Form **990**

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

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

▶ Do not enter social security numbers on this form as it may be made public.

and ending

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

Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization	D Employer identifi	cation number				
Г	Addres	Stand to Reason						
F	Name change		33-0	604522				
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/						
Ē	Final return/	1438 E. 33rd Street						
	termin- ated		G Gross receipts \$	1,808,067.				
	Amend return		H(a) Is this a group re					
	Application		for subordinates					
	pendin	same as C above	H(b) Are all subordinates in	H(b) Are all subordinates included? Yes No				
I Tax-exempt status: X 501(c)(3) 501(c) ()								
		e:▶ www.str.org	H(c) Group exemptio	n number				
K	Form of	organization: X Corporation Trust Association Other L	Year of formation: 1994	✓ State of legal domicile: CA				
P		Summary						
•	1 [Briefly describe the organization's mission or most significant activities: Stand to	o Reason train	.s				
Activities & Governance	9	Christians to think more clearly about their	r faith (see S	chedule 0)				
ern;	1	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	•					
ŏ		Number of voting members of the governing body (Part VI, line 1a)		7				
જ		Number of independent voting members of the governing body (Part VI, line 1b)		6				
ies		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		14				
Ĭ		Total number of volunteers (estimate if necessary)		9				
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12		0.				
	d	Net unrelated business taxable income from Form 990-T, line 34		0.				
		2	Prior Year	Current Year				
ne	1	Contributions and grants (Part VIII, line 1h)	Λ	1,588,704.				
Revenue	1	Program service revenue (Part VIII, line 2g)		0. -1,142.				
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		97,984.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,590,879.	1,685,546.				
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,003,340.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0	0.				
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	970,529.	953,240.				
Expenses	15 3	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
ben	h -	Fotal fundraising expenses (Part IX, column (D), line 25) 95,734.	•	<u> </u>				
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	650,021.	783,908.				
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,620,550.					
	19	Revenue less expenses. Subtract line 18 from line 12	22 4 4 4	-51,602.				
Or Sec	3	toronae tode expenses. Cabitaet into 16 nontrinto 12	Beginning of Current Year	End of Year				
ets	20	Fotal assets (Part X, line 16)	721,258.	680,389.				
ASS	21	Fotal liabilities (Part X, line 26)	39,881.	50,884.				
Net Assets or	22 1	Net assets or fund balances. Subtract line 21 from line 20	681,377.	629,505.				
P	art II	Signature Block						
Unc	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of m	y knowledge and belief, it is				
true	e, correct	s, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.					
Sig	jn	Signature of officer	Date					
Here Melinda Penner, Executive Director								
		Type or print name and title	I Doto	TT I DTIN				
		Print/Type preparer's name Grace S. Nicholaou Prepartr's signature	Date Check Check If self-employee	X PTIN				
Pai	- +		3611-ETTIPIOY					
	· L	Firm's name Grace S. Nicholaou, CPA	Firm's EIN	81-2382947				
USE	Only	Firm's address PO Box 1567	D 71	40405000				
		Huntington Beach, CA 92647	Phone no. / 1	48405900				
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No				

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Stand to Reason's vision is to provide the training to build a new
	generation of confident, courageous, yet winsome and attractive
	ambassadors for Christ capable of restoring credibility to the
	Christian world view. Stand to Reason has a strategy (see Schedule O)
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? \square Yes \square No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,423,787 • including grants of \$) (Revenue \$)
	Stand to Reason hosted the fourth reTHINK conference with 1,500
	attendees, and hosted the first reTHINK conference in Dallas with 800
	attendees. Two motion graphic videos were created on important topics
	challenging Christians. Stand to Reason develops religious educational
	materials. Stand to Reason has a newly-designed website that improved
	use of the site in a number of ways. Over 1,630,624 training pieces
	were mailed or emailed. Nearly 2 million articles were viewed on the
	website, which included 1,109,527 webpage visits, and 515,820 podcasts.
	There were 52 radio broadcasts on over 120 stations and 396 teaching
	events by Stand to Reason speakers. In addition, the speakers held
	online Twitter and Google Hangout events teaching and interacting with
	participants.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,423,787.

Form 990 (2015) Stand to Reason 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		Х	
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		Х	
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	oid 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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X				
	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI	11a	X		
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		X	
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				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X	
14a	, , , , ,	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		_~		
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v	
40	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	16		х	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16			
17	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	-''			
	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	
				_	

Form 990 (2015) Stand to Reason Part IV Checklist of Required Schedules (continued)

			Yes	NO			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
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			l			
	Schedule J	23		X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l			
	Schedule K. If "No", go to line 25a	24a		X			
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
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			l			
	Schedule L, Part I	25b		X			
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 "Yes,"			l			
	complete Schedule L, Part II	26		X			
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			l			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
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):						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,						
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37			
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37			
	If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		_V			
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l ₩			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l ₩			
	Part V, line 1	34		X			
	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						
00	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?	36		X			
~=	If "Yes," complete Schedule R, Part V, line 2						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v				
	Note. All Form 990 filers are required to complete Schedule O	38	X				

Form 990 (2015) Stand to Reason Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			х	
0-	(gambling) winnings to prize winners?		1c	lacktriangle	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_{2a} 14			
	filed for the calendar year ending with or within the year covered by this return		2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		20		
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		SD	\vdash	
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country:	2000um,:	-iu		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ for \ goods \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ f$	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	I	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f	$\vdash \vdash$	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	$\vdash \vdash \vdash$	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
^			8		
9	Sponsoring organizations maintaining donor advised funds.		00		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b	\vdash	
b 10	Section 501(c)(7) organizations. Enter:		an		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a	igwdown	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x				
	persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	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 approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
_	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	Melinda Penner c/o Stand to Reason - 562-595-7333							
	1438 E. 33rd Street, Signal Hill, CA 90755							

Stand to Reason 33-0604522

Form 990 (2015) 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

Page 7

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 (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza (A)	(B)	Γ		((C)			(D)	(E)	(F)	
Name and Title	Average hours per		Position (do not check more than one box, unless person is both a			than		Reportable compensation	Reportable compensation	Estimated amount of	
	week	offi	officer and a director/trustee)					from	from related	other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Gregory P. Koukl	40.00	ļ						20.074	•	444 550	
President/CEO	0.50	Х		Х				30,271.	0.	111,753	
(2) Craig Hazen	0.50	۱.,							0	•	
Director	2 00	Х						0.	0.	0	
(3) Brad Parton	2.00	↓							0	0	
Director	0.50	Х						0.	0.	0	
(4) Steve Carmichael Director	0.50	X						0.	0.	0	
(5) Rich Moselle	0.50	^						0.	0.	0	
Chairman	0.50	\mathbf{x}						0.	0.	0	
(6) William Bradford	0.50							0.	•		
Director		x						0.	0.	0 .	
(7) Martin Caveza	0.50										
Director		X						0.	0.	0 .	
(8) Melinda L. Penner	40.00										
Secretary/Executive Direct				Х				113,843.	0.	15,184	
		-									
		1									
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Stand to Reason

Par	Tt VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director op xo op	not c	Pos check ess pe	c) ition more erson		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MI	on d is	com fr org	(F) stimate nount of other pensal rom the anizati d relate anization	of tion e on ed
С	Sub-total Total from continuation sheets to Part \ Total (add lines 1b and 1c) Total number of individuals (including but	/II, Section A						<u> </u>	144,114. 0. 144,114. eceived more than \$100	0,000 of reportab	0. 0. 0.		6,93 6,93	0. 37.
3 4 5 Sec 1	3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors									X X X				
	(A) Name and busines Total number of independent contractors			mite		tho	se li	stec	(B) Description of s		C	compe	nsation	
	\$100,000 of compensation from the organ					(0						000 (

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and $|_{1f}|_{1,588,704}$ similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,588,704. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 244. 244 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c 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 1,386. and sales expenses -1,386. c Gain or (loss) -1,386. -1,386. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns a 189,185. and allowances р 121,135. **b** Less: cost of goods sold 68,050. 68,050. c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 29,934. 900099 29,934. 11 a Reimbursements b d All other revenue 29,934. e Total. Add lines 11a-11d 1,685,546. 66,664. 30,178 Total revenue. See instructions.

Form 990 (2015) Stand to Reason Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in the Part IX	Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Total expenses		Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X						
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons discribed in section 4956(r)(3)(8) Persion plan accruais and contributions (include section 401(s) and 403(s) employer contributions Other amployee benefits Persion plan accruais and contributions (include section 401(s) and 403(s) employer contributions Other amployee benefits Persion plan accruais and contributions (include section 401(s) and 403(s) employer contributions Other amployee benefits Persion plan accruais and contributions (include section 401(s) and 403(s) employer contributions Other amployee benefits Persion plan accruais and contributions (include section 401(s) and 403(s) employer contributions Other employee benefits Persion plan accruais and contributions (include section 401(s) and 403(s) employer contributions Other employee benefits Persion plan accruais and contributions (include section 401(s) and 403(s) employer contributions Provide accruais and contributions (include section 401(s) and 403(s) employer contributions Provide accruais and contributions Provide accr		•		Program service	Management and	Fundraising						
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 25 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to disqualified persons described in section 4988(f)(3)(8) 7 Other satienes and wages 8 Persion plan accruals and contributions (include section 4989(c)(3)(8) 9 Other employee benefits 7 2, 633. 59, 925. 9, 607. 3, 101. 9 Apyrol taxes 10 Fees for services (non-employees): 11 Fees for services (non-employees): 12 Accounting 13 Management 14 Legal 15 Legal 16 CACcounting 17 Investment management fees 19 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11 groupses on State Occurred to Conference on your department of the Coupancy 10 Conference on your department of the Coupancy 11 Fees for services (non-employees): 12 Acvortsing and promotion 13 Office sepases 14 1, 730. 30, 482. 9, 049. 2, 199. 14 Information technology 10 Cap 903. 98, 882. 2, 1112. 1, 909. 14 Occupancy 16 Occupancy 17 Travel 18 Occupancy 19 Paymont to artifactos 19 Conference sconwertons, and meetings 10 Conference sconwertons, and me	1	Grants and other assistance to domestic organizations		·		·						
Individuals. See Part N. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part N. lines 15 and 16 48 48 49 49 48 49 49 40 40 40 40 40 40		and domestic governments. See Part IV, line 21										
3 Garats and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 garatic foreign governments and foreign individuals. See Part V, line 15 and 16 garatic foreign governments of Compensation of current officest, directors, trustees, and key employees control debugged government of the control of Compensation of Compensation of Current officest, directors, trustees, and key employees to disqualified persons (as defined under section 4950(1)1) and persons described in section 4950(1)1) and 4950(1) and	2	Grants and other assistance to domestic										
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22										
Individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign										
Benefits paid to or for members		organizations, foreign governments, and foreign										
S Compensation of current officers, directors, trustees, and key employees 271,051. 192,335. 58,712. 20,004.		individuals. See Part IV, lines 15 and 16										
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Person plan accrusts and contributions (include section 401(k) and 403(t) employer contributions) 9 Other employee benefits 7 2, 633. 59, 925. 9, 607. 3, 101. 10 Payroll taxes 39, 835. 30, 489. 7, 308. 2, 038. 11 Fees for services (non-employees): a Management b Legal 5, 207. 5, 207. c Accounting 18, 900. 18, 900. d Lobbying Professional fundraising services. See Part IV, line 17 investment management fees 9 Other, (fill in: 1g amount exceeds 17% of line 25, column (8) amount, list line 11g expenses on Sch 0), 147, 301. 117, 972. 9, 132. 20, 197. 12 Advertising and promotion 13 Office expenses 141, 730. 30, 482. 9, 049. 2, 199. 107, 199.	4	Benefits paid to or for members										
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer (include section 401(k) employer (include sect	5	Compensation of current officers, directors,										
persons (ask defined under section 498(c)(3)(8) 7 Other salaries and wages		trustees, and key employees	271,051.	192,335.	58,712.	20,004.						
persons described in section 498(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruais and contributions (include section 40 (k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Management 13 Legal 14 Legal 15 Legal 16 Lobbying 17 Professional fundraising services. See Part IV, line 17 Investment management fees 19 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, ist line 11g expenses on Sch O.) 14 Information technology 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Payments to affiliates 10 Interest 11 Payments of development of the penses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, ist line 24e expenses on Sch Column (A) amount, ist line 24e expenses on Sch Column (A) amount exceeds 10% of line 25, column (A) amount, ist line 12g expenses on Sch Column (A) amount, ist line 12g expenses on Sch Column (A) amount, ist line 12g expenses on Sch Column (A) and amount, ist line 12g expenses on Sch Column (A) amount, ist line 12g expenses on Sch Column (A) amount, ist line 12g expenses on Schedule O.) 14 Information technology 15 Payments of travel or entertainment expenses for any federal, state, or local public officials 16 Conferences, conventions, and meetings 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 10 Equal to the expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, is line 24e expenses on Schedule O.) 10 Printing 10 Printing 11 Payments of travel or entertainment expenses for expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, is line 24e expenses on Schedule O.) 17 Payments of travel or entertainment expenses for expenses in line 24e. If line 24e. If line	6											
The stand stand wages												
Represent plan accruaits and contributions (include section 401 (k) and 403(t) employee benefits			540.050	100 (50	22 212	04 464						
Section 401(k) and 403(h) employer contributions 72,633	7		548,959.	488,658.	38,840.	21,461.						
10 Payroll taxes 39,835. 30,489. 7,308. 2,038. 11 Fees for services (non-employees):	8	•	00 500	10 500	4 44 2	010						
10 Payroll taxes 39,835. 30,489. 7,308. 2,038. 11 Fees for services (non-employees):			20,762.	T8,539.	1,413.	810.						
11 Fees for services (non-employees): a Management b Legal	_		/4,633.		9,607.	3,101.						
a Management b Legal			39,835.	30,489.	7,308.	2,038.						
b Legal 5, 207. 5, 207. c Accounting 18,900. 18,900. 18,900. 18,900. 19,132. 10,197. 10,197. 10,197. 10,197. 10,197. 10,197. 10,197. 10,197. 10,197. 10												
c Accounting d Lobbying 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 0.) 147, 301. 117, 972. 9,132. 20,197. 12 Advertising and promotion	а		F 207		F 207							
d Lobbying e 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.) 2 Advertising and promotion 2 Advertising and promotion 3 Office expenses 41,730. 30,482. 9,049. 2,199. 1 Information technology 102,903. 98,882. 2,112. 1,909. 15 Royalties 6 Occupancy 49,264. 40,396. 5,912. 2,956. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Interest 6,110. 3,228. 2,646. 236. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 61,080. 56,401. 2,872. 1,807. 23 Insurance 05,681. 3,870. 2,596. 215. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. Hine 24e amount, list line 24e expenses on Schedule 0.) a Printing 108,396. 99,309. 341. 8,746. b Radio 51,619. 49,256. 2,363. c Selling expenses 41,617. 41,617. d Postage and Shipping 41,511. 38,046. 3,465. e All other expenses 88. 8,573. 4,437. 95. 4,041. 25 Total functional expenses. Add lines 1 through 24e deducational campaign and fundraising solicitation.	b											
e 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.) 2 Advertising and promotion 2 Advertising and promotion 3 Office expenses 4 1,730 1 30,482 2 9,049 2 2,199 . 14 Information technology 102,903 98,882 2,2112 1,909 . 15 Royalties 6 Occupancy 49,264 40,396 5,912 2,956 . 16 Occupancy 49,264 40,396 5,912 2,956 . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 25,813 25,532 281 . 20 Interest 6,110 3,228 2,646 233 . 21 Payments to affiliates 22 Depreciation, depletion, and amortization 61,080 56,401 2,872 1,807 . 23 Insurance 6,681 3,870 2,596 215 . 4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 2 Print in g 108,396 99,309 341 8,746 . 2 Print in g 24 expenses Schedule 0.) 3 Print in g 40 expenses	С.		10,900.		10,900.							
The state of the content of the co	d											
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 3 Office expenses 41,730. 30,482. 9,049. 2,199. 11 Information technology 102,903. 98,882. 2,112. 1,909. 5 Royalties Cocupancy 49,264. 40,396. 5,912. 2,956. 7 Travel 67,203. 66,030. 987. 186. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 25,813. 25,532. 281. 20 Interest 20 Interest 21 Depreciation, depletion, and amortization 10 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 40 Other expenses. Itemize expenses in line 24e. If line 24e amount, ist line 24e expenses on Schedule 0.) 28 Padio 29 Partiting 108,396. 99,309. 341. 8,746. 29 Postage and Shipping 41,511. 38,046. 3,465. 40 Alother expenses 8,573. 4,437. 95. 4,041. 20 Joint costs. Complet this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	e	-										
Column (A) amount, list line 11g expenses on Sch 0.) 147,301. 117,972. 9,132. 20,197.	Τ											
12 Advertising and promotion	9	•	147,301.	117,972.	9,132.	20,197.						
13 Office expenses	12	i i	-	-		<u> </u>						
102,903. 98,882. 2,112. 1,909.	13	-	41,730.	30,482.	9,049.	2,199.						
15 Royalties	14		102,903.		2,112.	1,909.						
16 Occupancy 49,264. 40,396. 5,912. 2,956. 17 Travel 67,203. 66,030. 987. 186. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 25,813. 25,532. 281. 20 Interest 6,110. 3,228. 2,646. 236. 21 Payments to affiliates 25,813. 25,532. 281. 286. 21 Payments to affiliates 25,813. 25,646. 236. 236. 21 Payments to affiliates 20 2,646. 236. 236. 21 Payments to affiliates 20 2,872. 1,807. 2,872. 1,807. 2,872. 1,807. 2,596. 215. 2,596. 215. 2,596. 215. 2,2596. 215. 2,2596. 215. 2,2596. 215. 2,2596. 215. 2,2796. 2,2796. 2,2796. 2,2796. 2,2796. 2,2796. 2,2796. 2,2796. 2,2796. 2,2796. 2,2796.	15											
18	16											
18	17	Travel	67,203.	66,030.	987.	186.						
19 Conferences, conventions, and meetings 25,813. 25,532. 281.	18											
20 Interest 6,110. 3,228. 2,646. 236. 21 Payments to affiliates		for any federal, state, or local public officials										
Payments to affiliates 22 Depreciation, depletion, and amortization 61,080. 56,401. 2,872. 1,807.	19	Conferences, conventions, and meetings										
Depreciation, depletion, and amortization 1,080. 56,401. 2,872. 1,807.	20		6,110.	3,228.	2,646.	236.						
Insurance	21	-	61 000	F. 40.1		4 00=						
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 0.) a Printing b Radio c Selling expenses d Postage and Shipping e All other expenses All other expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22	Depreciation, depletion, and amortization				1,807.						
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Printing Radio c Selling expenses d Postage and Shipping e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23		6,681.	3,870.	2,596.	215.						
Printing	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
Radio Selling expenses 41,617. 41,617. 41,617. 41,617. 41,617. 41,617. 41,617. 41,617. 41,511. 38,046. 3,465. 41,041. 25 Total functional expenses. Add lines 1 through 24e 1,737,148. 1,423,787. 217,627. 95,734. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а		108,396.	99,309.	341.	8.746.						
Selling expenses Dostage and Shipping All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	b			49,256.		2,363.						
Postage and Shipping e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	c			- ,	41,617.	,,,,,,						
e All other expenses 8,573 4,437 95 4,041 25 Total functional expenses. Add lines 1 through 24e 1,737,148 1,423,787 217,627 95,734 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d			38,046.	,	3,465.						
Total functional expenses. Add lines 1 through 24e 1,737,148. 1,423,787. 217,627. 95,734. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					95.	4,041.						
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						95,734.						
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		-	· · · · · ·	-	-	-						
educational campaign and fundraising solicitation.												
Check here ► X if following SOP 98-2 (ASC 958-720) 41,511. 38,046. 0. 3,465.												
		Check here X if following SOP 98-2 (ASC 958-720)	41,511.	38,046.	0.	3,465.						

Form 990 (2015)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
			_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	352,332.	1	322,805.		
	2	Savings and temporary cash investments			184,859.	2	209,240.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section		*			
		employers and sponsoring organizations of sect					
ιχ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		_		7	
As	8	Inventories for sale or use			39,234.	8	46,616.
	9	Prepaid expenses and deferred charges			7,422.	9	8,050.
	1 -	Land, buildings, and equipment: cost or other	I I		,		
		basis. Complete Part VI of Schedule D	10a	156,962.			
	h	Less: accumulated depreciation		98,324.	65,235.	10c	58,638.
	11	Investments - publicly traded securities			20,323.	11	58,638. 20,337.
	12	Investments - other securities. See Part IV, line 1		, ,	12	, , , ,	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		51,853.	14	14,703.	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	721,258.	16	680,389.		
	17	Accounts payable and accrued expenses		25,986.	17	42,153.	
	18	Grants payable	.,	18	,		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
ig E		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D	-	·	13,895.	25	8,731.
	26	Total liabilities. Add lines 17 through 25			39,881.	26	50,884.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 an		,			
ű	27	Unrestricted net assets			594,507.	27	562,595.
ala	28	Temporarily restricted net assets			86,870.	28	66,910.
B	29					29	
臣		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.	·				
) ts	30	Capital stock or trust principal, or current funds			30		
1556	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			681,377.	33	629,505.
	34	Total liabilities and net assets/fund balances		721,258.	34	680,389.	

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	1,68	5,5	46.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,73					
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	1,6	02.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			77.			
5	Net unrealized gains (losses) on investments	5		-	70.			
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	62	9,5	05.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	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		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			Х			
	Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
or audits, explain why in Schedule O and describe any steps taken to undergo such audits								

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Stand to Reason

Employer identification number 33-0604522

Pai	t I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
he o	organi	zation is not a private found	ation because it is: ((For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch)(A)(i).				
2		A school described in secti	•								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiz					-	the hospital's name.			
		city, and state:		,			(,			
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in			
_		section 170(b)(1)(A)(iv). (C		,	•	, ,					
6				mental unit described in	section 17	70(b)(1)(A)	(v).				
	37	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (Co	•				anno en menn ane general				
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II.)						
9		An organization that norma				contributio	ons membership fees a	nd gross receipts from			
		activities related to its exem	•	•	-			-			
		income and unrelated busin	•	·				-			
		See section 509(a)(2). (Cor		(loop coolier or r tarly in				a			
10		An organization organized a	•	ively to test for public sa	afetv. See	section 50	9(a)(4).				
11		An organization organized a	•	•				purposes of one or			
		more publicly supported or	•	•	•		•				
		lines 11a through 11d that	~								
а		Type I. A supporting orga	• •			•		giving			
		the supported organization	•	•							
		organization. You must c						•			
b		Type II. A supporting orga	-		tion with it	s supporte	ed organization(s), by ha	ving			
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.	-						
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.					
f	Ente	r the number of supported o	organizations								
g	Prov	ide the following information	about the supporte								
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of			
		organization		above (see instructions))	governing	document?	support (see instructions)	other support (see instructions)			
					Yes	No	mondono)	inotraction by			
ota	ı										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1245980.	1337814.	1644957.	1484215.	1588704.	7301670.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1245980.	1337814.	1644957.	1484215.	1588704.	7301670.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						79,585.
6	Public support. Subtract line 5 from line 4.						7222085.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1245980.	1337814.	1644957.	1484215.	1588704.	7301670.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,004.	276.	475.	346.	244.	2,345.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7304015.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,051,795.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publ						
	Public support percentage for 2015 (I					14	98.88 %
	Public support percentage from 2014					15	98.69 %
16a	33 1/3% support test - 2015. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DID DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITIOTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
m 990 or 9	90-EZ	2015

Par	rt IV Supporting Organizations (continued)			
	, c (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations	I		
	71 11 5 5		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst	ructions):		
а				
b				
С		ty (see instructions	<u>).</u>	_
2	Activities Test. Answer (a) and (b) below.		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
а	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	[↑] Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

· ai	Type iii Non-Functionally integrated 509	(a)(a) Supporting Orga	ailizations (continued)	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>	5			
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Stand to Reason

Employer identification number 33-0604522

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	it holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Ра	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of po	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
I-	Accepta in all added in Forms COO. Don't V		Φ.

0-1	dule D (Form 990) 2015 Stand to	Peagon					3	3_06	04522		2
	dule D (Form 990) 2015 Stand to till Organizations Maintaining Co		rt Hiet	orical Tr	ASSUITAS O	r Other					age ∠
3	Using the organization's acquisition, accession										
3	(check all that apply):	i, and other record	is, criecr	carry or tire	Tollowing that	are a sig	ji iiii carit u	36 01 113	Collection	item	3
а	Public exhibition	d		oan or exc	hange progra	ms					
b	Scholarly research	e		Sther	nange progra	1113					
C	Preservation for future generations	e									
4	Provide a description of the organization's coll	ections and evolai	n how th	ov further t	he organizatio	nn's avam	nt nurnos	a in Par	+ YIII		
5	During the year, did the organization solicit or i							oc IIII ai	t Alli.		
3	to be sold to raise funds rather than to be main				•				Yes		No
Par	t IV Escrow and Custodial Arrange										<u> </u>
ı uı	reported an amount on Form 990, Part	•	ste ii tiie	organizatio	ii alisweleu	165 0111	omi 990,	raitiv,	iii ie 3, 0i		
12	Is the organization an agent, trustee, custodian		liany for (contribution	ns or other ass	sets not in	ncluded				
Iu	on Form 990, Part X?		-						Yes		No
h	If "Yes," explain the arrangement in Part XIII ar								_ 103		J 140
D	ii res, explain the arrangement iii i art xiii ar	id complete the io	nowing t	abic.					Amount		
С	Beginning balance						1c		711100111		
	Additions during the year						—				
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C						•				j
_	t V Endowment Funds. Complete if t										
		(a) Current year		rior year	(c) Two years		d) Three ye	ars back	(e) Four	/ears	back
1a	Beginning of year balance	` ,	. ,		, ,		, ,		. , .		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1	g, column (a	a)) held as:	<u> </u>					
а	Board designated or quasi-endowment	•	%		,,						
b	Permanent endowment	%	_								
	Temporarily restricted endowment ▶	 %									
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
За	Are there endowment funds not in the possess	•	ation tha	t are held a	nd administe	red for the	e organiza	ation			
	by:	J					Ü		[·	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the co									•	
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or o			or other		cumulated		(d) Book	value	
		basis (investn			(other)		reciation		-		
4-	Lond										

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
	Equipment		156,962.	98,324.	58,638.
e	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colur	nn (B), line 10c.)	•	58,638.

Schedule D (Form 990) 2015

		on Form 990, Part IV, line			
(a) Description	n of security or category (including name of security)	(b) Book value	(c) Method	of valuation: Cost or	end-of-year market value
) Financial c	lerivatives				
	ld equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.)				
	nvestments - Program Related.		•		
	complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 9	990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method	of valuation: Cost or	end-of-year market value
(1)					·
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(9)					
otal. (Col. (b) r	nust equal Form 990, Part X, col. (B) line 13.) > Other Assets.				
Part IX C	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 9	990, Part X, line 15.	(b) Book value
ptal. (Col. (b) r	Other Assets. Complete if the organization answered "Yes"		11d. See Form 9	990, Part X, line 15.	(b) Book value
Part IX C	Other Assets. Complete if the organization answered "Yes"		11d. See Form 9	990, Part X, line 15.	(b) Book value
Part IX C	Other Assets. Complete if the organization answered "Yes"		11d. See Form 9	990, Part X, line 15.	(b) Book value
otal. (Col. (b) r Part IX C (1) (2)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 9	990, Part X, line 15.	(b) Book value
otal. (Col. (b) r Part IX C (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 9	990, Part X, line 15.	(b) Book value
Otal. (Col. (b) r Part IX Col. (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		11d. See Form §	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (6)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes"	Description	11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	Other Assets. Complete if the organization answered "Yes" (a)	Description e 15.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Column C	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) Ther Liabilities.	Description e 15.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Column C	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Cart X C	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability al income taxes	Description e 15.)	11e or 11f. See (b) Book value	Form 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See	Form 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) Cap (3)	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability al income taxes	Description e 15.)	11e or 11f. See (b) Book value	Form 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) Cap (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability al income taxes	Description e 15.)	11e or 11f. See (b) Book value	Form 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) Cap (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability al income taxes	Description e 15.)	11e or 11f. See (b) Book value	Form 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) Cap (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) Cap (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability al income taxes	Description e 15.)	11e or 11f. See (b) Book value	Form 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) Cap (3) (4) (5) (6) (7) (8) (7) (8) (9) (1) Federa (2) Cap (3) (4) (5) (6) (7) (7)	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability al income taxes	Description e 15.)	11e or 11f. See (b) Book value	Form 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) Cap (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) Cap (3) (4) (5) (6) (7) (8) (8) (9) (1) Federa (2) Cap (3) (4) (5) (6) (7) (8) (8)	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability al income taxes	Description e 15.)	11e or 11f. See (b) Book value	Form 990, Part X, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) Cap (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) Federa (2) Cap (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answered "Yes" (a) In (b) must equal Form 990, Part X, col. (B) lime Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability al income taxes	e 15.) on Form 990, Part IV, line	11e or 11f. See (b) Book value	Form 990, Part X, line	

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	venue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С		eries of prior year grants			
		(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b	· 		
		(Describe in Part XIII.)	'		
_		nes 4a and 4b			
5 D a		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem			
Га		•		penses per neturn.	
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	2a		
a		ed services and use of facilities			
C		ear adjustments			
		losses (Describe in Part XIII.)			
		nes 2a through 2d		2e	
3		act line 2e from line 1			
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
		ment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)	· 		
		nes 4a and 4b	-	4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII	Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information	n.	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

Stand to Reason				33-06045	22
Part I General Info	mation on A	ctivities Out	tside the United States. Compl	ete if the organization answered '	'Yes" on
Form 990, Part IV	/, line 14b.				
			ds to substantiate the amount of its gr		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
United States.					
			an be duplicated if additional space is		1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
North America	0		Program Services	Writes for religious educational materials and speaks at events	28,741.
VOICH AMELICA	0		riogiam bervices	and speaks at events	20,741.
East Asia and the	0	0	Program Services	Travel by speaker for training event	2,220.
Middle East and North Africa	0	0	Program Services	Travel by speaker for training event	2,292.
3 a Sub-total	0	1			33,253.
b Total from continuation					33,233.
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			33,253.

Stand to Reason 33-0604522

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
the IRS, or for which t	the grantee or couns	el has provided a section	recognized as charities by the n 501(c)(3) equivalency letter					

Page 2

Schedule F (Form 990) 2015

Stand to Reason 33-0604522

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Page 3

Schedule F (Form 990) 2015

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713: do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization

Stand to Reason

Employer identification number 33-0604522

Form 990, Part I, Line 1, Description of Organization Mission: and to make an even-handed, incisive, yet gracious defense for classical Christianity and classical Christian values in the public square.

Form 990, Part III, Line 1, Description of Organization Mission: to change the world God gives us access to. Our plan has five parts (broadcast, publications, internet, self-directed training curricula, and public speaking and seminars), and we are working our plan very intentionally.

Form 990, Part VI, Section A, line 2:

Business relationship between Craig Hazen, Board Member and Greg Koukl, Board Member.

Form 990, Part VI, Section B, line 11:

The Organization's top financial official reviews the Form 990 prior to its filing with the IRS. A copy of the final Form 990 is also provided to the voting members of the Organization's governing body prior to its filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

The Organization inquires regularly with officers, directors or trustees, and key employees who have changed their status that would constitute a conflict of interest. Officers, directors or trustees, and key employees are required to notify Stand to Reason in writing if they have a potential interest.

Name of the organization Stand to Reason

Conflict of interest. They are also cognizant in the decision making process when engaging in any new activity of avoiding conflicts of

Form 990, Part VI, Section B, Line 15:

The Organization has adopted an executive compensation setting policy applicable to its key leaders, including the Organization's CEO and CFO.

Under the policy, the Board of Directors annually reviews and approves the compensation levels of all individuals subject to the policy. An independent consultant and salary survey is used to benchmark compensation amounts paid for comparable positions in comparable organizations. These procedures are followed to ensure that compensation arrangements for the Organization's key leaders are reasonable and appropriate.

Form 990, Part VI, Section C, Line 19:

The Organization's Articles of Incorporation are publicly available upon request. The Organization provides copies of its bylaws and its conflict of interest policy to those responsible for complying with them.

Form 990, Part VII

The amount listed in column (F), other compensation, for Gregory Koukl includes \$95,417 of ministerial housing allowance under Section 107 of the Internal Revenue Code.

Form 990, Part VII, Line 2:

An additional employee earns \$32,600 of reportable compensation. In addition this employee receives \$70,000 of ministerial housing allowance under Section 107 of the Internal Revenue Code.

Name of the organization Stand to Reason	Employer identification number 33-0604522
Form 990, Part IX, Line 11g, Other Fees:	
Technology:	
Program expense	51,035
Fundraising	2,965
Total expenses	54,000
Pursuant:	
Program expense	38,196
Management and General expense	9,132
Fundraising	17,232
Total expenses	64,560
Contract Labor:	
Program Expense	28,741
Total expenses	28,741
Total Other Fees on Form 990, Part IX, Line 11g, Column A	147,301