Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information Open to Public Inspection

Α	For t	he 2017 calendar year, or tax year beginning , 2017, and ending	,
₽_		ıf applicable C	D Employer identification number
<u> </u>	ร	ss change STAND FOR THE SILENT, INC.	45-2317929
<u> </u>	₹	ਿ	E Telephone number
-	Initial Contract	PERKINS, OK 74059	(405) 714-5881
<u> </u>	1		
-	ร์	ation pending	F Group Exemption Number ▶
G		unting Method X Cash Accrual Other (specify) ► H Check	► if the organization is not
ı	Web	site: STANDFORTHESILENT.COM require	ed to attach Schedule B
J	Tax-e	xempt status (check only one) $- X = 501(c)(3) = 501(c)(3)$ (Form	990, 990-EZ, or 990-PF).
K	Form	of organization: Corporation Trust Association Other	
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal ►\$ 169,413.
P	art∘l∞	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I	<u>X</u>
	1	Contributions, gifts, grants, and similar amounts received	1 169,413.
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3
	4	Investment income .	4
	5 a	Gross amount from sale of assets other than inventory 5a	
2018	b	Less cost or other basis and sales expenses 5 b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5C DECENTED
	6	Gaming and fundraising events	NEUEIVED
₩Ŗ	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	0
ನ್ನಿ ಓ	b	Gross income from fundraising events (not including \$ of contributions	MAY 17 2018 5
AUG	}	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 6 b	
ij	c	Less: direct expenses from gaming and fundraising events . 6c	
SCANNED	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d
<u></u>	7 a	Gross sales of inventory, less returns and allowances 7a	R\$ 70
(J	l b	Less cost of goods sold	
	0	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9 169,413.
	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	11
Ē	12	Salaries, other compensation, and employee benefits	12 101,824.
EXPENSES	13	Professional fees and other payments to independent contractors	13 4,190.
Ň	14	Occupancy, rent, utilities, and maintenance	14
E	15	Printing, publications, postage, and shipping	. 15 6,486.
3	16	Other expenses (describe in Schedule O) SEE SCHEDULE 0	16 68,996.
	17	Total expenses. Add lines 10 through 16	► 17 181, 496.
-	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -12,083.
A N S E E T T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	7.500×1
ËE	'	figure reported on prior year's return)	19 45,146.
' T S	20	Other changes in net assets or fund balances (explain in Schedule O)	20
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21 33,063.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2017)

Pai	Balance Sheets (see the Inst Check if the organization used Sche	tructions for Part II)	estion in this Part II			. X
	•			(A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments		. <i>.</i>	4,655		13,129.
23	Land and buildings]	25,343		23,347.
24	Other assets (describe in Schedule O)	SEE SCHEDULE	ΞΟ)	27,392		18,320.
25	Total assets]	57,390		54,796.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULE	ΞO, , ,,)	12,244	_	21,733.
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with lir	ne 21)	45,146		33,063.
	till Statement of Program Service Acco				· 1 - 1	Expenses
	Check if the organization used Sch	nedule O to respond to any qu	uestion in this Part I	ıı 🗓	(Real	uired for section 501
What	s the organization's primary exempt purpose? SEE	E SCHEDULE O			(c)(3)) and 501(c)(4)
Desc	ribe the organization's program service ac	complishments for each of it	s three largest progr	am services, as		nizations; optional
mea:	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	manner, describe the service	es provided, the nur	nber of persons	for o	thers.)
28	STAND FOR THE SILENT PROV					
	"BULLYING" TO SCHOOLS AND					
				TRWITON UND -		
	238 SEMINARS WHICH EDUCAT (Grants \$) If the	is amount includes foreign gr	ON BULLIING.		28 a	122 407
29	(Grants \$) ii (iii	is amount includes loreign gra	arits, theth here		20 a	133,407.
25						
	707-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7					
	(Grants \$) If the	is amount includes foreign gr	ants, check here		29 a	
30						
		is amount includes foreign gr	ants, check here .	<u> </u>	30 a	
31	Other program services (describe in Sche	edule O)				
		is amount includes foreign gr	ants, check here.		31 a	
32	Total program service expenses (add line	es 28a through 31a)		▶	32	133,407.
Pär	t IV List of Officers, Directors, Tr	ustees, and Key Employ	yees (list each one	even if not compensated -	- see th	e instructions for Part IV)
	Check if the organization used Sch	nedule O to respond to any qu	uestion in this Part I	V		<u></u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MISO	" I continuations to city	loyee	(e) Estimated amount of
	(a) Name and the	position	(if not paid, enter -0-)	benefit plans, and de compensation	ferred	other compensation
KIE	K M SMALLEY					
	SIDENT	40	42,00	n	0.	0.
_	RA A SMALLEY	40	42,00	<u> </u>	٠.	.
	ASURER	40	33,00	n	0.	0.
	NIA SOLO	40	33,00	0.	٠.	.
	ECTOR	0		<u>_ </u>	0.	0.
	ICIA SIMPSON			0.	<u> </u>	<u> </u>
		0		_	_	^
	ECTOR RI D MORRIS-BEHNE	0		0.	0.	
		4.0			_	
DTF	ECTOR	40	18,00	0.	0.	0.
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45-2317929

Page 2

Form 990-EZ (2017) STAND FOR THE SILENT, INC.

Part V	Other In	formation	on (No	te the	Schedule A	and ner
					SILENT,	

-2317929 ABO

Fal	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. П
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	-		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	of f 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
(: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
	Did the organization file Form 1120-POL for this year?.	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
t	olf 'Yes,' complete Schedule L, Part II and enter the total			
20	amount involved 38b N/A	, is		
	Section 501(c)(7) organizations Enter I Initiation fees and capital contributions included on line 9			10.7
	o Gross receipts, included on line 9, for public use of club facilities			A 1800
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	¥.		11. 1 A
	section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.			
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		х
(Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	100	4 3	
	managers or disqualified persons during the year under sections 4912, 4955, and 4958.			2
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			8
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			X
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed FOK	40 e		
-71	OK			—
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no ► (405)	714	EOO	, 1
	Located at 6918 W. 128TH ST. PERKINS OK ZIP + 4 74059	114	_200	<u>'</u>
Ł	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country:		888 ° 120	^
		4	7	
				100
				c de
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	2 35	ž.	v
C	: At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		<u>X</u>
	The state the hame of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ 🗌	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			N/A
44.	Did the examplation meintain any densy advised funds during the year? If IVes I Favre 000 must be several-ted under d		Yes	No
44 0	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ			美美
c	: Did the organization receive any payments for indoor tanning services during the year?	44 b		X
	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	1000	1,6	
AE -	If 'No,' provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d		·
	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,'	45 a		X
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Form 990-EZ (2017) STAND FOR THE SILE	NT, INC.		45-231	L7929	Р	'age 4
46 Did the organization engage, directly or indire candidates for public office? If 'Yes,' complete	ctly, in political campaig	in activities on behalf of	or in opposition to	46	Yes	No X
Partivis Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51.	s only	······································			les	
Check if the organization used Schedu	e O to respond to any o	question in this Part VI				
47 Did the organization engage in lobbying activity complete Schedule C. Part II	ies or have a section 50	• •	•	es,' 47	Yes	No
48 Is the organization a school as described in se	ection 170(b)(1)(A)(ii)? I	f 'Yes.' complete Sched		47		X
49 a Did the organization make any transfers to an		•		49 a		$\frac{x}{x}$
b If 'Yes,' was the related organization a section	527 organization? .			49 b		
50 Complete this table for the organization's five employees) who each received more than \$10						
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE						
		:				
 f Total number of other employees paid over \$1 Complete this table for the organization's five compensation from the organization. If there is 	highest compensated in	ndependent contractors v	who each received more	e than \$100	,000 of	f
(a) Name and business address of each independent	contractor	(b) Type	of service	(c) Com	pensatio	n
NONE						
d Total number of other independent contractors 52 Did the organization complete Schedule A? No completed Schedule A	ote: All section 501(c)(3		ach a	► X Yes	s [No
Under penalties of perjury, I declare that I have examined this return, including, correct, and complete. Declaration of preparer other than office	uding accompanying schedules a er) is pased on all information	nd statements, and to the best of of which preparer has any know	my knowledge and belief, it is vledge	, &		
Me III. OMA	LUI -		人 5-//-/	<u> </u>		

Form **990-EZ** (2017)

Check | rf

self-employed

Firm's EIN

Phone no

P00370787

20-4565668

(918) 258-6516

► X Yes

No

PRESIDENT

Preparer's signature

OK 74012-4001

Sign Here

Paid

Preparer Use Only

KIRK M SMALLEY
Type or print name and title

TYGART,

CLUNN

CPA

124 S ASH AVE

BROKEN ARROW,

May the IRS discuss this return with the preparer shown above? See instructions

TYGART

Print/Type preparer's name

JIMMY H.

Firm's name ▶

Firm's address ►

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017



Employer identification number

	_	FOR THE SILENT, IN					45-231792	
Part	<u> </u>	Reason for Public Char	ity Status (All orga	anizations must cor	nplete	this pa	art.) See instruction	ns.
The o	ga	nization is not a private found	ation because it is. (F	or lines 1 through 12, cl	neck on	y one b	ox.)	
1		A church, convention of church	ches, or association o	f churches described in	section	170(b)(1)(A)(i).	
2	П	A school described in section	n 170(b)(1)(A)(ii). (Atta	ch Schedule E (Form 9	90 or 99	0-EZ).)		
3	П	A hospital or a cooperative h	ospital service organiz	ation described in sect	ion 170(b)(1)(A)	(iii).	
4	П	A medical research organization	tion operated in conjui	nction with a hospital de	scribed	ın secti	on 170(b)(1)(A)(iii). Ent	er the hospital's
		name, city, and state.		•				
5	П		the benefit of a collect	o or upwordty puned a			accommental unit doc	
	\Box	An organization operated for section 170(b)(1)(A)(iv). (Coi	mplete Part II)	e or university owned o	or opera	ей бу а	governmental unit desi	cribed in
6 7	Н	A federal, state, or local gove	•					val nublic described
		An organization that normally in section 170(b)(1)(A)(vi). (C	Complete Part II)	,	Ū	enimen	ar unit or from the gene	rai public described
8	Ц	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part II)			
9	Ш	An agricultural research orga						
	_	or university or a non-land-gr	ant college of agricult	ure (see instructions). E	Inter the	name,	city, and state of the co	ollege or
	_	university.						
10	X	An organization that normally	receives: (1) more th	an 33-1/3% of its suppo	ort from	contribu	itions, membership fees	s, and gross receipts
		from activities related to its e investment income and unrel June 30, 1975. See section 5	ated business taxable	income (less section 5	s, and (11 tax) f	2) no mo rom bus	ore than 33-1/3% of its sinesses acquired by the	support from gross e organization after
11	П	An organization organized ar		•	y. See s	section !	509(a)(4).	
12		An organization organized ar or more publicly supported or	nd operated exclusively	y for the benefit of, to p	erform t	he func	tions of, or to carry out	the purposes of one
	_	lines 12a through 12d that de	scribes the type of su	pporting organization a	nd comp	lete line	es 12e, 12f, and 12g.	y. Officer the box in
а	Ш	Type I. A supporting organization(s) the power to complete Part IV, Sections A	regularly appoint or el	ised, or controlled by its ect a majority of the dir	s suppor ectors o	ted orga r trustee	anization(s), typically by es of the supporting org	giving the supported anization. You must
b	П	Type II. A supporting organization		ntrolled in connection w	uth ite ei	unnorte	d organization(s), by ha	vina control or
-		management of the supporting must complete Part IV, Section	ng organization vested	in the same persons th	nat contr	ol or ma	anage the supported or	ganization(s). You
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting organisms). You must compl	nization operated in con	nection D, and I	with, an E.	d functionally integrated	d with, its supported
d	_	Type III non-functionally integrated. The o	rganization generally	must satisfy a distribution	connec	tion with rement	n its supported organiza and an attentiveness re	ition(s) that is not equirement (see
	\Box	instructions) You must comp			150 11		- T	III 6 - atra-alle
е	Ш	Check this box if the organization integrated, or Type III non-ful	ation received a writte nctionally integrated s	n determination from th upporting organization.	e IRS tr	at it is a	a Type I, Type II, Type	ii functionally
f	En	ter the number of supported of	, ,					
g	Pro	ovide the following information	about the supported	organization(s).				
(i)) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) la organizat in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						_		
					Yes	No		
/A\		:						
(A)	_							
(B)								
(0)								
(C)		İ						
(D)		,						
-,						ļ		
(E)		,						
					200	SEC.		
Total				Addition to the second	25.	1		

Partill 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						/
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add 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		4				
Sec	tion B. Total Support						
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions).			12	
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ 🗍
	tion C. Computation of Pu		<u> </u>				
	Public support percentage for 20	• "	• •	e 11, column (f))		. 14	<u>%</u>
	Public support percentage from 2	//	•	••	• • • • • • • • • • • • • • • • • • • •	15	%
16a	33-1/3% support test—2017. If th and stop here. The organization	ne organization did qualifies as a pub	I not check the bo licly supported or	x on line 13, and ganization	line 14 is 33-1/3%	or more, check t	his box
b	33-1/3% support test—2016. If the and stop here. The organization	e organizatión did qualifies as a pub	not check a box of licly supported or	on line 13 or 16a, ganization	and line 15 is 33-	1/3% or more, che	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	test, check this b	oox and stop here	Explain in Part \	/I how
b	10%-facts-and-circumstances teror more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	' test, check this b	oox and stop here	. Explain in Part \	
18	Private foundation. If the organiz	ation did not ched	k a box on line 1	3, 16a, 16b, 17a, d	or 17b, check this	box and see insti	ructions

Sche	edule A (Form 990 or 990-EZ) 201	7 STAND FO	R THE SILEN	IT, INC.		45-2317929	Page 3
Par	Support Schedule for (Complete only if you ched	or Organization	ns Described ne 10 of Part I or i	in Section 509	(a)(2) failed to qualify u	nder Part II. If the	organization
	fails to qualify under the te	ests listed below, p	lease complete F	art II.)			
	tion A. Public Support	,		<u> </u>			
Calen 1	dar year (or fiscal year beginning in) Giffs, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	348,056.	292,660.	405,389.	168,736.	169,413.	1,384,254.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	348,056.	292,660. 0.	405,389.	168,736. 0.	169,413.	1,384,254.
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.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6)						1,384,254.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
-	Amounts from line 6	348,056.	292,660.	405,389.	168,736.	169,413.	1,384,254.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
C	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.

Sectio Calendar 9 Ar 10a Gr pa rer SII b Ur in ta ac c Ac Net income from unrelated business activities not included in line 10b, whether or not the business is 0. regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 348,056. 292,660. 405,389. 168,736. 169,413. 1,384,254 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 100.00 Public support percentage from 2016 Schedule A, Part III, line 15 16 16 100.00

Section D. Cor	nputation o	f Investment	Income Percentage
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17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	<u>' [</u>	0.00 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17.	 18	П	0.00 %

- 19a 33-1/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .
 - b 33-1/3% support tests-2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ...
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Partily Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?

 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Pa	rt'IV Supporting Organizations (continued)			
11	. Has the organization accepted a gift or contribution from any of the following persons?	-	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	116	L	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in			
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
_	supporting organization	2		
Sec	ction C. Type II Supporting Organizations			_ <u></u>
		V201900	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the		7	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3	1	7
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		t . "	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	- 2 -1	
	organization's governing documents in effect on the date of notification, to the extent not provided.		5 442	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how		1	***
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant		*	14.
	voice in the organization's investment policies and in directing the use of the organization's income or assets at			
	all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			-
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1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	:uons).		
	a			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstructı	ons).	
2	Activities Test Answer (a) and (b) below.		Yes	No
		4.3		4700
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported	Sec.		
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			9,43
	substantially all of its activities	2a	<u> </u>	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	10		12.22
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
9	Parent of Supported Organizations, Anguar (a) and (b) heless	1100 €2100		
	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	7		
	supported organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

LPa	rt v [1ype III Non-Functionally Integrated 509(a)(3) Supporting Organia	zatior	1S	
1	· Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in P t complete Sections A th	art VI) See rough E.
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		-
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
- (d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inter(see instructions)	grated	Type III supporting orga	nızatıon

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Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organization	s (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu			
2	Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity	ations,		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the orga in Part VI). See instructions.	nization is responsive (pro	ovide details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		·	
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	145 12 4	,	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI) See instructions		_	
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
—h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$	74 (C) 1 (A) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		
	Applied to underdistributions of prior years		7 A - 2 MA A 4 (40000 7 1 hr 7 1000 hr .	
	Applied to 2017 distributable amount			2 000000 . PLASA 2/ALS 9 1 12
	Remainder Subtract lines 4a and 4b from 4	No. 44 (100 (100 (100 (100 (100 (100 (100 (
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		· 	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
$\overline{}$		33.14K 201.4K		
	Excess from 2013			C. 200 - 1 14. 31. 31. 30
	Excess from 2014			
С	Excess from 2015	N. 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· 数分分数 数分数
	Excess from 2016	7.46.300	124 St. 2 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	Property Contracts
	Excess from 2017			· We was a second

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Schedule A (Form 990 or 990-EZ) 2017

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 of 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

STAND FOR THE SILENT, INC

Employer identification number

45-2317929

FORM S	990-EZ,	PART	I, LINE 16	,
OTHER			•	

ADVERTISING AND PROMOTION AUTO EXPENSES. DEPRECIATION DUES & SUBSCRIPTIONS INSURANCE INTEREST MEALS & ENTERTAINMENT OFFICE EXPENSES SHIRTS & MERCHANDISE SUPPLIES TELEPHONE TRAVEL UTILITIES	\$ 3,679. 8,107. 11,068. 763. 12,617. 3,217. 436. 3,593. 6,056. 435. 4,420. 14,491.

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

				_ <u>B</u>	<u>EGINNING </u>	<u>ENDING</u>
AUTOMOBILES MACHINERY AND EQUIPMENT		 	TOTAL		26,637. \$ 755. 27,392. \$	17,877. 443. 18,320.

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

				<u> B</u>	EGINNING		<u>ENDING</u>
CREDIT CARD PAYABLE P/R TAX LIABILITIES	•			\$	11,164. 1,080.	\$	18,990. 2,743.
			TOTAL	\$	12,244.	<u>\$</u>	21,733.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATIONS MISSION IS TO CONDUCT EDUCATIONAL SEMINARS FOR THE PUBLIC IN THE AREA OF BULLYING.