR 97258
(503) 295-3780 FAX (503) 243-1742
Email: jim@jimrichmancpa.com

CONFIDENTIAL

Stand for Children, Inc.
516 SE Morrison St., Suite 410 410
Portland, OR 97214
Attention: Cathy Heymann

Dear Cathy:

Enclosed are the Organization's 2006 Exempt Organization returns. The returns should be signed, dated, and mailed.

Two copies of the returns are enclosed for your files. The bound copy is a complete copy for your permanent records. The second copy has been prepared for external distribution purposes and excludes confidential information about the Organization's donors. Please use this second copy to satisfy the Organization's public inspection requirements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/06 shows no balance due. The return should be signed and dated on Page 9 by an officer representing the Organization. Mail the return by August 15, 2007 to:

Internal Revenue Service Center
Ogden, UT 84201-0027

Please review the return for completeness and accuracy.

We recommend that you use certified mail with posal receipt for proof of timely filing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns, or if we may be of assistance in any way.

Very truly yours,

James E. Richman, CPA, PC

Form **990**

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

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , and ending

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
STAND FOR CHILDREN, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
516 SE MORRISON ST., SUITE 410 410

City or town, state or country, and ZIP + 4
PORTLAND OR 97214

D Employer identification number
52-2146673

E Telephone number
503-235-2305

F Accounting method: Cash Accrual Other (specify)

G Website: WWW.STAND.ORG

J Organization type
(check only one) 501(c) (**4**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I Group Exemption Number**
- M Check** if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 1 **502,349**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		245,663	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 245,663 noncash \$)	1e			245,663
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			7,785
	3 Membership dues and assessments	3		SEE STATEMENT 1	239,877
	4 Interest on savings and temporary cash investments	4			5,658
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	8b				
	8c				
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check <input type="checkbox"/> here	a Gross revenue (not including contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			3,366	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			502,349	
Expenses	13 Program services (from line 44, column (B))	13		302,069	
	14 Management and general (from line 44, column (C))	14		13,147	
	15 Fundraising (from line 44, column (D))	15		50,404	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			365,620
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		136,729	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		76,723	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			213,452

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) SEE STATEMENT 2	25a	5,574	4,485	1,089
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	150,075	85,199	48,161
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	21,026	12,115	6,653
29 Payroll taxes	29	15,290	8,810	4,838
30 Professional fundraising fees	30			1,642
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	1,689	262	1,427
34 Telephone	34	1,246	1,246	
35 Postage and shipping	35	11,801	6,057	50
36 Occupancy	36	7,538	7,088	450
37 Equipment rental and maintenance	37			
38 Printing and publications	38	21,507	9,991	1,139
39 Travel	39	2,453	2,424	29
40 Conferences, conventions, and meetings	40	2,317	2,936	-619
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 3	43a	125,104	161,456	-50,070
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	365,620	302,069	13,147

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 5

(Grants and allocations \$) If this amount includes foreign grants, check here

38,907

b SEE STATEMENT 6

(Grants and allocations \$) If this amount includes foreign grants, check here

240,811

c SEE STATEMENT 7

(Grants and allocations \$) If this amount includes foreign grants, check here

22,351

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule) SEE STMT 8

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

302,069

Part IV Balance Sheets (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash-non-interest-bearing	216,420	45	282,743
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48a Pledges receivable	3,965	48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable	15,331	49	3,965
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	300
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments-land, buildings, and equipment: basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	55c
	56 Investments-other (attach schedule)		56	
	57a Land, buildings, and equipment: basis		57a	
	b Less: accumulated depreciation (attach schedule)		57b	57c
58 Other assets, including program-related investments (describe ►		58		
59 Total assets (must equal line 74). Add lines 45 through 58	231,751	59	287,008	
Liabilities	60 Accounts payable and accrued expenses	7,298	60	1,250
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► SEE STATEMENT 9	147,730	65	72,306
66 Total liabilities. Add lines 60 through 65	155,028	66	73,556	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	76,723	67	213,452
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	76,723	73	213,452	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	231,751	74	287,008	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,468,256
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	1,965,907
	SEE STATEMENT 10		
	Add lines b1 through b4	b	1,965,907
c	Subtract line b from line a	c	502,349
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	502,349

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	2,327,804
b	Amounts included on line a but not Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	1,991,159
	SEE STATEMENT 11		
	Add lines b1 through b4	b	1,991,159
c	Subtract line b from line a	c	336,645
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	28,975
	Add lines d1 and d2	d	28,975
e	Total expenses (Part I, line 17). Add lines c and d	e	365,620

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GUN DENHART 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	CHAIR & SEC.	0	0	0
MARIAN WRIGHT EDELMAN 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	TREASURER	0	0	0
JONAH EDELMAN 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	EXEC. DIR.	5,584	675	0
DANIEL GROSSMAN 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	DIRECTOR	0	0	0
HOLLY PRUETT 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	DEPUTY DIR.	17,144	1,341	0
JONATHAN LAVINE 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	DIRECTOR	0	0	0
WENDY PURIEFOY 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	DIRECTOR	0	0	0
DON WASHBURN 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	DIRECTOR	0	0	0
LAURENE POWELL 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	DIRECTOR	0	0	0
ROBERTA KATZ 516 SE MORRISON ST, SUITE 410 PORTLAND OR 97214	DIRECTOR	0	0	0

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> <u>0</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> <u>0</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90a	List the states with which a copy of this return is filed SEE STATEMENT 15		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	0
91a	The books are in care of STAND FOR CHILDREN, INC. Telephone no. 503-235-2305 516 SE MORRISON ST, SUITE 410 Located at PORTLAND, OR ZIP + 4 97214		
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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	91b	X
		Yes	No

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No **X**
If "Yes," enter the name of the foreign country: _____
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**- Check here **92** and enter the amount of tax-exempt interest received or accrued during the tax year: _____

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CONFERENCE FEES					7,785
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					239,877
95 Interest on savings and temporary cash investments			14	5,658	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b OTHER INCOME					3,366
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		5,658	251,028
105 Total (add line 104, columns (B), (D), and (E))					256,686

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No **X**
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No **X**
Note: If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Instr. X) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **JAMES E. RICHMAN, CPA, PC**
1 SW COLUMBIA, SUITE 400
PORTLAND, OR 97258

EIN _____ Phone no. **503-295-3780**

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

2006

Name of organization	Employer identification number
STAND FOR CHILDREN, INC.	52-2146673

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(4) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

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

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

STAND FOR CHILDREN, INC.

Employer identification number

52-2146673**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>GUN & TOM DENHART</u> <u>420 NW 11TH AVENUE</u> <u>PORTLAND OR 97209</u>	\$ <u>50,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>OREGON SCHOOL EMPLOYEES ASSOCIATION</u> <u>4735 LIBERTY RD, S.</u> <u>SALEM OR 97302</u>	\$ <u>26,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>TIFFANY HANNON</u> <u>2234 NE GILE TERRACE</u> <u>PORTLAND OR 97212</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>TRISTIN MANNION</u> <u>13 COMMONWEALTH AVENUE</u> <u>BOSTON MA 02116</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>LAURENE POWELL</u> <u>2101 WAVERLY STREET</u> <u>PALO ALTO CA 94301</u>	\$ <u>60,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>ANNONYMOUS</u> <u></u> <u></u>	\$ <u>23,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
STAND FOR CHILDREN, INC.

Employer identification number
52-2146673

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>STOLL, BERNE, LOTKING & SCHLACTER</u> <u>209 SW OAK STREET</u> <u>PORTLAND</u> OR <u>97204</u>	\$ <u>9,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
TOTAL	\$ <u>239,877</u>

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
OFFICER COMPENSATION COMPENSATION	4,485	1,089	
TOTAL	<u>\$ 4,485</u>	<u>\$ 1,089</u>	<u>\$ 0</u>

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
PROFESSIONAL FEES	8,217	7,378	839	
EVENTS	74,824	74,824		
LICENSES & FEES	12,535		3,040	9,495
COMPUTER SUPPLIES	553	553		
OVERHEAD ALLOCATION		78,701	-82,924	4,223
OTHER	28,975		28,975	
TOTAL	<u>\$ 125,104</u>	<u>\$ 161,456</u>	<u>\$ -50,070</u>	<u>\$ 13,718</u>

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

STAND FOR CHILDREN, INC. EXISTS BECAUSE CHILDREN IN COMMUNITIES ACROSS AMERICA HAVE NO POWER TO INFLUENCE OUR DEMOCRATIC SYSTEM TO MEET THEIR IMMEDIATE NEEDS FOR EDUCATION, HEALTH AND SAFETY. AS PUBLIC REVENUES HAVE SHRUNK, FUNDING FOR PROGRAMS THAT SERVE CHILDREN HAS BEEN DRAMATICALLY REDUCED. OUR MEMBERS JOIN TOGETHER IN AN EFFECTIVE VOICE TO ADDRESS CHILDREN'S NEEDS. THEIR MISSION IS TO ENSURE THAT EVERY CHILD HAS THE OPPORTUNITY TO GROW UP HEALTHY, EDUCATED, AND SAFE.

Statement 5 - Form 990, Part III, Line a - Statement of Program Service AccomplishmentsDescription

MASSACHUSETTS - 800 MEMBERS HAVE CHAPTERS/TEAMS ESTABLISHED IN LEXINGTON, ARLINGTON, LOWELL, GLOUCESTER, NEWTON, WINTHROP, AND AT TEMPLE ISREAL IN BOSTON. IN 2006 STAND FOR CHILDREN IMPROVED THE LIVES OF MORE THAN 1,000,000 CHILDREN BY HELPING SECURE A STATEWIDE K-12 EDUCATION FUNDING INCREASE OF \$216.6 MILLION AND ACHIEVING LOCAL VICTORIES IN LEXINGTON (ESTABLISHING AN INDOOR AIR QUALITY PROGRAM AND SECURING AN EPA GRANT) AND ARLINGTON (ESTABLISHING A SCHOOL HEALTH AND NUTRITION POLICY).

Statement 6 - Form 990, Part III, Line b - Statement of Program Service AccomplishmentsDescription

OREGON - HAS 3,000 MEMBERS AND CHAPTERS/TEAMS IN 11 COMMUNITIES. IN 2006 OUR 13 VICTORIES IN OREGON BENEFITED OVER 150,000 CHILDREN AND LEVERAGED MORE THAN \$753 MILLION FOR SCHOOLS AND OTHER CHILDREN'S PROGRAMS. MAJOR ACCOMPLISHMENTS INCLUDE: ALLEVIATING SCHOOL OVERCROWDING FOR STUDENTS IN HILLSBORO, MEDFORD, AND NORTH CLACKAMAS BY HELPING PASS THREE SCHOOL CONSTRUCTION BONDS; PRESERVING CLASS SIZES AND EDUCATIONAL PROGRAMS, AND ENABLING THE PURCHASE OF UP-TO-DATE TEXTBOOKS FOR STUDENTS IN PORTLAND PUBLIC SCHOOLS BY HELPING PASS A LOCAL FUNDING LEVEL; IMPROVING SCHOOL NUTRITION POLICIES IN EUGENE, PORTLAND AND SALEM.

Statement 7 - Form 990, Part III, Line c - Statement of Program Service AccomplishmentsDescription

TENNESSEE - HAS 300 MEMBERS WITH LOCAL CHAPTERS IN NASHVILLE, HAMILTON COUNTY/CHATTANOOGA, AND MEMPHIS. IN 2006 MEMBERS HELPED SECURE \$20 MILLION FROM THE STATE LEGISLATURE TO ADD 250 PRE-K CLASSROOMS FOR LOW INCOME 4 YEAR OLDS STATEWIDE. MEMBERS IN MEMPHIS ALSO LAUNCHED A PILOT PARENT ENGAGEMENT PROJECT TO INCREASE PARENT INVOLVEMENT IN K-12 EDUCATION.

Statement 8 - Form 990, Part III, Line e - Other Program Services

Description

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CHAPTER BANK ACCOUNTS	\$ 9,399	\$ 5,057
DUE TO STAND FOR CHILDREN LEADERSHIP	138,331	67,249
TOTAL	<u>\$ 147,730</u>	<u>\$ 72,306</u>

Statement 10 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

<u>Description</u>	<u>Amount</u>
COMBINED FINANCIALS WITH AFFILIATED ENTITY	\$ 1,994,882
COMBINED FINANCIALS AFFILIATED OCCUPANCY	-28,975
TOTAL	<u>\$ 1,965,907</u>

Statement 11 - Form 990, Part IV-B - Other Expenses included on Financial Statements

<u>Description</u>	<u>Amount</u>
COMBINED FINANCIALS WITH AFFILIATED ENTITY.	\$ 1,991,159
TOTAL	<u>\$ 1,991,159</u>

Statement 12 - Form 990, Part IV-B - Other Expenses included on Return

<u>Description</u>	<u>Amount</u>
COMBINED FINANCIALS AFFILIATED OCCUPANCY EXPENSES.	\$ 28,975
TOTAL	<u>\$ 28,975</u>

Statement 13 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One	Related Party Two	Relationship
MARIAN WRIGHT EDELMAN TREASURER	JONAH EDELMAN E.D., BD MEM	MOTHER AND SON

Statement 14 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name	Related Organization Name1		Related Organization Name2		Compensation Description
	Organization EIN	Relationship	Compensation	Benefits Expenses	
JONAH EDELMAN	52-1957214	STAND FOR CHILDREN LEADERSHIP CTR. COMMON BOARD MEMBERS	105,715	12,771	
HOLLY PRUETT	52-1957214	STAND FOR CHILDREN LEADERSHIP CTR. COMMON BOARD MEMBERS	79,281	6,199	

Statement 15 - Form 990, Part VI, Line 90a - States with which a Copy of this Return is Filed.

Postal Code

CA
CT
GU
IL
KY
MA
MD
ME
MN
MO
NC
NH
NJ
NY
OK
OR
PA
SC
TN
VA
WA
WI

Statement 16 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
94	MEMBERS PAY DUES TO SUPPORT THE ORGANIZATION'S EXEMPT PURPOSE.
93A	REGISTRATION FEES PAID TO ATTEND LEADERSHIP CONFERENCES, WHERE THEY LEARN TO BECOME EFFECTIVE VOICES ON CHILDREN'S ISSUES.
103A	OTHER INCOME RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.