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## \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

# **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

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

AF	or tne	2013 calendar year, or tax year beginning and	enaing		
<b>В</b> с	heck if oplicable	C Name of organization		D Employer identifi	ication number
	Addres change	RESULTS, INC.			
	Name change	Doing Business As		52-1	.411039
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Termin- ated	1101 15TH STREET NW			783-7100
	Amend return	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	377,933.
	Application	WASHINGTON, DC 20005		H(a) Is this a group r	eturn
	pendin	F Name and address of principal officer: JOANNE CARTER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates i	
ΤT	ax-exe	mpt status:	or 527	∃ `´	a list. (see instructions)
		RESULTS.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: DC
		Summary	, <b>=</b> · · · · · ·		••
		Briefly describe the organization's mission or most significant activities: ${ t TO}$ C	REATE	THE POLITIC	AL WILL TO
Activities & Governance		END HUNGER AND THE WORST ASPECTS OF POVE	RTY AN	ID TO EMPOWE	lR
na	-	Check this box Fig. 1 if the organization discontinued its operations or dispo			
ver				3	20
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			19
S S		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			0
itie				_	20
ξį		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			
Ă		Net unrelated business taxable income from Form 990-T, line 34			
_	וט	Net unrelated business taxable income nonn onn 990-1, line 34		Prior Year	Current Year
	8 (	Contributions and grants (Part VIII line 1h)	-	216,966.	363,721.
ne		Contributions and grants (Part VIII, line 1h)		0.	
Revenue		Program service revenue (Part VIII, line 2g)		16,641.	12,934.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	696.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		233,607.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		206,767.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	200,707.	229,400.	
en	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Exp		Total fundraising expenses (Part IX, column (D), line 25)		4E 2E0	127 610
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,350. 252,117.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-18,510.	
_ 0	19 F	Revenue less expenses. Subtract line 18 from line 12		- 1	- ,
Net Assets or Fund Balances			BE	ginning of Current Year	End of Year
Sse		Fotal assets (Part X, line 16)	·····	303,964.	419,786.
et A ind		Total liabilities (Part X, line 26)	·····	12,044.	
		Net assets or fund balances. Subtract line 21 from line 20		291,920.	302,181.
	rt II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ties of perjury, I declare that I have examined this return, including accompanying schedule			ly knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.	
		Signature of officer		I Date	
Sigr				Date	
Here	е	MARK BUTLER, DIRECTOR OF FINANCE Type or print name and title			
		<u> </u>	- 11	Data I I	II DTIN
		Print/Type preparer's name Preparer's signature		Date Check L	PTIN
Paid	- +	DAVID JONES		self-employ	
Prep		Firm's name RIBIS, JONES & MARESCA, P.A.	~	Firm's EIN	52-1853933
Use	Only		SUITE	770	0 004 0000
		COLUMBIA, MD 21044		Phone no. $41$	0-884-0220
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Briefly describe the organization's mission:

) (Expenses \$

BENEFIT THE POOREST.

Form **990** (2013)

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

275,769.

### 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)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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, 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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? 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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	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	446	Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	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," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			~~~	

## 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		Х
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		Х
b	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		
d	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 disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, 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			
	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			37
	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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
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	200		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		-25
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		21
32	Cabadyda N. Davit II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		17	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

52-1411039

# Form 990 (2013) RESULTS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Section   Sect		Check if Schedule O contains a response or note to any line in this Part V					
be first the number of Forms W26 included in line 1a. Enter o II rold applicable   1						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter of Irind applicable OIst the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3b If at least one is reported on line 2a, did the organization fall elequined federal employment tax returns?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization are did the organization that was 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?  3c Did Tay tax the organization are party to a prohibited tax shelter transaction at any time during the tax year?  3c Did any tax bell party notify the organization file Form 8886.77  3c Did any tax bell party notify the organization file Form 8886.77  3c Did Tay tax bell party notify the organization file Form 8886.77  3c Did Tay tax bell organization include with every solicitation an express statement that such contributions or gifts were not tax diductible?  3c Did Tay tax bell organization include with every solicitation an express statement that such contributions or gifts were not tax diductible?  3c Did the organization have an access of Sis's nade party as contributions or party for goods and services provided to the payor?  3c Did the organization selection payor, or otherwise discount for the payor or the payor	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
gambling) winnings to prize winners?  a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.  filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization line all required federal employment tax returns?  2b If which is a sum of lines 1 and 2a is greater than 250, you may be required to e-Me (see instructions)  3b If If wes, 1 and 1 little of Form 990 To fire they say If "No, 1 for ine 30, provide an explanation in Schedule O  3b If "Yes, 1 has It filed a Form 990 To fire they say If "No, 1 for ine 30, provide an explanation in Schedule O  3c If Yes, 1 little and	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a V. State of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b Ioth the organization have unrelated business gross income of \$1,000 or more during the year?  3a V. State of the sum of lines 1a and 2a is greater than 250, you may be required the e-file (see instructions)  3b I V*vss, * Insi Itilied a Form 990-T for this year? If No,* to time 3b, provide an explanation in Schedule O.  3b I V*vss, * Insient the name of the foreign country. ►  5a Was the organization and park to a profit by a prohibited tax shelter transaction at any time during the tax year?  5b I V*vss, * the the name of the foreign country. ►  5c In V*vss,* to line 5a or 5b, did the organization file Form 8898 17  6c In V*vss,* to line 5a or 5b, did the organization file Form 8898 17  6c In V*vss,* to line 5a or 5b, did the organization file Form 8898 17  6d Does the organization have amount glores receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If V*vss,* did the organization in include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization include apyment in lexics of \$7 made parity is a torithultion and party for goods and services provided 0 the payor?  7c In Universal of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c In Universal organization solicity apymentime, directly or indirectly, on a personal benefit contract?  7c In Universal organization solicity apymentime, directly or indirectly, on a personal benefit contract?  7d In th	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gaming			
field for the calendar year ending with or within the year covered by this return    Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   3a   X		(gambling) winnings to prize winners?			1c		
b if a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X at any time during the calendary year, did the organization have an inferrest 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 accountly?  4a At any time the name of the foreign country   ▶ See instructions for filing requirements for Form TD F 00 22.1, Report of Foreign Bank and Financial accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X Y See If Yes, it line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Line Sea or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Line Sea or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Line Sea or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Line Sea or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Line Granization receive a payment in excess of 3/5 made party as a contribution or 170(c).  7c Did the organization selection apparent in excess of 3/5 made party as a contribution or 170(c).  7d Line Form 8282?  6c Line Form 8282?  6c Line Form 8282?  6c Line Form 8282?  7d Line Form 82	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	0			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filled a Form 980°T for this year? If "No," to line 3b, provide an explanation in Schedule O  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 accounts.  5b If "Yes," either the name of the foreign country" ▶  5c se instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization of the foreign country to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 56t, did the organization file Form 8886.17  6c If "Yes," to line 5a or 56t, did the organization file Form 8886.17  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as chariable contributions?  6d X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
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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)?  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization required the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization that the shelf transaction at any time during the tax year?  5a Was the organization that the shelf transaction at any time during the tax year?  5b LY**  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b LY**  5c LY**  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c LY**  5c LY**  5d Does the organization include with every solicitation and party to goods and services provided to the payor?  5d Dif Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 b LY**  5 b LY**  7 c Lid the organization notify the donor of the value of the goods or services provided?  7 c Lid the organization notify the donor of the value of the goods or services provided?  7 c Lid the organization notify the donor of the value of the goods or services provided?  7 c Lid the organization of the number of Forms 8282 filed during the year  1 c Lid the organization of the number of Forms 8282 filed during the year  1 c Lid the organization of the number of Forms 8282 filed during the year  1 c Lid the organization file organization services and contribution of qua	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial accountity?  b If "Yes," enter the name of the foreign country; "  See instructions for fling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any atsable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b D If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen or that xed deutible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization state may receive deductible contributions under section 170(c).  a bid the organization state may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization state may receive deductible contributions under section 170(c).  b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year a great may be used to the goods or services provided?  7 D Id the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7 Th I of the organization maintaining donor advised funds an assertion 598(a) supporting organizations. D the supporting organizations but the supporting organizations. D the supporting organizations but the variation for services the organization will be organization in make	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		<u> </u>
b If "Yes," enter the name of the foreign country:   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  So United State	4a			•			l
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b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13a  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					9a		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а		10a				
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	11	·					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against	_				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	•	12b				
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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		·					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b			1			
14a Did the organization receive any payments for indoor tanning services during the tax year?     14a X       b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O     14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Pid the appropriation was the second of the fact of th			4.6		v
	D	if thes, has it filed a Form 720 to report these payments? If two, provide an explanation in Schedule	U			900	(2012)

Form 990 (2013) **Part VI** Gov

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	-			•	
	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
		1	2.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	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.		4.0			
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1</b> b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the		•	_		3,7
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5	37	Х
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_	37	
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					х
•	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	or by th	o following:	7b		Λ
8				00	Х	
	The governing body?  Each committee with authority to act on behalf of the governing body?			8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be really the section of the se			OD	21	
9				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi		e Code )			
	Total Director (Time addition and a second required 2) the mornal of	0.0			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
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	e to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					3.7
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
40	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 arrange			10		Х
	taxable entity during the year?			16a		Α
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is in the procedure of the procedure of the procedure requiring the organization to evaluation is in the procedure of	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?	mizatio	ns	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			IOD		
17	List the states with which a copy of this Form 990 is required to be filed ►AK , AZ , AR , CA , C	10 . C	T.DC.FL.GA	HI	. IL	. KS
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					7
.5	for public inspection. Indicate how you made these available. Check all that apply.	. (5000	33 ((3)(3)3 5/11y)			
	X Own website Another's website X Upon request Other (explain	in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c			ıd finar	ncial	
	statements available to the public during the tax year.		, <b>,</b> , <b></b>		-	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	tion:	•	
	THE ORGANIZATION - 202-783-7100					
	1101 15TH STREET NW, WASHINGTON, DC 20005					

Form 990 (2013) RESULTS, INC. 52-1411039 Page 7

# 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.

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

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

Crieck tris box il fleither the organization		orga	II IIZc			npei	isai			<b>/</b> E\
(A)	(B)			(C Pos	ز) ition	ı		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	trustee or directo				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	l trus	nal tr		oyee	dwo				and related
	below	Individual	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Inst	Officer	Key	Higle	Fon			
(1) SCOTT LECKMAN	2.00									•
CHAIR	5.00	Х		Х				0.	0.	0.
(2) GINNY VOGTS	2.00								_	_
SECRETARY	5.00	Х		Х				0.	0.	0.
(3) JAN TWOMBLY	2.00									
TREASURER	5.00	Х		Х				0.	0.	0.
(4) SAM DALEY-HARRIS	0.00									
FOUNDER/DIRECTOR	40.00	Х						0.	121,110.	15,748.
(5) LYDIA PENDLEY	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(6) HEIDE CRAIG	2.00									
DIRECTOR	5.00	Х						0.	2,114.	0.
(7) KEN SCHATZ	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(8) MARIAN WRIGHT EDELMAN	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(9) VICKY GUZMAN DE LUNA	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(10) VALERIE HARPER	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(11) MARY LANG SOLLINGER	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(12) HON. SHERWOOD BOEHLERT	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(13) HON. JAMES WALSH	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(14) MARIANNE WILLIAMSON	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(15) PROF. MUHAMMAD YUNUS	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(16) HON. ROBERT BENNETT	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
(17) KUL GAUTAM	2.00									
DIRECTOR	5.00	Х						0.	0.	0.
	•					-				Cause 000 (0010)

332007 10-29-13

Part VIII Continue A Officero Birentero Tr					al III:	:l	-+ -		27 – T.	<del>+</del> 1 1	039	Pa	age <b>o</b>
Part VII Section A. Officers, Directors, Tr	ustees, Key Em (B)	ipioy	yees		<u>а н</u> С)	igne	st C					(E)	
(A) Name and title	Average			Pos	itior	n		<b>(D)</b> Reportable	(E) Reportable		Fef	<b>(F)</b> timate	hd
Name and the	hours per		not c k, unle					compensation	compensatio			iount (	
	week	offi	icer ar	nd a d	lirecto	or/trus	stee)	from	from related			other	
	(list any	ctor						the	organization	s	comp	oensa	tion
	hours for	rdire				ted		organization	(W-2/1099-MIS	SC)	fro	om the	Э
	related	stee (	ruste			beusa		(W-2/1099-MISC)				anizati	
	organizations below	al tru	onalt		oloyee	E SO B						relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
(18) PATRICK HUGHES	2.00		_			1 0	<u> </u>						
DIRECTOR	5.00	Х						0.		0.			0.
(19) ERNEST LEOVINSOHN	2.00	┨								_			_
DIRECTOR	5.00	Х					_	0.		0.			0.
(20) BRIAN SHAW	2.00	<b>↓</b>						0.		^			0.
OIRECTOR (21) JOANNE CARTER	6.00	Х			-	-	<u> </u>	0.		0.			0.
EXECUTIVE DIRECTOR	34.00	1		х				0.	133,80	00.	14	4,0	N8.
(22) MARK BUTLER	2.00				H		$\vdash$	1	13370				<del></del>
DIRECTOR OF FINANCE	38.00					Х		0.	104,7	15.	12	2,0	04.
(23) VICTORIA TRELAND	2.00												
DIRECTOR OF PROGRAM DEV.	38.00					Х		0.	105,59	94.		7,8	65.
		4											
		-				1					<del>                                     </del>		
		1											
1b Sub-total							ightharpoons	0.	467,33		4.9	9,62	
c Total from continuation sheets to Part	VII, Section A							0.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)								0.	467,33		4 9	9,62	<u> 25.</u>
2 Total number of individuals (including bu		hose	e liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportab	le			(
compensation from the organization	·										$\overline{}$	Yes	No
3 Did the organization list any <b>former</b> offic	er. director. or tr	uste	e. ke	ev er	olar	ovee	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J fo	, ,		•	,	•	•	•		. ,		3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$	-		-					•			4		Х
5 Did any person listed on line 1a receive of	or accrue compe	nsat	tion 1	from	any	y uni	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," co	omplete Schedu	le J	for s	uch	pers	son					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest the organization. Report compensation f	· ·	-								npens	ation fr	rom	
(A)	or the calendar y	year	enui	ng v	VILII	OI W	/141111	(B)	year.		(C	<u> </u>	
Name and busine	ss address	N	ONI	Ξ				Description of s	services	С	comper		า
							$\dashv$						
2 Total number of independent control	o (including but	act !	imit -	d +-	+h -	00 !	ot c	d about of the received	nore than				
2 Total number of independent contractors \$100,000 of compensation from the orga	` .	IOT II	пппе	u to		se II 0	Siec	a above) who received h	nore trian				
\$100,000 or compensation from the orga						-					Form 9	990 (2	2013

Form 990 (20	113)	RESULTS
Part VIII	Statement	t of Revenue

		Check if Schedule O cont	ains a resnonse	or note to any line	e in this Part VIII			
		Check if Correduce C corre	and a respense	or riote to arry in t	(A)	(B)	(C)	( <b>D</b> ) Revenue excluded
					Total revenue	Related or	Unrelated	Revenué excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
gσ	4 -	Fadanatad a manaisma	Ta_I			Toveride	Tevende	312-314
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns		144,076.				
جَ ق		Membership dues		144,070.				
Ţ\$,		Fundraising events						
퍨	d	Related organizations	1d					
ns,		Government grants (contribut	· —					
흕	f	All other contributions, gifts, gran						
ള		similar amounts not included abov	ve <b>1f</b>	219,645.				
함	g	Noncash contributions included in lines	1a-1f: \$	10,096.				
a C	h	Total. Add lines 1a-1f			363,721.			
				Business Code				
ø.	2 a							
ار کز	b		_					
Se	С							
E S	d							
P. S.			_					
Program Service Revenue	e •	All other program service reve	2010					
$\dashv$		Total. Add lines 2a-2f						
	3	Investment income (including			13,516.			13,516.
		other similar amounts)			13,310.			13,310.
	4	Income from investment of tax		-	616.			616.
	5	Royalties			010.			010.
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		582.				
	С	Gain or (loss)		-582.				
		Net gain or (loss)		<b>&gt;</b>	-582.			-582.
<u>o</u>		Gross income from fundraising						
		including \$	of					
eve		contributions reported on line						
Æ		Part IV, line 18	•					
Other Revenu	h	Less: direct expenses						
ō		Net income or (loss) from fund						
		Gross income from gaming ac	-	<b>P</b>				
	ЭА	-						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
	_	and allowances						
		Less: cost of goods sold						
ļ	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	e	Business Code				2.0
	11 a	MISCELLANEOUS		900099	80.			80.
	b							
	С							
	d	All other revenue	<del></del>					
		Total. Add lines 11a-11d			80.			
_	12	Total revenue. See instructions.			377,351.	0.	0	. 13,630.
332009	9							Form <b>990</b> (2013)

### Part IX | Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·	J.	·
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	22,171.	16,671.	1,417.	4,083.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	171,023.	128,028.	10,646.	32,349.
8	Pension plan accruals and contributions (include	, ,			
	section 401(k) and 403(b) employer contributions)	1,655.	1,239.	103.	313.
9	Other employee benefits	18,897.	15,077.	1,645.	2,175.
10	Payroll taxes	15,734.	11,295.	992.	3,447.
11	Fees for services (non-employees):				
а	Management				
b	Legal	66.		66.	
С	Accounting	17,524.		17,524.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	00 410	00 410		
12	Advertising and promotion	89,418.	89,418.	6 105	2 (02
13	Office expenses	10,074.	196.	6,185.	3,693.
14	Information technology	12.		12.	
15	Royalties				
16	Occupancy	0.42	017	26	
17	Travel	943.	917.	26.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 770	1,278.	F00	
19	Conferences, conventions, and meetings	1,778.	1,2/8.	500.	
20	Interest				
21	Payments to affiliates	580.		580.	
22	Depreciation, depletion, and amortization	500.		200.	
23	Other expanses Itemize expanses not covered				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DUES AND SUBSCRIPTIONS	11,650.	11,650.		
a b	LICENSES, TAXES AND FEE	5,565.	, , , , , ,	5,463.	102.
c		0,000		7,200	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	367,090.	275,769.	45,159.	46,162
26	Joint costs. Complete this line only if the organization	,	,	,	,
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22001	0 10-29-13	L			Form <b>990</b> (2013)

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			281,433.	1	398,241.
	2	Savings and temporary cash investments			21,369.	2	21,545.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f					
	-	trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqua					
	`	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	•				
S		employees' beneficiary organizations (see instr				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			8		
	9				9		
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D	1 1	4.550.			
	b				1,162.	10c	0.
	11	Investments - publicly traded securities	-		11	•	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	l I		14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			303,964.	16	419,786.
	17	Accounts payable and accrued expenses			2,755.	17	2,572.
	18	Grants payable			,	18	, -
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
G	22	Loans and other payables to current and former					
iţie		key employees, highest compensated employe					
Liabilities		Complete Part II of Schedule L				22	
Ë:	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		Schedule D	-	•	9,289.	25	115,033.
	26				12,044.	26	117,605.
		Organizations that follow SFAS 117 (ASC 95					
S		complete lines 27 through 29, and lines 33 a					
ĕ	27	Unrestricted net assets			291,920.	27	302,181.
Sala	28	Temporarily restricted net assets				28	
ρ	29			<u></u> [		29	
Ξ		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	S			30	
\SS.	31	Paid-in or capital surplus, or land, building, or e		l I		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances		291,920.	33	302,181.	
	34	Total liabilities and net assets/fund balances			303,964.	34	419,786.

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>51.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			90.
3	Revenue less expenses. Subtract line 2 from line 1	3			61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29	<u>1,9</u>	20.
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	30	2,1	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 reviewed	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 separat				
	consolidated basis, or both:	•			
	Separate basis X 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?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,			990	(2013)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2013

Employer identification number

	RESULTS, INC.	52-1411039						
Organization type (chec	k one):							
Filers of:	Section:							
Form 990 or 990-EZ	$oxed{X}$ 501(c)( $oldsymbol{4}$ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
General Rule								
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.	noney or property) from any one						
Special Rules								
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contributio	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contr ns of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ed of cruelty to children or animals. Complete Parts I, II, and III.							
contributions fo If this box is che purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to use exclusively for religious, charitable, etc., purposes, but these contributions did not to ecked, enter here the total contributions that were received during the year for an exclusive to complete any of the parts unless the <b>General Rule</b> applies to this organization because table, etc., contributions of \$5,000 or more during the year	otal to more than \$1,000.  Ply religious, charitable, etc.,  it received nonexclusively						
but it <b>must</b> answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Name of organization

Employer identification number

RESULTS, INC.

52-1411039

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	7,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	10,097.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	89,418.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

RESULTS, INC.

52-1411039

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>	STOCK DONATION		
		\$\$	12/12/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
			990, 990-EZ, or 990-PF) (20

Name of organization Employer identification number RESULTS, INC. 52-1411039 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section of (C)(1), (0), or (10) organization year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

► Attach to Form 990. Information about Sched<u>ule D (Form 990) and its instructions is at www.irs.gov/form990</u> 2013 Open to Public

Open to Public Inspection

Employer identification number

#### RESULTS, INC. 52-1411039 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2013

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Oth	er Similar	Asse	<b>ts</b> (contin	ued)	J
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	at are a s	significant us	e of its	collection	n items	S
	(check all that apply):										
а	Public exhibition	d	ı 🔲 ı	oan or exc	hange progra	ams					
b	Scholarly research	е	(	Other							
С	Preservation for future generations			' <u>'</u>							
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	ne organizati	ion's exe	empt purpos	e in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's co	ollection?			<u> </u>	Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" to	Form 990, F	Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other as	ssets not	t included	_	_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete it	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three yea	ırs back	(e) Four	years I	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administe	ered for t	the organizat	tion	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sched	ule R?					3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" to Form 990	, Part IV	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	٠,	ccumulated preciation		(d) Book	c value	)
1a	Land										
b	Buildings										
С	Leasehold improvements										
	Equipment				4,550.		4,55	0.			0.
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	nn (B), line 1	0(c).)			▶ _			0.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 REBUELD, INC	<i>-</i> •		Z ITILOJO Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" t  (a) Description of security or category (including name of security)	o Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	nd-of-vear market value
	(b) DOOK Value	(c) Wethod of Valuation. Cost of e	nd-or-year market value
<ul><li>(1) Financial derivatives</li><li>(2) Closely-held equity interests</li></ul>			
(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" t			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	,		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X   Other Liabilities.	15.)		<u> </u>
	on Farmer COO. Don't IV/ line	. 11. av 11f Cas Favor 000 Part V line 0	NE.
Complete if the organization answered "Yes" to (a) Description of liability	o Form 990, Part IV, line	(b) Book value	30.
		(b) Book value	
(1) Federal income taxes (2) OTHER CURRENT LIABILITIES		4,835.	
(3) DUE TO RESULTS EDUCATIONAL	FUND	110,198.	
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2013

115,033.

Par	rt XI Reconciliation of Revenue per Audited Fin	nancial Statements With Revenue	e per Return.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial st	atements	1
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	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on lin		
а	Investment expenses not included on Form 990, Part VIII, line 7	7b <b>4a</b>	
b	Other (Describe in Part XIII.)	4b	
С			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, I		
Pai	rt XII Reconciliation of Expenses per Audited Fi		es per Return.
	Complete if the organization answered "Yes" to Form 99		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 2	25:	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	J		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line	1 1	
а	, ,		
b	Other (Describe in Part XIII.)	4b	
С			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990	, Part I, line 18.)	5
	rt XIII Supplemental Information.		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	· · · · · · · · · · · · · · · · · · ·	t V, line 4; Part X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional information.	
D 3 T	DM V I TNE O		
PAI	RT X, LINE 2:		
	D ODGANIZACION DEGOGNIZEG CHE ED	BECE OF INCOME MAY	
THE	E ORGANIZATION RECOGNIZES THE EF	FECT OF INCOME TAX	
D01	CIMIONG ONLY IE MUOGE DOCUMENTS		IOE OF BEING
POS	SITIONS ONLY IF THOSE POSITIONS A	ARE MORE LIKELY THAN N	OT OF BEING
CTT	CONTINED DIE ODCINITANTON DOEC NO		AT COADEMENIC
508	STAINED. THE ORGANIZATION DOES NO	OT BELIEVE ITS FINANCI	AL STATEMENTS
TNI	CLUDE ANY UNCERTAIN TAX POSITION:	C	
TIM	CLUDE ANY UNCERTAIN TAX POSITION	5•	

#### **SCHEDULE 0** (Form 990 or 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.

OMB No. 1545-0047

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 Name of the organization **Employer identification number** RESULTS, INC. 52-1411039 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INDIVIDUALS TO HAVE BREAKTHROUGHS IN EXERCISING THEIR PERSONAL AND POLITICAL POWER. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EFFECTIVE SOLUTIONS TO POVERTY, MAKE PROGRAMS RUN MORE EFFICIENTLY AND EFFECTIVELY, AND EXTEND COVERAGE TO THOSE WHO NEED IT. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS, WHO ARE THE ACTIVE VOLUNTEERS OF THE ORGANIZATION, IN GOOD STANDING AND REFLECTED IN THE ORGANIZATION'S RECORDS OF ITS "PARTNERS" OR "ACTIVISTS". FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS HAVE THE RIGHT TO ELECT DIRECTORS TO FILL A MINIMUM OF FOUR SEATS ON THE BOARD OF DIRECTORS. MEMBERS HAVE NO OTHER VOTING RIGHTS. FORM 990, PART VI, SECTION B, LINE 11: MEMBERS OF THE FINANCE COMMITTEE OF THE GOVERNING BOARD REVIEW THE FORM 990 BEFORE IT IS SIGNED BY THE EXECUTIVE DIRECTOR AND FILED WITH THE IRS.

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR ENSURES THAT EACH MEMBER

OF THE BOARD OF DIRECTORS COMPLETES AND SUBMITS ANNUALLY A CONFLICT OF

INTEREST FORM TO DISCLOSE ANY INTERESTS THAT MAY GIVE RISE TO CONFLICTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

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

RESULTS, INC.	52-1411039
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MN, MO, NH, NJ,	NM, NY, NC, OH, OK, OR
PA,RI,SC,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORMS 1023 AND 990, GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	TEMENTS AVAILABLE
TO THE PUBLIC UPON REASONABLE REQUEST.	
TO THE PUBLIC OFON REASONABLE REQUEST:	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT	
PROCESS OR PROCESS OF SELECTION OF AN INDEPENDENT ACCOUNT	ANT DURING THE
TAX YEAR.	
,	
,	

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

| 2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization RESULTS, INC.							cation nu 139	ımber
Part I Identification of Disregarded Entities Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	<b>I</b>		s Direct co	( <b>f)</b> ontrolling tity	)
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34 b	pecause it had one	or more	e related tax-exen	ıpt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		entity		g) 512(b)(13) rolled tity?
RESULTS EDUCATIONAL FUND, INC 95-3747267							Yes	110
1101 15TH STREET NW WASHINGTON, DC 20005	GENERATING THE WILL TO END HUNGER AND POVERTY	CALIFORNIA	501(C)(3)	LINE 7	N/A			х
	-							
	, E 000					0 1 1 1 0 1		0) 00 10

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e) (f)	(f)	(f) (g)	(I	h)	(i)	(j	)	(k)		
Name, address, and EIN of related organization	Primary activity	V Legal domicile (state or foreign price)   Direct controlling entity   Predomina (related, Legal excluded fro	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, encome encome tax under	entity (related, unrelated, income er	Share of end-of-year assets	Disproportionate allocations?		amount in box	partr	er?	Percentage ownership
		country)		sections 512-514)		0.00010	Yes	No		Yes	No			
											$\dashv$			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled ity?			
		country)		,				Yes	No			
									<u> </u>			
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transaction		•					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		<u>X</u>	
b	Gift, grant, or capital contribution to related organization(s)				1b		X	
	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	k Lease of facilities, equipment, or other assets from related organization(s)							
	I Performance of services or membership or fundraising solicitations for related organization(s)							
	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
	o Sharing of paid employees with related organization(s)							
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
q	Reimbursement paid by related organization(s) for expenses				1q	Х		
r	Other transfer of cash or property to related organization(s)				1r		X	
	Other transfer of cash or property from related organization(s)				1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on w							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
(1)								
(2)								
• •								
(3)								
(4)								
(5)								
(6)								
	0.00.40.40	25		Sahadula P	/Ear	2 000	2012	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e Are a	)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are a	all s sec.	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated,	501(c) oras	)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	managir partner	ownership
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	5
				1				1			1	
											$\vdash$	
				$\sqcup$				<u> </u>	<u> </u>		$\vdash$	
											$\vdash$	
				Ш				<u> </u>				
				┤┤				$\vdash$	$\vdash$	-	$\vdash$	1

Schedule R	(Form 990) 2013	RESULTS,	INC.	52-1411039 Page 5
Part VII	Supplemental Info			
	Provide additional inform	mation for responses	s to questions on Schedule R (see instructions).	
-				
	<u>-</u>	· <del></del>		<del></del>

Form 88	68 (Rev. 1-2014)					Page 2		
	are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	box		▶ X		
	nly complete Part II if you have already been granted an a					•		
	are filing for an Automatic 3-Month Extension, comple							
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies neede	d).		
			Enter filer's	identifyii	ng number, se	e instructions		
Type or	Name of exempt organization or other filer, see instru	r identification	number (EIN) or					
print					52-1411039			
File by the	RESULTS, INC.	S, INC.						
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.					(SSN)		
instructions	City, town or post office, state, and ZIP code. For a fow WASHINGTON, DC 20005	oreign add	dress, see instructions.					
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Application Return Application						Return		
Is For		Code	<b>1</b>					
	0 or Form 990-EZ	01	Is For					
Form 99		02	Form 1041-A (					
	20 (individual)	03	Form 4720 (other than individual)					
Form 99	· · · · · · · · · · · · · · · · · · ·	04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069 11					
Form 990-T (trust other than above)			Form 8870			12		
	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	ed Form 8868.	•		
	THE ORGANIZATION							
	books are in the care of $\blacktriangleright$ 1101 15TH STRE	ET NW	- WASHINGTON, DC	20005				
Telep	hone No. ► 202-783-7100		Fax No.					
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box					
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole gro	up, check this		
box 🕨	. If it is for part of the group, check this box		ach a list with the names and EINs of	all memb	ers the extens	ion is for.		
		NOVEM	BER 15, 2014					
<b>5</b> Fo	5 For calendar year 2013, or other tax year beginning, and ending							
6 If 1	the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	⊥ Final ı	return			
L	Change in accounting period							
7 St	ate in detail why you need the extension			1000				
	HE ORGANIZATION REQUIRES ADD			ACCO	UNTING	RECORDS		
<u>T</u>	O ENSURE A COMPLETE AND ACCU	RATE I	RETURN.					
	8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					0		
nonrefundable credits. See instructions.					\$	0.		
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
	x payments made. Include any prior year overpayment all	-		0.				
	reviously with Form 8868.	8b	\$	<u> </u>				
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using						0.		
	TPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II o	l 8c	\$			
	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp	_	-	of my knowledge	and belief,		
Signature			TOR OF FINANCE	Date	•			
J.g.iatui 0	THU -			Date	•	68 (Rev. 1-2014)		