#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990 tax year beginning JUL 1, 2013 and ending JUN 30,

Open to Public

<u>A I</u>	For the	2013 calendar year, or tax year beginning $$ JUL $1,$ $2013$ and endi	ing J	<u>ŬN 30, 2014</u>	
В	Check if applicable:	C Name of organization		D Employer identific	cation number
	Address change	SUNRISE CHILDRENS FOUNDATION			
	Name change Initial	Doing Business As			306804
Ļ	return Termin-	,	m/suite	E Telephone numbe	
F	Jated □Amende	2795 E. DESERT INN RD 100	J		)731-8373 6,707,799.
H	⊒return ∏Applica-	City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89121		G Gross receipts \$	-
	⊥tion pending			<b>H(a)</b> Is this a group refor subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		npt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or □	527		list. (see instructions)
J	Website	:▶ SUNRISECHILDREN.ORG		H(c) Group exemptio	
			<b>∟</b> Year o	of formation: $1993$ $_{ m  extsf{N}}$	State of legal domicile: $\overline{NV}$
Pa		Summary			
çe	1 B	riefly describe the organization's mission or most significant activities: THE ORG	BANI	ZATION IS D	EDICATED TO
Activities & Governance	_	ELPING CHILDREN FULFILL THEIR POTENTIAL OF			
Veri		theck this box   if the organization discontinued its operations or disposed of the governing body (Part VI, line 1a)			ssets.
ဗွ		lumber of voting members of the governing body (Part VI, line 1a)  lumber of independent voting members of the governing body (Part VI, line 1b)			16
တို		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			131
Vitie		otal number of volunteers (estimate if necessary)			12
Ç		otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	b N	et unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ne		ontributions and grants (Part VIII, line 1h)		6,433,283.	6,614,737.
Revenue		rogram service revenue (Part VIII, line 2g)		0. 402.	0. 7,017.
Be	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		112,513.	34,725.
		otal revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,546,198.	6,656,479.
_		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0,340,130.	0,030,473.
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,991,594.	4,323,831.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă.	b T	otal fundraising expenses (Part IX, column (D), line 25)   60,736	<u>.                                    </u>		
ш	17 (	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,043,781.	2,370,784.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,035,375.	6,694,615.
_ <u>S</u>	19 F	evenue less expenses. Subtract line 18 from line 12	Do	510,823.	
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	Ве	ginning of Current Year 2,809,226.	End of Year 2,630,984.
ASS( Bal	20 ⊺ 21 ⊤	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		411,156.	452,954.
Net -included	22 \	let assets or fund balances. Subtract line 21 from line 20	··	2,398,070.	2,178,030.
Pa	art II	Signature Block			
Und	ler penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and	l stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer	has any knowledge.	
		Signature of officer		Date	
Sig		•		Date	
Hei	re	MONICA PLAXTON GARIN, CHAIRMAN Type or print name and title			
		Print/Type preparer's name Preparer's signature		oate Check	PTIN
Pai		TEFF A. STOUT, CPA	0	1/26/15 if self-employ	
	<b>—</b>	Firm's name ELLSWORTH & STOUT, CPAS		Firm's EIN	26-1629859
		Firm's address 7881 W. CHARLESTON BLVD, SUITE 155	5		
_		LAS VEGAS, NV 89117		Phone no. (7	
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		•	X Yes No

4d	Other program	services	(Describe in	Schedule O.

188,719 • including grants of \$

6,269,690.

) (Revenue \$

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# Form 990 (2013) SUNRISE CHIL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı <del>n</del> a		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

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# Form 990 (2013) SUNRISE CHILDRENS Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		22
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula I Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		21
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<b>0</b> _	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

# Form 990 (2013) SUNRISE CHILDRENS FOUNDATION 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						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<sub>1a</sub>   39									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming									
	(gambling) winnings to prize winners?		1c	Х							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 131			1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х						
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O										
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
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 A	Accounts.									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			1						
	any contributions that were not tax deductible as charitable contributions?		6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts			1						
	were not tax deductible?		6b		<u> </u>						
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required									
	to file Form 8282?		7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		<u> </u>						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		-						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		-						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Discontinuous description and descrip										
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.										
	Did the organization make any taxable distributions under section 4966?		9a								
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:	100			1						
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b									
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	ן וטט ן									
	· · · · · ·	11a			1						
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	114									
b	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?		13a								
Note. See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
	Pid the consciention and its consequence to find a standard to the territory of the territory of the standard to the standard		14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b								

SUNRISE CHILDRENS FOUNDATION

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

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 16 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website X Another's website Other (explain in Schedule O) 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - (702)731-8373

89121

2795 E. DESERT INN RD, NO. 100, LAS VEGAS,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga				_	nsa			
(A)	(B)		<b>(C)</b> Position					(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
						is bot or/trus		compensation from	compensation from related	amount of other
	(list any	. pd						the	organizations	compensation
	hours for	or director				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(	organization
	organizations	trustee	nal tru		oyee	adwo				and related
	below	Individual	Institutional trustee	Ja:	Key employee	Highest compensated employee	ner			organizations
	line)	ibul	Insti	Officer	Key	High	Former			
(1) MONICA PLAXTON GARIN	3.00	ļ								•
CHAIR		Х		Х				0.	0.	0.
(2) DWAIN RITTENHOUSE	3.00								_	
TREASURER		Х		Х				0.	0.	0.
(3) COURTNEY ORROCK	3.00	]							_	_
SECRETARY		Х		Х				0.	0.	0.
(4) LORI SOREN	3.00	]							_	_
PAST CHAIR		Х		Х				0.	0.	0.
(5) AMY BAUER	1.00	]							_	_
DIRECTOR		Х						0.	0.	0.
(6) LINDSAY DIAMOND, PH.D.	1.00									
DIRECTOR		Х						0.	0.	0.
(7) AROUNE GIBIRILA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JAMES GRIMES	1.00									
DIRECTOR		Х						0.	0.	0.
(9) TORI KLEIN	1.00									
DIRECTOR		X						0.	0.	0.
(10) J PARKER KURLINSKI, MD	1.00									
DIRECTOR		X						0.	0.	0.
(11) DEE LADD	1.00									
DIRECTOR		X						0.	0.	0.
(12) MARGARET ANN LYNCH	1.00									
DIRECTOR		X						0.	0.	0.
(13) MELANIE MAVIGLIA	1.00									
DIRECTOR		X						0.	0.	0.
(14) DEBBIE PRIMACK	1.00									
DIRECTOR		X						0.	0.	0.
(15) BONNIE ROSSELLI	1.00									
DIRECTOR		x						0.	0.	0.
(16) BARBARA WOOD	1.00									
DIRECTOR		x						0.	0.	0.
(17) DAVE SANBERG	40.00									
EXECUTIVE DIRECTOR		1		Х				89,185.	0.	0.

Form 990 (2013)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					one th an	<b>(D)</b> Reportable compensation	(E) Reportable compensation		(F Estim amou	ated nt of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		oth comper from organiz and re organiz	nsation the zation lated
(18) ANGELA TRICHE DIRECTOR OF PROGRAMS	40.00			х				85,929.	0	١.		0.
										$\downarrow$		
										$\downarrow$		
										$\downarrow$		
										$\downarrow$		
										4		
										4		
1h Sub total							L	175,114.	0	).		0.
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							175,114.	0	).		0.
Total number of individuals (including but compensation from the organization							ho r	· · · · · · · · · · · · · · · · · · ·	0,000 of reportable			C
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		Ye	s No
<ul><li>line 1a? If "Yes," complete Schedule J for</li><li>For any individual listed on line 1a, is the s</li></ul>								her compensation from			3	X
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>											4	X
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	le J t	for s	uch	pers	son		<u></u>			5	X
Complete this table for your five highest or the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	nsat	tion fron	า
(A) Name and business	s address	N	INC	E				(B) Description of s	services	Co	(C) mpensa	tion
	<b>.</b>											
Total number of independent contractors     \$100,000 of compensation from the organ	. •	not li	mite	d to		se li 0	stec	d above) who received n	nore than		000	0 (2242)

SUNRISE CHILDRENS FOUNDATION

		Check if Schedule O conf	tains a response	or note to any lir	ne in this Part VIII			
			<u></u>	<del></del>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
ra z		Membership dues						
٦٤		Fundraising events		39,485.				
£ξ∐				00, 2000				
اقاق		Related organizations		150,098.				
Sis		Government grants (contribut		130,090.				
풀힐	Ť	All other contributions, gifts, gran		40E 1E4				
들튀		similar amounts not included abo	ove 1f	425,154.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines		184,125.	6 64 4 505			
<u>ā č</u>	h	Total. Add lines 1a-1f			6,614,737.			
				Business Code				
<u>8</u>	2 a							
_ €	b		-					
S I	С	·						
e a	d	L. <u></u>						
Program Service Revenue	е	. <u> </u>						
₫	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			517.	517.		
	4	Income from investment of ta						
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents		, ,				
	b	Less: rental expenses						
		Rental income or (loss)						
		. ,		<b>&gt;</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>,</i> a	assets other than inventory	(i) Occurrics	6,500.				
	h	Less: cost or other basis		0,000				
	b	and sales expenses		0.				
	•	Gain or (loss)		6,500.				
					6,500.	6,500.		
		Net gain or (loss)			0,500.	0,500.		
ne	8 а	Gross income from fundraisin including \$ 39,4						
Other Reven								
&		contributions reported on line		82,589.				
Je		Part IV, line 18		51,320.				
ᅗ		Less: direct expenses			31,269.			31,269.
		Net income or (loss) from fund		<b>&gt;</b>	31,209.			31,209.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan		<b></b>				
	10 a	Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	ie	Business Code		2 456		
	11 a	OTHER		999999	3,456.	3,456.		
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>	3,456.	1.0		
	40	Total revenue Con instructions		_	6 656 170	10 /72	0	21 260

#### 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).

<u> </u>	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		5	(A).	
Do	not include amounts reported on lines 6b.	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	455 444	1.55 400	0 400	1 000
	trustees, and key employees	175,114.	165,483.	8,423.	1,208
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 720 004	2 505 545	150 510	05 400
7	Other salaries and wages	3,732,894.	3,527,747.	179,719.	25,428
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	415 000	202 002	20 002	0 000
10	Payroll taxes	415,823.	392,992.	20,003.	2,828
11	Fees for services (non-employees):				
	Management				
	Legal				
С	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,				
е	· •				
f	Investment management fees				
g		07 575	62 151	24 224	0.0
	column (A) amount, list line 11g expenses on Sch O.)	97,575. 14,666.	63,151. 7,534.	34,334.	90 4,343
12	Advertising and promotion	123,620.	107,173.	11,751.	4,343
13	Office expenses	123,020.	107,173.	11,/31.	4,090
14	Information technology				
15	Royalties	763,968.	712,197.	49,898.	1,873
16	Occupancy	2,079.	460.	49,090.	1,619
17	Travel	2,019.	400.		1,019
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	Payments to affiliates  Depreciation, depletion, and amortization	113,471.	112,325.	1,146.	
22	F	492,751.	455,071.	37,647.	33
23 24	Insurance Other expenses, Itemize expenses not covered	174,1910	255,071.	31,011	
<b>4</b>	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	PROGRAM	520,993.	519,520.	1,473.	0
a b	UTILITIES	84,901.	80,723.	4,178.	
C	AUTOMOBILE	53,206.	52,515.	64.	627
d	REPAIRS AND MAINTENANCE	49,836.	48,908.	928.	0 0
	All other expenses	53,718.	23,891.	11,836.	17,991
25	Total functional expenses. Add lines 1 through 24e	6,694,615.	6,269,690.	364,189.	60,736
26	Joint costs. Complete this line only if the organization	-,,,	-, ,	202,200	55,750
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	In following 501 36-2 (A30 306-720)				Farm 000 (0010)

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

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	398,628.	1	787,357.
	2	Savings and temporary cash investments	842,978.	2	396,471.
	3	Pledges and grants receivable, net		3	666,804.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use	113,313.	8	25,695
	9	Prepaid expenses and deferred charges	1 27 176	9	49,779
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,385,643 10b 723,188	<u>•</u>		
	b	Less: accumulated depreciation 10b 723,188	852,166.	10c	662,455.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	42,423.	15	42,423.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,809,226.	16	2,630,984
	17	Accounts payable and accrued expenses	360,376.	17	429,561.
	18	Grants payable		18	
	19	Deferred revenue		19	10,600.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	50,780.		12 702
		Schedule D	411,156.	_	12,793. 452,954.
	26	Total liabilities. Add lines 17 through 25	411,130.	26	452,354.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
čě	07	complete lines 27 through 29, and lines 33 and 34.	1,467,578.	27	1,338,566.
lan	27	Unrestricted net assets		28	839,464
B	28	Temporarily restricted net assets	330,432.	29	035,404.
ŭ	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here		23	
ř F		and complete lines 30 through 34.			
S	30			30	
	30	Capital stock or trust principal, or current funds		31	
sset		Paid in or capital surplus, or land, building, or aguinment fund			
t Asset	31	Paid-in or capital surplus, or land, building, or equipment fund			
Net Assets or Fund Balances		Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances		32	2,178,030.

Form **990** (2013)

	reconomitation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,69	<u>4,6</u>	<u> 15.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,39	8,0	<u>70.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-11		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6	2,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,17	8,0	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

			CHILDRENS F						ŏ	8-03	ט ט	804	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this part	:.) See inst	ructions.					
The orga	nization is not a	a private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)						
1 🖳	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
3	A hospital or	a cooperative hospi	tal service organization o	described	in <b>section</b>	170(b)(1)	A)(iii).						
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hos	pital'	s nam	ne,
	city, and stat	:e:											
5 🗀	An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	ate, or local governm	ent or governmental unit	t described	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).						
7	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public c	desc	ribed	in
		<b>b)(1)(A)(vi).</b> (Comple				_							
8	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 X	1		eives: (1) more than 33 1			rom contri	butions, m	nembershi	p fees, a	nd gros	s rec	eipts	from
	activities rela	ited to its exempt fur	nctions - subject to certa	in excepti	ons, and (	2) no more	than 33 1	/3% of its	support	from gr	oss	inves	tment
	income and u	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	Isinesses a	acquired b	y the orga	nization	after Ju	ne 3	0, 197	75.
		509(a)(2). (Complete			,		•	, ,				,	
10	1		perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	I).					
11 🗀	An organizati	ion organized and or	perated exclusively for th	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purpos	es o	f one	or
	ŭ		ations described in section						•				
			organization and comple		•		,	•	, ,				
	a Type I					integrated	d	Тур	e III - No	n-functio	onall	y inte	grated
е 🗀	By checking	-	at the organization is not		•	-		• •				•	-
	foundation m	nanagers and other t	han one or more publicly	/ supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section	509	(a)(2).	
f			ten determination from t									. , ,	
	supporting o	rganization, check th	nis box		·								
g	Since August	t 17, 2006, has the c	organization accepted ar										-
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (	iii) below	,		Yes	No
			upported organization?								g(i)		
			person described in (i) o								g(ii) g(iii)		
h			about the supported org										
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) ls	the	(vii) Am	ount	of mo	netarv
	ganization	(, =	(described on lines 1-9	in col. (i) lis				organizátio (i) organiz	ed in the l	(***,*****	supp		
				governing	document?	(i) of your	support?	l'' U.S	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
Takal													

#### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	) here					<u></u> ▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	n			▶□
b	33 1/3% support test - 2012. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and <b>stop here.</b> The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and <b>stop</b>	<b>here.</b> Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2012.</b> If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	<b>l stop here.</b> Explair	n in Part IV how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶Ш

#### 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.)

Sec	ction A. Public Support	siow, piedoc comp	noto i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	` ,	Ì	Ţ	, ,	Ţ	
	membership fees received. (Do not						
	include any "unusual grants.")	5,251,692.	7,254,688.	6,128,967.	6,433,283.	6,614,737.	31,683,367.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		2,666.	-19,033.			-16,367.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	5,251,692.	7,257,354.	6,109,934.	6,433,283.	6,614,737.	31,667,000.
	Amounts included on lines 1, 2, and					, ,	· · · · · · · · · · · · · · · · · · ·
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						31,667,000.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	5,251,692.	7,257,354.	6,109,934.	6,433,283.	6,614,737.	31,667,000.
	Gross income from interest,	, ,				, ,	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	319.	794.	644.	402.	7,017.	9,176.
b	Unrelated business taxable income					,	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	319.	794.	644.	402.	7,017.	9,176.
	Net income from unrelated business	-		-	-	, -	
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital					34,725.	34,725.
13	assets (Explain in Part IV.)	5,252,011.	7,258,148.	6,110,578.	6,433,685.	6,656,479.	31,710,901.
	First five years. If the Form 990 is for						<del></del>
•	check this box and stop here	· ·	, ,	<i>'</i>	,	( ) ( )	ation,
Sec	ction C. Computation of Publi						
	Public support percentage for 2013 (li			olumn (f))		15	99.86 %
	Public support percentage from 2012					16	99.94 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13 column (f))		17	.03 %
	Investment income percentage from 2			(1)		18	•06 %
	33 1/3% support tests - 2013. If the	•					
136	more than 33 1/3%, check this box ar	-					77
L	33 1/3% support tests - 2012. If the						
i.	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			•	. ,	•	
∠∪	r i vate i oundation. Il the organization	r did fiot crieck a l	DOX OH III IE 14, 19	a, or 190, crieck th	iio DOX aliu See INS		<b>, P</b> <u> </u>

<u>chedule A</u>	(Form 990 or 990-EZ) 2013 SUNRISE CHILDRENS FOUNDATION	88-0306804 Page 4
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).	·
	The complete the parties and additional monatoring	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization SUNRISE CHILDRENS FOUNDATION **Employer identification number** 88-0306804

Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, li	ine 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization'	-	
6	Did the organization inform all grantees, donors, and donor		
•	for charitable purposes and not for the benefit of the donor		
Pa	irt II Conservation Easements. Complete if the o		
1	i		
•	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	1 100017411011 01 4 001111	The The Structure
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.	amed concorvation contribution in the form of	or a conservation casement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
h			
	Number of conservation easements on a certified historic s		
d			
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r		
Ŭ	year	released, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation e	easement is located	
5	Does the organization have a written policy regarding the p		
Ŭ	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva		
9	include, if applicable, the text of the footnote to the organiz		
	conservation easements.	Lation 3 iniancial statements that describes t	The organization's accounting for
Pa	irt III Organizations Maintaining Collections	of Art. Historical Treasures. or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Forr		
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art
	historical treasures, or other similar assets held for public e		
	the text of the footnote to its financial statements that desc		ice of public convice, provide, in trait with,
h	If the organization elected, as permitted under SFAS 116 (A		and halance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition,		
	relating to these items:	saccation, or research in fulfillerance of pub	33, 1100, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b> \$
2	If the organization received or held works of art, historical to	reasures or other similar assets for financial	
2	the following amounts required to be reported under SFAS		gairi, provide
-		, ,	<b>•</b> •
d	Revenues included in Form 990, Part VIII, line 1		
D	n maatta iiiliuutu iii i uiiii aau, Fail M		Ψ Ψ

	t III Organizations Maintaining C	CHILDRENS Collections of A				or Othe		ar Asse			age Z
3	Using the organization's acquisition, accessi										
3		on, and other record	is, crieck	arry or tire	Tollowing tha	l ale a s	igillicant	use of its	COHECTIO	II ILCII	13
_	(check all that apply):  Public exhibition				hanaa nraara						
a		d			hange progra	ins					
b	Scholarly research	е		ther							
C	Preservation for future generations							. 5			
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit of								٦٧		٦.,.
Dai	to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be material to be material to be material to be sold to raise funds rather than to be material to be material to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to								Yes		<u> No</u>
Fai	reported an amount on Form 990, Pa		ete ii trie c	organizatio	n answered	Yes to	Form 990	, Part IV, I	ine 9, or		
			Ľ - · · · <b>ć</b> - · · · -				to almost a at				
ıa	Is the organization an agent, trustee, custod								Yes		□No
	on Form 990, Part X?								」 Yes		J NO
b	in res, explain the arrangement in Part XIII	and complete the lo	llowing ta	Die.					A maun		
_	Deginning belongs						10		Amoun	L .	
	Beginning balance										
	Additions during the year										
f	Distributions during the year Ending balance										
' 2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										֝֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
Pai											
		(a) Current year		or year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	(a) carrers year	(2)	o. y ou.	(5)		(-, ,		(5)		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1a	. column (a	a)) held as:						
а	Board designated or quasi-endowment	•	%	, (-	-,,						
	Permanent endowment	%	_								
С	Temporarily restricted endowment	<u></u> *									
	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse		ation that	are held a	nd administe	red for t	he organiz	ation			
	by:	J					Ü		ĺ	Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 990	, Part IV,	ine 11a. S	ee Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	:d	(d) Boo	k valu	e
		basis (investr	nent)	basis	(other)	de <sub>l</sub>	oreciation				
1a	Land										
	Buildings										
	Leasehold improvements			73	4,402.		171,8	02.			00.
	Equipment			65	1,241.		551,3	86.		9,8	
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, columr	n (B), line 1	0(c).)			ightharpoonup	66	2, 4	55.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 SUNRISE CH	ILDRENS FO	UNDATION	88	3-0306804 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes				
(a) Description of security or category (including name of security)	(b) Book val	ue (c) Method	of valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
Total. (Col. (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 9	990. Part X. line 13.	
(a) Description of investment	(b) Book val		of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX Other Assets.				
Complete if the organization answered "Yes		IV, line 11d. See Form 9	990, Part X, line 15.	1
(a	) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	· 45 \			
Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X   Other Liabilities.	ne 15.)		<b>_</b>	
Complete if the organization answered "Yes	" to Form 000 Port	IV line 11e or 11f Coe l	Form 000 Dort V line 25	
(1) 5	to Form 990, Part	(b) Book value	Form 990, Part X, line 25	).
		(b) Book value		
(1) Federal income taxes (2) DEFERRED LEASE LIABILITY		12,79	13.	
(3)		12,75	<del></del>	
(6)				
(7)				
(8)				
(9)				
Total, (Column (b) must equal Form 990, Part X, col. (B) li	ine 25.)	12,79	3.	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pai	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	6,656,479.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	6,656,479.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , ,			
b	, , , , , , , , , , , , , , , , , , , ,	4b		0
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			6,656,479.
Ра	rt XII Reconciliation of Expenses per Audited Financial S	•	ises per Retui	n.
	Complete if the organization answered "Yes" to Form 990, Part IV,		1.1	6 604 615
1	Total expenses and losses per audited financial statements		1	6,694,615.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
С.				
d	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		0
_	• • • • • • • • • • • • • • • • • • • •			6,694,615.
3	Subtract line 2e from line 1		3	0,094,013.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
	, , , ,			
b	, , , , , , , , , , , , , , , , , , , ,		4-	0.
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			6,694,615.
5 Pa	rt XIII Supplemental Information.	10./	j 5 <u> </u>	0,054,015
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art V, line 4; Part /	K, line 2; Part XI,

#### **SCHEDULE G**

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

2013

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number

SUNRISE	CHILDRENS FOUNDAT	ION			88-030	6804
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-l	Z filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-govern govern sising of ding of ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees or	es No o be
(i) Name and address of individual or entity (fundraiser)	al (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 to (or retained by) fundraiser listed in col. (i)					
		Yes	No			
Fotal		l				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o				I d it is exempt from	registration

Schedule G (Form 990 or 990-EZ) 2013 SUNRISE CHILDRENS FOUNDATION 88-0306804 Page 2 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 NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) Revenue 122,074. 122,074. 1 Gross receipts 39,485 39,485. 2 Less: Contributions 82,589 82,589. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 51,320. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 31,269. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs 5 Other direct expenses \_\_\_\_\_ Yes Yes 6 Volunteer labor No No

7 Direct expense summary. Add lines 2 through 5 in column (d)

a Is the organization licensed to operate gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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

Sahadula C	/Earm	000	or 000	) E7\ 2	012

**b** If "No," explain:

**b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013 SUNRISE CHILDRENS FOUNDATION 88	-0306804 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	10
a The organization's facility	
<b>b</b> An outside facility	13b %
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	
of gaming revenue retained by the third party $\blacktriangleright$ \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address ►	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Description of services provided P	
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>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e
organization's own exempt activities during the tax year > \$	•
	II lines 0 Ob 10b 15b
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	

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

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

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

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

SUNRISE CHILDRENS FOUNDATION

Employer identification number 88-0306804

Pai	t I Types of Property									
		(a)	(b)	(c)			(d)			
		Check if applicable	Number of contributions or	Noncash contr amounts repor			Method of det ash contribut		-	
		арріісаріе		Form 990, Part VI		Horic	asii continut	ion ai	Hount	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts Other ▶ (USE OF FACILI)	Х	1	102	857	FATR	MARKET	772	मा.	—
25 26	Other (PROFESSIONAL)	X	1	58	402.	FATR	MARKET	VZ	LITE	
20 27	Other (PROGRAM SUPPL)	X	1				MARKET			
28	Other (11001411 50111)		_	227				· · · · ·		—
29	Number of Forms 8283 received by the organi	zation durin	n the tax vear for o	ontributions		l				
	for which the organization completed Form 82				29					
		,,	,	<b>9</b>					Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rej	oorted in Part I, line	es 1 - 28, t	hat it mus	st hold for			
	at least three years from the date of the initial	-								
	the entire holding period?							30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standa	rd contrib	utions?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sel	ll noncash		Ī			
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which colun	nn (a) is ch	necked,				
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

Schedule M	(Form 990) (2013)	SUNRISE	CHILDRENS	FOUNDATION	88-0306804	Page 2
Part II	Supplemental is reporting in Part this part for any actions and the supplemental in th	I Information.	Provide the inform	nation required by Part I, utions, the number of ite	lines 30b, 32b, and 33, and whether the organization ms received, or a combination of both. Also comple	on ete

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

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

2013
Open to Rublic

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

nployer identification n

Name of the organization	SUNRISE CHILDRENS FOUNDATION	88-0306804
	I, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
EDUCATED LIVES	THROUGH THREE MAIN ACTIVITIES, 1) EARLY	HEAD START
2)WOMEN INFANT	S AND CHILDREN (WIC) 3)HOME INSTRUCTION	PROGRAM FOR
PRESCHOOL YOUNG	GSTERS (HIPPY).	
FORM 990, PART	III, LINE 4A, PROGRAM SERVICE ACCOMPLIS	SHMENTS:
SUCCEED.		
FORM 990, PART	III, LINE 4D, OTHER PROGRAM SERVICES:	
	ON PROGRAM FOR PRESCHOOL YOUNGSTERS (HI	
HOME-VISITING,	EARLY INTERVENTION PROGRAM FOR FAMILIES	S WITH CHILDREN
AGED THREE TO	FIVE YEARS. HIPPY OFFERS FREE HOME-BASE	ED EARLY CHILDHOOD
EDUCATION WORK	ING WITH THE PARENT(S) AS THE FIRST TEAC	CHER. THE PARENT
IS PROVIDED WI	TH A SET OF DEVELOPMENTALLY APPROPRIATE	MATERIALS,
CURRICULUM AND	BOOKS DESIGNED TO STRENGTHEN THE CHILDE	REN'S COGNITIVE
SKILLS, EARLY	LITERACY SKILLS, SOCIAL/EMOTIONAL AND PR	HYSICAL
DEVELOPMENT.		
EXPENSES \$ 188	,719. INCLUDING GRANTS OF \$ 0. REVEN	NUE \$ 0.
FORM 990, PART	VI, SECTION B, LINE 11:	
EXPLANATION: T	HE ORGANIZATION'S DOCUMENTS, POLICIES AN	ND FINANCIAL
STATEMENTS ARE	MADE AVAILABLE TO THE PUBLIC UPON REQUI	EST.
EODM 000 DADM	VI SECUTON B LINE 12C.	

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

EXPLANATION: THE ORGANIZATION REQUIRES BOARD MEMBERS TO SIGN COI STATEMENTS

ANNUALLY. THE POLICY IS REVIEWED AND ENFORCED ACCORDINGLY.

Name of the organization SUNRISE CHILDRENS FOUNDATION	Employer identification number 88-0306804
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE ORGANIZATION'S BOARD HOLDS DISCUSSIONS F	OR PAY STRUCTURE
AT THE EXECUTIVE LEVEL WITH THOSE WHO ARE KNOWLEDGEABLE O	F OTHER NONPROFIT
PAY STRUCTURES.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION'S POLICY IS TO DISTRIBUTE T	O ALL BOARD
MEMBERS BUT HAVE THE FINANCE COMMITTEE REVIEW THE FORM 99	0 PRIOR TO SIGNING
AND MAILING.	_
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON INVENTORY VALUATION	-62,000.

### Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

#### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ⋅

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ightharpoonup X• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions), For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) Part I A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print SUNRISE CHILDRENS FOUNDATION 88-0306804 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 2795 E. DESERT INN RD, NO. 100 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions LAS VEGAS, NV 89121 0 | 1 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 1041-A Form 990-BL 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION • The books are in the care of > 2795 E. DESERT INN RD, NO. 100 - LAS VEGAS, NV 89121 Telephone No.  $\blacktriangleright$  (702)73 $\overline{1-8373}$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box ▶ 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► calendar year \*\* tax year beginning JUL 1, 2013 , and ending JUN 30, 2014 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

instructions.