#### 990

Department of the Treasury

Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

Open to Public hispection

Form 999 (2013)

OMB No 1145-0047

A F	or the 2	2013 calenda	r year, or tax year beginnin	Ę.	, 2013, and en	and	<del></del>	1 20			
	eck If app		C Name of organization EDGE					phyer identification on			
m <sub>t</sub>	idres chu		Doing Business As WATES	RSTEP				1262016			
	are stang			mail is not delinered to street address)		Room/suite					
	nia) ecapino			(502) 568-63							
_	minated		City or town, state or province, co	mery, and ZIP or feerign possed code				1,871,106			
_	cherichest res	0.00	LOUISVILLE, KY				Ç Çr	ens metripes 5			
-	Mitteriou in the second		F Name and address of principal o			H(a) is this a gree	445	<u> </u>			
J . ^	Matheman	p.a.u.	SAME AS C ABOVE			M(n) is this a kice	P (Cigrie a)	☐ Yes 🔯 No			
		and X	ALE 11-17-17-17-17-17-17-17-17-17-17-17-17-1	(inscrine.) 4947(8KI) co	্ৰ প্ৰ	H(b) Are all subo	rdinuses inclus	sed?			
	ebsite:		LEDGEOUTREACH.COM		Name of the second	Hit) Grosp sucm	ch a fist. (see piloo caurber	<b>b</b>			
-	busu ol uni	NCT.		eizoion Cuter >	L. Year of formaniars 1.	995 M State (	l Ægal atomici	le: KY			
Par	-	Summar					erro <sup>2</sup> r				
'E'an'	1			or most significant activities:	A NOT-FOR-PROFIT	CORGANIZAT	ion est	PABLISHED TO			
	1	Distribution of the second	TO BOUTE OFFINARY	PEOPLE TO PROVIDE S	AFE WATER SOLUTIONS	AND OTHER	HUMAN	ITARIAN			
đJ.			CR TO COMMUNITIES		ary a second						
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b	1.	74 - J. Ali- E.	- h [] if the organization	discontinued its operations or d	isnosed of mure than 25% of it	s net assets.					
Activities & Governance	2	Check this os	oning members of the govern	ing Body (Part VI fine 1a)			3	15			
ચ	3	Milmoct of A	ong memoers of the govern	of the governing body (Part VI,			4	16			
ES	4	Number of it	ndependent voting incrovers t	and the governing conjugation of		ANALY IN L'ENVIE	5	17			
7				ralendar year 2013 (Part V. line			6	300			
¥C.	Ď	Total number	r of volunteers (estimate if ne	neessary)			7a	0			
	70	Total unrelat	ed business revenue from Pa	m vill, column (C), the 14	ing process on the second		7ь	0			
20.00	b	Net unrelated	I business taxable income fro	m Form 990-1, line 34		Pylor Year	L	Спетем Уелг			
						1,096	.761	926,758			
			s and grams (Part VIII, line)			Land of the land o	,856	940,111			
ž			vice revenue (Part VIII, line		,081	4,237					
Revenue	10	Investment it	ncome (Part VIII, column (A	), lines 3, 4, and 7d)			,,,,,	D			
쯗	11	Other revent	e (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11c)		1,420	678	1,871,106			
				nest equal Part VIII, column (A)	), line (2)	1,910	7076	0			
-			imilar accounts paid (Part LX					<u> </u>			
	14	Benefits paid	to or for members (Part IX.	column (A), line 4)		445	070	596,670			
	15	Salaries, oth	er compensation, employee t	enefits (Part LX, column (A), li	nes 5-10) ,	441	,032	3,0,0.0			
X	169	Professional	fundraising fees (Part IX, co	lumn (A), line IIe)		**************************************					
Expenses	ъ		ising expenses (Part IX, colu		144,847		3.00	947,818			
E S	17	Other expen	ses (Part IX, column (A), lin	es 11a-11d, (11f-24e)			,189	1,544,488			
	18	Total expens	ses Add lines 13-17 (must e	qual Part IX, column (A), line	25)	1,446		326,618			
	19	Revenue less	s expenses. Subtract line 18	from line 12			,543)				
, p					7	Beginning of Correct		End of Year			
53	20	Total assets	(Part X, line 16)	viete state et e same	ut pentit brigaciais.	OR A 3 19	,340	1,041,240			
Purch Bullere	21	Total liabilit	ies (Part X, line 26)	HARAK BARKA BARA			,576	430,476			
35	22	Net assets or	r fund balances. Subtract lin	c 21 from line 20		279	,764	610,764			
Pa	H 5	Signatu	re Block	)	K. 18 18 18 18 18 18 18 18 18 18 18 18 18			<u> </u>			
Under	penalties t	of perjury, I declar	re dua l'have expensed placeeum, frei	udific accompanying schellares and scheme based on all information of which preparer	ts, and to the best of my knowledge and b	clicf. it is					
the, o	onted, and	romplese. Declar	ration of perparer (when than afficer) is	Pased on an ingrinarium of which prepare	(as) and and the control of the cont		T	A STATE OF THE STA			
			Kroth 1	. XOYL				05-21-2014			
Sign	1	Signativ	re of officer	700			Date	5-21-14			
Нет		МАР	HOGG, EXECUTIVE	DIRECTOR				1			
LILI	٦	-	butt thus and tale				·mermy				
		1	cjerci's come	Preparer's signature	Draice	Ceck [	] if Pth				
Pai	ď	1 1	SS MDA CPA CFE	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	05-21-2014	sell-creptory	ed :	P00128316			
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	parer Only	Firm's stante		y Circle		Pzorse no.					
USC	Omy	Firm's address		lle KY 40299	erenavi see <u>Sjek. 1 Jan.</u>		02-499				
16.	the IDI	2 diames this	renum with the preparer who					🛭 Yes 🗌 No			
WIT	inc nc	I (III) (III) IIII)	to the state of the first of the state of th	11 12 MEN   10   11 T T   11   11   11   11   11			and Laborator				

For Paperwork Reduction Act Notice, see the separate instructions.

Briefly describe the organization's mission:  A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO TRAIN AND EQUIP ORDINARY PEWATER SOLUTIONS AND OTHER HUMANITARIAN ASSISTANCE TO COMMUNITIES IN NEED  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If 'Yes,' describe these new services on Schedule O.  Did the organization crase conducting, or make significant changes in how it conducts, any program services?  If 'Yes,' describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grams and allocations to detect the total expenses, and revenue, if any, for each program service reported.  (Code:	Yes No  Yes No
Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO TRAIN AND ROUIP ORDINARY PE WATER SOLUTIONS AND OTHER HUMANITARIAN ASSISTANCE TO COMMUNITIES IN NEED  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-£2?  If 'Yes,' describe these new services on Schedule O.  Did the organization trase conducting, or make significant changes in how it conducts, any program services?  If 'Yes,' describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grane and allocations to of the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses 3 1,250,775 including grants of 5 ) (Rev EDGE OUTREACH, INC., ACTING THROUGH ITS BOARD OF DIRECTORS, OPERATES AS ORGANIZATION ESTABLISHED TO EMPOWER ORDINARY PEOPLE TO PROVIDE SAPE WATE COMMUNITIES IN NEED. EDGE OUTREACH WORKS WITH INDIVIDUALS AND ORGANIZAT:  STUDIES A VARIETY OF WATER SOLUTIONS, VISION CLINICS AND OTHER HUMANITAL	Yes No  Yes No  No  Yes No  No  Yes No  No  No  No  No  No  No  No  No  No
Briefly describe the organization's mission:  A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO TRAIN AND EQUIP ORDINARY PEWATER SOLUTIONS AND OTHER HUMANITARIAN ASSISTANCE TO COMMUNITIES IN NEED  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If 'Yes,' describe these new services on Schedule O.  Did the organization crase conducting, or make significant changes in how it conducts, any program services?  If 'Yes,' describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grams and allocations to a the total expenses, and revenue, if any, for each program service reported.  (Code:	Yes No  Yes No  Yes No  No  No  Yes No  No  No  No  No  No  No  No  No  No
A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO TRAIN AND EQUIP ORDINARY PE WATER SOLUTIONS AND OTHER HUMANITARIAN ASSISTANCE TO COMMUNITIES IN NEED Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If 'Yes,' describe these new services on Schedule O.  Did the organization rease conducting, or make significant changes in how it conducts, any program services?  If 'Yes,' describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grane and allocations to o the total expenses, and revenue, if any, for each program service reported.  (Code:) (Expenses 3	Yes No  Yes No  Yes No  No  No  Yes No  No  No  No  No  No  No  No  No  No
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Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O. Did the organization crase conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.  (Code:) (Expenses 3	Yes No Yes No Yes No  No No No No No No No No No No No No
prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  Did the organization rease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section \$01(c)(3) and \$01(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.  (Code:) (Expenses 3	thers.  Tes No
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Services?  If 'Yes,' describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section SOI(e)(3) and SOI(e)(4) organizations are required to report the amount of grams and allocations to of the total expenses, and revenue, if any, for each program service reported.  (Code:	emic 5 1,010,469) A MOT-FOR-PROFIT ER SOLUTIONS TO
Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Sertion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.  [3] (Code:	cmc 5 1,010,469) A NOT-FOR-PROFIT ER SOLUTIONS TO
expenses. Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and attorations to d the total expenses, and revenue, if any, for each program service reported.  43 (Code: ) (Expenses 3 1,250,775 including grants of \$ ) (Rev EDGE OUTREACH, INC., ACTING THROUGH ITS BOARD OF DIRECTORS, OPERATES AS ORGANIZATION ESTABLISHED TO EMPOWER ORDINARY PEOPLE TO PROVIDE SAFE WATE COMMUNITIES IN NEED. EDGE OUTREACH WORKS WITH INDIVIDUALS AND ORGANIZAT.	cmc 5 1,010,469) A NOT-FOR-PROFIT ER SOLUTIONS TO
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COMMUNITIES IN NEED. EDGE OUTREACH WORKS WITH INDIVIDUALS AND ORGANIZAT	CONS TO OFFER HRLP
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	KIRN ERPORTS. Ettat
OUTREACH IS DEPENDENT ON CONTRIBUTIONS FROM ITS SUPPORTERS AND REVENUES	FROM MISSION TRIES.
(6 (Code: ) (Expenses S including grants of S ) (Res	venue \$)
4b (Code:) (Expenses \$including grants of \$)	
	1877,00,00,000
	7 Sec. 10
4c (Code: ) (Expenses 5 including grants of 5 ) (Re-	venue \$)
4 True.	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
4d Other program services. (Describe in Schedule O.)	
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grams of \$ ) (Revenue \$	)
4e Total program service expenses > 1,250,775	60m 900 (201

Form 990 (2013)

Par	Checklist of Required Schedilles		Yn	Na
	and the second of the second o			***************************************
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	100	X
	eandidates for public office? If "Yes," complete Schedule C, Part 1  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	Section 501(c)(3) organizations. Und the organization engage in roots in a section 501 (c) (3) organizations. Und the organization engage in roots in a section of the sect	4		X
_	election in effect during the tax year? If "Yes," complete Schedule C. Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C.			
		5		X
.21	Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	all a riba		
Ğ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			34.3
		ó		X
~	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		X
_	Did the organization maintain collections of works of art, historical measures, or other similar assets? If 'Yes,'			2.5
8		К		X
n	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
9	custodian for amounts not listed in Pan X; or provide credit counseling, debt management, credit repair, or			; 1
	debt negotiation services? If "Yes," complete Schedule D. Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI.	00000		100000
11		020000	25.270	(XII.7)
	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
3		Ha	X	
	complete Schedule D. Part V1  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
ŧ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Conjugate the state of the stat			
4	of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII	lle		X
	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	114	1. 1. 15. 1	X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	X	
	constitution of the real flat real factors for the lat year the lat year the late a 100 miles and addresses			
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1IF	1.	X
	the organization's hability for uncertain ask positions that it is to the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
17a	Did the organization obtain separate, muchenness addition frametal international and the organization obtain separate, muchenness addition frametal international and the organization obtain separate, much organization obtain separate organization of the separate organization	12a	X	
	Schedule D, Paris XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
ŧ	the organization unswered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		X
12	is the organization a school described in section 170(b)(1)(A)(u)? If 'Yes,' complete Schedule E	13		Х
13	and a series and areas or agents outside of the United States?	14a		X
14a	was a supplier of property of more than \$10,000 from granthaking.			
b	the United States, or aggregate			
	foreign investments valued at \$160,000 or more? If "Yes," complete Schedule F. Parts I and IV	14b	1	X
		1		
15	Did the organization report on Part IX. column (A), the 3, more than 35,000 or giants of both assistance to off for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
16	Did the organization report on east 1x, condition (ea), that it made the part of the form of the form of the first of the	10		X
		-		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		X
	Part IX Chimma IAI, IRES O Six IIC, It ICS, Complete transfer			
18	Did the organization report more than \$15,000 total of fundmissing event gross income and contributions on  Part VIII. lives to and \$20 If "Yes" complete Schedule G, Part II	18	X	.
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		X
	harmital familiation? If "Yes " complete Schedule H	20:	3	X
20:	Did the organization operate one or more nospital factions. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		3	

1'ar	TV   Checklist of Required Schedules (continued)		Yes	Nο
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	envernment on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21		X
22	Did the greanization report more than \$5,000 of grants or other assistance to individuals in the United States		i i	V
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
.3	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	4.1		17
	employees? If "Yes," complete Schedule I	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		20.50	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	56,75		122
	through 24d and complete Schedule K. If "No," go to line 25a	243	1.7	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	246		
"	Did the organization maintain an eserow account other than a refunding eserow at any time during the year		4 08	
Ċ	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
h	Section S01(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
25a	with a disqualified person during the year? If "Yes," complete Schedule L. Part I	253		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			i
b	Is the organization aware that it engaged in an excess benefit transaction with a disquired partial properties of the organization's prior Porms 990 or 990-EZ?			
	year, and that the transaction has not need reported on any of the organizations prior to the	25b		X
	If "Yes," complete Schedule L, Part I			
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	26		X
	disqualified persons? If so, complete Schedule L, Part II			
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	27		X
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	20000	20000	2000
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):	28a	T	X
3	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV		<u> </u>	
b	A family member of a corrent or former officer, director, trustee, or key employee? If "Yes," complete	28b		X
	Schedule L. Part IV	AUU		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		X
	was an officer, director, mistee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	+	X
29	Old the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	129	-	1 42
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	70		X
	conservation contributions? If "Yes," complete Schedule M	30	-	T.
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.		1	2
~	Part	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
<b></b>	complete Schedule N Part II	32		X
33	note the state of an antique dispersion in separate from the organization under negurations	1		
""	regulars 301 2701-7 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	and the armost of toyoble antity? If "Yes," complete Schedule K, Part II, III,	1		1
34		34	1	XX
7	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	26. did the committeen over any navment from or energe in any transaction with a	1000		
h	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	and the state of t			
36	Section 501(e)(3) organizations. Did the organization make any patients to air exempt non-characteristic are exempt non-characteristics. The second organization of the complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
37	e complete Schedule R	,		
	Part VI	37		X
	Part VI.  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and			
38	Did the organization complete Schedule O and provide Explanations in Schedule O	38	X	
	19? Note. All Form 990 filers are required to complete Schedule O	For	m 990	(2013

Pac	990 (2013) EDGE OUTREACH, INC. 61-12020  W. Statements Regarding Other IRS Filings and Tax Compliance	0.00	٨	44.55
rau	Check if Schedule O contains a response or note to any line in this Port V			
	CHEEN II SCHOOL O COMMING & PERFORM OF THE PROPERTY OF THE PERFORM		Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter 4- if not applicable	32.00		7
b	Enter the number of Forms W-2G included in fine 1a. Enter -0- if not applicable	2000	0,,,,,	XXXXX
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	50,000	XXXXX	22333
•	reportable gaming (gambling) winnings to prize winners?	įc	X	
la	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	37.77		11.6.
***	Statements, filed for the calendar year ending with or within the year covered by this return	******	(0)	2202
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	X	0,000
	Note. If the sum of lines Ia and 2a is greater than 250, you may be required to e-file (see instructions)	3300	00220	2000
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	30		X
ь	If "Yex," has a filed a Form 990-T for this year? If "No" to line 3h, provide an explanation in Schedule O	36		
43	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			V
	accounty?	40		X
b	If "Yes," enter the name of the foreign country:	70000		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	14.348	inni T	2322
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	52		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51)		X
c	If "Yes" to line 5a or 5b, did the organization file Form \$886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-
	organization solicit any contributions that were not tax deductible as charitable contributions?	ба	2 2	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.,		
	gifts were not tax deductible?	6b	22.2.7	1
	Organizations that may receive deductible contributions under section 170(c).		10000	22.22
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		v	1:24
	and services provided to the payor?	7a	X	-
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	+-
τ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
	required to file Form 8282?	7¢	PAVV.A	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 3500.00	1773	X
r	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the presuization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	-	†
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	78	1	X
h	If the corganization renetived a contribution of cars, bonts, areplayer, or other vehecles, did the organization file a Form 1995 C:	7h	<b></b>	1.
g	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	::::::		344
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	15223	1	Х
	organization, have excess business holdings at any time during the year?	8	123	A
ÿ .	Spousoring organizations maintaining donor advised funds.	7.17.00	torar.	, viv.
a	Did the organization make any taxable distributions under section 4966?	92	1	+
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1,000	de la
0	Section 501(c)(7) organizations. Enter:	13000		( )
a	Initiation fees and capital contributions included on Part VIII, line 12	-0000		
Ъ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 000000		Juli.
1	Section 501(c)(12) organizations. Enter:			
û	Gross income from members or shareholders	- 30003	188	
b	Gross income from other sources (Do not net amounts due or paid to other sources	V VA AV	1000	
	against amounts due or received from them.)	- 00000		22200
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	1	1:::::
b	If "Yes," eater the amount of tax-exempt interest received or accrued during the year 12b	××:	1	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		*****	1 272
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.	77.23		
b	Enter the amount of reserves the organization is required to maintain by the states in which	2000	10000	
	the organization is licensed to issue qualified health plans	- 20133	il iraa	
D	Enter the amount of received on hand	1212121	1	4
*-	Did the organization receive any payments for indoor tanning services during the tax year?	. ]4a		X
143	Did the organization receive any payments for indoor tanning services during one any year.		7	

. ...........

	990 (20)3) EDGE OUTREACH. INC. 61-1262		P	age 6
******	(VI) Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a	No"		
2 (14)	response to line 8a. 8b. or 10h below, describe the circumstances, processes, or changes in Schedule O. See instructions.			•n
	Clarek if Schedule O contains a response or note to any line in the Part VI			KI.
lant's	on A. Governing Body and Management			
orcu	Off A. Governing Door man Assaults		Yes	No
VS-C	Enter the number of voting members of the governing body at the end of the tax year		007.7.7	2000
la	If there are material differences in voting rights among members of the governing body, or			XX.2X.
	if the governing body delegated broad authority to an executive committee or similar	132317	):000ii.	
	committee, explain in Schedule O.	1		*******
	Enter the number of voting members included in line Ia, above, who are independent  16		V: .c.	2000
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			-
2	any other officer, director, trustee, or key employee?	. 2	<u> </u>	X
	Did the organization delegate control over management duties customarily performed by or under the direct			02
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
5	Did the organization have members or stockholders?	6		X
6 7-	Did the organization have members, stockholders, or other persons who had the power to effect or appoint		5	
7a	one or more members of the governing body?	. 7a	-	LX_
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	.		v
**	weatherdare or persons other than the soverning body?	. 7b	ocx.	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	V		\$44.44A
u.	the year by the following:	0.	X	100000
a	The governing body?	. 83	A	X
ь	The analysis with authorize to act on behalf of the governing body?	. 8p	-	1
9	to these any officer, director, pustee, or key employee listed in Part VII, Section A, who cannot be reached of	. 9		X
-	the occasionan's mailing address? If "Yes," provide the names and addresses in Schemule O	-1 3-		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
		10a	10	X
10a	Did the organization have local chapters, branches, or affiliares?	104		ا ا
b	If "Ver a did the organization have written politics and procedures governing the activities of such enaptiers,	. 10b	1	
	to answer their one entions are consistent with the organization a exempt per parties.	. 11a	X	
11a	Has the organization provided a complete cupy of this Form 990 to all members of its governing body detote thing the term.	22000	300	
b	Describe in Schedule O the process, if any, used by the organization to review this Form you.	12a	X	*******
12a	have a mergen conflict of interest policy? If "No," go to total 13	12b	X	-
h	Warra officers, directors or trusters, and key employees required to disclose annually interests that could give rise to comment.		1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	. 12c	X	
	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	1
14	Did the organization have a written document retention and destruction policy?			38.27
15	for determining compensation of the following persons include a review and approval by	10000		
	independent parsons, comparability data, and commitments substantiation of the deficeration and decision.	. 15a		
3	The organization's CEO, Executive Director, or top management official	15b	1 37	
b	Other officers or key employees of the organization	3703	100	0.00
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	GIG.		
Lóu	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	. 16a		X
	with a taxable entity during the year?	20000	1100	(1622
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	2000		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	161	,	
	in gamzation 3 exempt senior		100	
Sec	ction C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)5 only)			
	available for public inspection. Indicate how you made these available. Check all that apply.  Applying [7] Applying [8] Upon reducts [7] 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			
	financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
20	State the name, physical address, and telephone number of the person who postaville, ky 40208  PRACHEL CONNON (502) 568-6342, 625 MYRTLE ST, LODYSVILLE, KY 40208			
	*RACHEL CONNON (50%) DOG-034%, 025 TEACHEL	Fai	m 991	0 (2013)

 3 "	-	7

61-1262016

Form 990 (201	3) EDGE OUTREACH, INC.	Highest Compensated Employees, and
Part VII	Compensation of Officers, Directors, Trustees, Key Employe Independent Contractors	
. 10	Check if Schedule O contains a response or note to any line in this Part VII	molovees

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

la Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's mx year.

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

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

EEA

(A) Name and Tulo	(B) Average bours per week (Est any hours for related exgarizations below domail	do not in individual tristice of all individual tristice	eleek Urss pe and a	Pasita mare mare	orn L'Estra I tenuh	nk an	Farmer	director, or trusted (D)  Reponable  LYMPY AND THE COMMENT AND	(W.2) (099-MISC)  (W.2) (099-MISC)  (W.2) (099-MISC)	Escinated generate of other compensation from the organization and related organizations
I) MARK HOGG	40.00							61,256	0	0
EXECUTIVE DIRECTOR 2) GREGORY A. HOLT	40.00			X	**			58,930		O
COC 3) KURTIS DANIELS VICE PRESIDENT	10.00			X				42.077		0
4)										
5)										<u> </u>
6)							-			
70	ļ	•		ļ	 		-			
(8)					L	-		<u> </u>	<u> </u>	
(9 <u>)</u>			-	<u> </u>	_		-	1		<u> </u>
(10)		-	-	-	-		-	<u> </u>		
(11)	<b>1</b>	-	+		-	<u> </u>	+			_
(12)		_	-	-	-		+	A 49 (42 (47 (4 ))	1	
(13), (14)		*		+	+		+	,		

Part Y	Section A. Officers, Directors, Trustees, F	(8)	1997		(0				(D)	୍ୟର	1.50	(F)
Name and sink		Average bours per week (his any	(da m) bax. u officer	nless (	person	is bo	lh an		Reportable compensation from the	Heparable compensation from mitated organizations	enns	inaded ourt of ocher secures
		Sours for related organizacions below dosed line)	Individual Instate (4 of notice	Institutional trustee	Officer	Kry anpleyee	Highest recipensated employee	Former	(M·5)1039-7(T2C)	(W-21099-MISC)	org	can the enconion I mission mission
(15)		-										
(16)		_	120.11									
17)												<u> </u>
(18)				20.00							-	
[19]				an o		Net a	gara e e		<u> </u>			
(20)				200		22.0	383.83		**************************************			
(21)				2.2	-			13.2	<u> </u>			
(22)					-					4 . e.a.a. 8425 <u>3</u> 2	225 22 2 2	
(23)				-		-	<u> </u>	ļ				
(24)	ndin tenganan manatak salainin 1770.066	*   7.5.7.5.1			-			-			2.1	
(25) lb	Sub-total		<u>.                                    </u>	<u></u>	_	<u></u>	<u>L</u>	<b>p</b>		-		<del></del>
c il	Total from continuation sheets to Part VII, Section	од <b>А</b>	4 64 (2.34			 		<b>p</b>	162,26	3	0	0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those list	ed abo	ve) v	vho :	recei	ved m	оте (	han \$100,000 of		0	Yes N
3	Did the organization list any former officer, direct	or, or musice, l	cey em	ploy	es, c	r hij	ghest c	omp	ensated		3	13 A
4	employer on line 1a? If "Yes," complete Schedule, For any individual listed on line 1a, is the sum of norganization and related organizations greater than	epomable comp \$150,000? If "	ensario Yes, i	om	nd of	her ( Sch	comper edute l	nsati For	such		. 4	2
5	individual  Did any person listed on line 1a receive or accrue of for services rendered in the organization? If "Yes."	ompensation f	rom an	y vn	relat	cd o	rganiz.	arion	or individual		2272	) )
Section	n R. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Report compeyear.	nsation for the	t contr calent	actur lar y	rs the car e	at re-	ceived ng with	mor or v	e than \$100,000 of within the organizat	ion's tax	1	
	(A)  Hame and basiness address								Cescription o	1) I services	Cor	(C) operation
							****				1.0	MITTEL .
		88 88 8 8		···· ^	·							
	Total number of independent contractors (including	bui not limite	d to th	ose 1	isted	abo	ve) wi	ın			M.17312	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII LL J (B) Reserve excluded from tax Related or Unrelated Тост! геческе exempl function business under sections 512-514 la Federated campaigns Contributions, Clits, Grants and Other Sirdler Amounts b Membership dues . . Įb 249,647 Ic c Fundraising events Id d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 677,111 g Noneash contributions included in lines 1a-1f: \$ 926,758 h Total. Add lines la-lf \*\*\*\*\*\*\*\*\* Bardness Code 188,294 188,294 624200 2a SHOES FOR WATER 348,133 Service Roverill 348,133 624200 b EDGE TECHNOLOGIES 285,107 624200 285,107 c SAFE WATER TRIPS 33,245 33,245 624200 d TRAINING 49,801 49,801 624200 e MISSIONS 35,531 35,531 624200 f All other program service revenue . . . . . . 940,111 Total. Add lines Za-Zf Investment income (including dividends, interest, 4,237 4,237 and other similar amounts) ..... Income from investment of tax-exempt band proceeds (ia) Perganal fia Gross rents h Less: rental expenses . . . . E Rental income or (loss) . . . d Net rental income or (loss) (iii) Other 7a Gross amount from sales of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) . . . d Net gain or (loss) . . . . . . . . 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line (c). b Less: direct expenses e. Net income or (loss) from fundraising events. 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . . b Less: direct expenses e. Net income or (loss) from gaming activities 10a Gross sales of inventory, less rentrits and allowances b Less; cost of goods sold e Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue Ha d All other revenue . . . . . . e Total. Add lines 11a-11d 1,871,106 944,348 Total revenue. See instructions

Statement of Functional Expenses

Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . . . . . . . . . . . . . . . . . (P) Progress service (0) Do not include amounts reported on lines 6b, 7b, Total expenses Management and Fundraising perenal expenses CHENTARS епретаел 8b, 9b, and I0b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members ...... Compensation of current officers, directors, 40.490 20,765 101.011 162,266 musices, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 51,064 248,392 99,568 399,024 Other salaries and wages . . . . . . . . . . . 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 4,551 22,021 8,808 35,380 10 Fees for services (non-employees): 11 11,419 66,803 55,384 Accounting Professional fundralsing services. See Part IV. line 17 F Investment management fees ....... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 27,974 23,449 Advertising and promotion ...... 51,423 12 12,510 48,494 61,004 Office expenses 13 6,307 25,250 31,557 14 15 500 500 16 Occupancy ..... 1,802 298,786 300,588 Travel ....... 17 Payments of travel or entertainment expenses TR for any federal, state, or local public officials Conferences, conventions, and meetings 19 7,300 24,005 31,305 20 Payments to affiliates ....... 21 23,276 23,276 Depreciation, depletion, and amortization ..... 22 13,824 13,824 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list fine 24e expenses on Schedule O.) 14 138,887 138,901 SUPPLIES 44,216 44,216 REPAIRS AND MAINTENANCE 227 9,228 8.455 MISCELLANEOUS 70 23,424 23,494 AUTOMOBILE EXPENSE 844 151,628 152,472 All other expenses 144,847 148,866 1,544,488 1,250,775 Total functional expenses. Add lines 1 through 24c Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here - lif

.........

following SOP 98-2 (ASC 958-720)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 482,489 146,481 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 106,323 Acrounts receivable, net 4 Loans and other receivables from current and former officers, directors. 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 495B((X1)), persons described in section 4958(c)(3)(B), and constituting employers and sponsoring organizations of scences Adjockly voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net 7 73,086 52,934 4.552015 hiventories for sale or use 18,063 37,367 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 100 455,403 other basis. Complete Part VI of Schedule D 361,279 331,105 Less: accumulated depreciation . . . . . . . . . . 10b 94,124 b Investments - publicly traded securities ........ 11 17 Investments - other securines. See Part IV, line 11 12 17 Investments - program-related. See Part IV, line 11 D 14 15 Other assets. See Part IV, linu: 11 15 1,041,240 571,340 16 Total assets. Add lines I through 15 (anust equal line 34) 16 17 131,410 37,338 at en en eglegen en et et et e Accounts payable and accrued expenses 17 18 61,035 Deferred revenue 19 70 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustoes, key employees, highest compensated employees, and 72 disqualified persons. Complete Part II of Schedule L 225,576 231,957 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 34 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 12,455 22,281 of Schedule D 26 430,476 291,576 Total Babilities. Add lines 17 through 25 26 and and Organizations that follow SFAS U7 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 247,591 27 279,764 Unrestricted net assets ...... Net Assets of Fund Balances 27 363,173 28 Temporarily restricted net assets Permanently restricted net assets ▶ □ and Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 610,764 33 279,764 Total net assets or fund balances 1,041,240 34 571,340 Total liabilities and net assets/fund balances Form 990 (2013)

DP775	990 (2013) EDGE OUTREACH, INC. 61	-126	2016 Page 12
***************************************	ENSE Deservation of Net Assets		П
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
I	Total revenue (must equal Part VIII, column (A), line 12)	1	1,871,106
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,544,488
3	Revenue less expenses. Subtract line 2 from line 1	3	326,618
4	Net assets or fund halances at beginning of year (must equal Part X, line 33, column (A))	4	279,764
5	Net unrealized gains (losses) on Investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
	Prior period adjustments	8	4,382
8	Other changes in net assets or fund balances (explain in Schedule O)	9	0
9	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
10	33. columa (B))	10	610,764
Par	TYEE Financial Statements and Reporting		nesenapsep 🗓 .
b e	Accounting method used to prepare the Form 990:		2a X  2b X  2c X  3a  3b
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form 990 (2013)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury learned Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section  $SO1(\epsilon)(3)$  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 950-EZ) and its interculous is at www.hts.gov/forta990.

OMB No. 1545-0047

Employer identification number

2013

Open to Public Lospection

Wante of the o								61-12	PZ0T0	
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I	TRRACH, INC	n. I.T. Charity Sto	tus (All organizatio	ns must cou	uplete th	is part.)	See instr	ictions.		
Part I	Reason for J	Public Charity Sta	ins (All (Againtacio	11 check or	ly one box	(.)				
The organi	zonon is not a privi	ate foundation because i	t is: (For lines 1 through	i i i i i i i i i i i i i i i i i i i	. 170/h/(1	MANG).				
1 🗇	A church, convent	ion of churches, or 2890	ciation of churches desc	Hogo in section	11 110(0)(1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2	A school described	in section 170(b)(1)(A	(ii), (Anach Schedule E	}	nn-1131/41/	een				
з П	A hospiml of a coc	perative hospital service	e organization described	in section 17	ntoltritan	m). - amnosta	taran G	the the		
4 1	A medical research	organization operated	in conjunction with a ho	spital describe	in sectio	<u>v</u> 130(0)(1)	(M)(m), E	104 414		
						The same and the same and the				
5	An organization of	perated for the benefit of	f a college or university	owned or ope	rated by a	governmen	at one ocs	etinen in		
э ц	- 150/hV(1)/	AMIN' (Complete Part )	L							
· []	2%	1	augenmental unit describ	ed in section	170(b)(1)(.	A)(v).				
6 1	A scucial, state, in	at normally receives a 3	substantial part of its sup	port from a gr	oversiment.	al unit or fro	om the gen	ctal buplic		
7 🔛	An organization of	n 170(b)(1)(A)(vł). (Со	molete Part II.)							
П	200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MOUNT HALLAND WASH	te Part II.)						
8		14	I more than 33 1/3% Of	HE SHODURE II	om contrib	utions, men	nbership fo	cs, and gro	820	
9 📋		the section of the second	at functions - subject to	CETENIA CACCOL	sous, arm (	T) IN IIIO	,			
	receipts from activ	Afties telation in its event	d unrelated business taxa	able income (l	ess section	511 (ax) fro	om husines	Ses		
	support from gros	s investment income and	1075 Can reading 509	Hul(2) (Come	dete Part II	II.)				
	acquired by the or	Kaurrandu auer inne or	), 1975. See section 509	blic safety. Se	e section S	(09(a)(4)_				
10	An organization of	rganized and operated e	aclusively to test for pul- aclusively for the benef	in of an overfor	on the fund	tions of, or	то састу о	ut the		
11 📙	An organization of	rganized and operated e	Actuatively in the benefit	ad in certion	WWwW110	r section 50	9(a)(2). Se	e section		
	purposes of one o	r more publicly support	ed organizations describ	instign	l complete	lines He th	mugh 11h	enta enta una assa de		
		the hox that describes t	he type of supporting or	e III-Function	ally interes	red.	d $\square$	Type III-	Non-funtio	nally integrated
	a Type!	ь 🗌 Тур	eli e mili	e ili-ruikiloii	indicants	by one of I	-			
e [	By checking this	box, I certify that the or	ganization is not control	ileo cirecuy o	Monecut	one doctribe	el in sectio	n 509(a)(1	)	
	other than founds	tion managers and other	t than one or more publi	cly supported	organizatio	DIS CLEATION	d m seeme	., /-/	•	
	or section 509(a)(	(2).		NET BEST TOTAL			ETT avenue	tina		
f	If the organization	n received a written dete	ermination from the IRS	that it is a Ty	ре І. Турс	II, or Type	in suppor	пир		
	propriession the	ck this box					• • • • •			Marka sarata da sarata da sara
g	Since August 17,	2006, has the organizal	non accepted any gift or	contribution	from uny 0	t the				
	Colleggion mercons	<del>.</del> 5								Yes No
	(i) A person w	ha directly or indirectly	controls, either alone of	r together with	persons d	escribed in	(ii) and			
	(iii) below,	the governing body of t	he supported organization	in?						(Ig(I)
	t∰ A family m	ember of a person descr	ribed in (i) above? .							17g(U)
	(197) A 35% con	tenlled entity of a person	n described in (i) ar (ii)	above? .						[11g(iii)]
	Describe the follow	unne information about	the supported organizati	inn(s).	1					
h		(A) ELY	(115) Type of organization	(1+) It the org		(+) Did you		(ef) la		(Ki) Amount of monetary support
101	tanograph of the second		(described on lines 1-9	in col. (ii) list		the organization col. (1) of		organization		anjo-ne
			above or IRC rection (see insurantians))	governing do	CODE M.	the total			S.?	
			(SEE MARIALIMAN)	Yes	No	Yes	No	Yes	No	
			- 1 · v			1				2 0 5 0 7 0
(A)						A.			İ	
						-				
(B)										
	<u> </u>				-	+				12
(C)	A control of									
		(3			ļ		-		-	-
(D)								i		
		ora ja oras, ce liki bilaki	. <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			<u> </u>	<u> </u>	-	-	
(E)	2.7					İ		-	A.	
(~/)		and Louis SAM WIS					ļ	1	,	
**		/								3
T-c-1		200000000000000000000000000000000000000		A				KWATELIA.	300000000	<u> </u>
Total		F STANGATORATION	Act and the second		and the same of the same of				Cabadula & !	From 990 or 990-17) 1013

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

Section A. Public Support (I) Total (e) 2013 (c) 2011 (d) 2012 (b) 2010 (a) 2009 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 956,054 2,052,815 1.096,761 include any "unusual grams.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,052,815 956.054 1.096.763 Total. Add lines 1 through 3 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 219,715 shown on line 11, column (f) .... 1,833,100 Public support. Subtract line 5 from bre 4 Section B. Total Support (f) Total (c) 2011 (e) 2013 (d) 2012 (a) 2009 (b) 2010 Calendar year (or fiscal year beginning in) 956,054 2,052,815 1,096,761 Amounts from line 4 Gross income from imerest, dividends. payments received on securities toans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . . Other income. Do not include gain or 11) loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 17 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage H Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) 89.30 14 14 Public support percentage from 2012 Schedule A, Part II, line 14 15 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-Facts-and-elementances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-discumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... 10%-facts-and-chromastances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly and the same of th supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

Substitute A (Form 550 to 500 EZ) 2013 EDGE OUTREACH, INC.

[East III] Support Schedule for Organizations Described in Section 509(a)(2)

Support Schedule for Organizations becomes	under Dort II
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify	midel Lari XX.
(Complete Only it you are the state of the plant of the Part II )	
If the organization fails to qualify under the tests listed below, please complete Part II.)	
1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

	tion A. Public Support		<del></del>	1	1 (2) 2012	(e) 2013	(D Total
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(E) 2013	(0) 1000
	Gifts, graphs, contributions, and membership fees received. (Do not include any "unusual graphs.")		2 2.2.3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities formished in any activity that is related to the organization's tax-exempt purpose	4· · · · · · · · · · · · · · · · · · ·					
3	Gress receipts from activities that are not an unrelated trade or bus, under sec 513	22 - 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2				-	-
4	Tax revenues levied for the organization's benefit and either paid to or expected on its behalf	<u> </u>					
s	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines I through 5			<b> </b>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				-		<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$3,000 or 1% of the amount on line 13 for the year.					* · · · · · · · · · · · · · · · · · · ·	
c	Add lines 7a and 7b				.,,,,		,
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			- Programme - Prog		1 (2 0017	(f) Total
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(1) 20101
9	Amounts from line 6						
10a	Gross lacence from interest, dividends, payments received on scentiles loans, reats, toyalties and income from similar sources.						
h	Unrelated business taxable income (less section 511 taxes) from businesses sequired after June 30, 1975						
¢	Add lines 10a and 10b		<u> </u>				* <del> </del>
11	Net income from unrelated business setivities not included in line 10b, whether or not the business is regularly carried on						
17	Other income. Do not include gain or loss from the safe of rapital assets (Explain in Part IV.)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	organization, theck this box and stop here			, or flith tax year	as a section 501(c)(	3)	<b>»</b> 🛛
Sec	etion C. Computation of Public Supp	oort Percentag	ge			1.5	¥
15	Public support percentage for 2013 (line 8, co	olumn (f) divided	by line 13, column (	f))		15	THE STATE OF THE S
16	Public support percentage from 2012 Schedul	le A. Fart III, line	15			. 10 )	
Sei	ction D. Computation of Investment	Income Perce	ncage	luma (6)		. 17	Ţ.
17	Investment income percentage for 2013 (line	10c, column (f) d	tivaça by line 13, co	(umn (1))	enenenenenenen la etaka. Biologiakoariarrailariaka	18	<b>q</b>
18	Investment income percentage from 2012 Sch	requie A. Part III,	1105.11			1,	
	2 33 1/3% support tests - 2013. If the organization is not more than 33 1/3%, check this box	and stop here. 11	he organization quali	ing as a publicity of	militaren en Bararane		▶ □
	b 33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this	box and stop her	e. The organization t	ingitities as a factori	city application or 84m	zation	▶□
20	Private foundation. If the organization did n	ot check a hox or	i line 14, 19a, or 19b	, check this box a	nd see instructions		σ- non - σσιτπίπου

#### SCHEDULE C

(Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public inspection .

Department of the Teetsury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

ribed below. 

Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its
Instructions is at www.irs.gov/form990. Complete if the organization is described below. See separate instructions. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Forta 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	n 501(c)(4), (5), or (6) organizat	ions: Complete Part III.		Employer i	dentification number
	noisesineg			61-1262	
	OUTREACH, INC.	anization is exempt under section 501	c) or is a sect	ion 527 organization.	
Part I-v	· · · · · · · · · · · · · · · · · · ·	2 to diseas and indirect political campaign activit	ics in Part IV.		
n 11-1:	int amandimee	and a second of the second of			
3 Volu	inteer hours	ra e susceptantes procedes de la company de la company de la company de la company de la company de la company La company de la company de		erejanistititik	
Part I-I	Complete if the org	anization is exempt under section 501	c)(3).		
1 Enc	the amount of any excise bix in	curred by the organization under section 4955		and an extended \$	
7 Ente	r the amount of any excise tax in	curred by organization managers under section 49	>55		- □Yes MNo
3 If th	· · · · · · · · · · · · · · · · · · ·	aress any did in file Form 4770 for this year?			The state of the s
4a Was	a correction made?				V [] 100 EB.11
	les," describe in Part IV.	501	(a) avenut se	rtion 50((r)(3)	
Part I-0	Complete if the org	anization is exempt under section 501	(C), EXCEPT SO	tron por(c)(b);	· · · · · · · · · · · · · · · · · · ·
1 Em	g the amount directly expended b	by the filing organization for section 527 exempt to	uncuon		
activ	ities	by the fitting organization for scenario			
Z Éme	r the amount of the filing organi	zation's funds contributed to other organizations f	OF SCLEENE	and the second of the second o	
527	exempt function activities		יייייייייייייייייייייייייייייייייייייי		
		Add lines 1 and 2. Enter here and on Form 1120-			
line	17b	1120-POL for this year?	jajanja, koejanga d	i teritor teritor (tellicado). Calendario anno o carectorio	. Tyes No
4 Did	the filing organization file Form	1120-POL for this year:	Testition accord	izatione to which the filing	T. Companies and the second
5 Ente	er the names, addresses and empl	loyer identification number (EIN) of all section 52	the filing organi	zation's finds. Also enter	
orga	mization made payments. For ca-	ch organization listed, enter the amount paid from	i to a consente ou	dirical prospiration, such	
the	amount of political contributions	received that were promptly and directly delivere	n ic needed mony	ide information in Part IV	
as a	separate segregated fund or a po-	olitical action committee (PAC). If additional space			(e) Amount of political
	(а) Капж	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and
					defluered to a separate political organization. If pone, goter -0
	- Water				
(1)					
(2)					
(3)					
(4)					
(5)					
 (B)					

	C(Form 900 or 900 E2) 2013 EDGE OUTREAC	H. INC.			61-1262	
-	C(Form 200 or 20 E2) 2013 E1/GE OUT REAC	is exempt under s	ection 501(c)(3)	and filed Form	5768 (election und	er
A) 47.71.	section 501(h)).					
4 C	heck > if the filing organization belongs to	an affiliated group (ar	id list in Part IV eac	h affiliated group men	iber's	
	name, address, EIN, expenses, and	i share of excess lobby	ing expendiments).			
вс	herk 🕨 📋 if the filing organization checked b	ox A and "timited con	trol" provisions appl	<u>y</u>		
	Limits on Lab	hying Expenditures				(b) Affiliated
	[The term "expenditures" m	cans amounts paid or	incurred.)		OrKabiyagoo e Jorais	Bronb rosses
1a						
h	Total lobbying expenditures to influence a legislat	ive body (direct lobby)	ng)			· · · · · · · · · · · · · · · · · · ·
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures	. , , . ,				<u> </u>
ę	Total exempt purpose expenditures (add lines le a	ind 1d)		• • • • • • • •		
Γ	Lobbying nontaxable amount. Enter the amount h	rom the following table	in both			
	columns.					
Γ	If the amount on line ie, column (a) or (b) is:			15 :		**************************************
	Not over 5500,000					
	Over \$500,000 but not over \$1,000,000					
	Over \$1,000,000 but not over \$1,500,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000.	7 A 2 Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
	Over \$17,000,000	\$1,000,000.	ere, erene epg		**************************************	. (0, 20000000000000000000000000000000000
j	If there is an amount other than zero on either lio	e 1h or line 11, did the	organization file Fo	nn 4720	<u> </u>	☐ Yes ☐ N
	1 left mailtrium ama2	made a section 501(lt)	election do not hav	e to complete all of th	æ liv¢	
• • · · · •	Соы	litures (add lines le and 1d)  Enter the amount from the following table in both  fumn (a) or (b) is:  The following nontaxable amount is:  20% of the amount on line Ir.  \$1,000,000  \$100,000 plus 15% of the excess over \$500,000.  ar \$1,500,000  \$225,000 plus 10% of the excess over \$1,000,000.  ar \$17,000,000  \$225,000 plus \$6 of the excess over \$1,500,000.  at (enter 25% of line 1f)  If zero or less, enter -0-  tan zero on either line 1h or line 1h, did the organization file Form 4720  or this year?  4-Year Averaging Period Under Section 501(h)  organizations (hat made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines Za through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  (a) 2010  (b) 2011  (c) 2012  (d) 2013		L.		
	Calendar year (or fiscal year beginning in)	(a) 2010	(ъ) 2011	(c) 2012	(d) 2013	(e) Towl
2a	Lobbying nontaxable aniount					
ь	Lobbying ceiling amount (150% of line 2a, column (e))	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
e	Total lobbying expenditures					
ď	Grassmout nontaxable amount	***		.xa .xxx	<u> </u>	
E	Grassroots ceiling amount (150% of line 2d, rohumn (e))	***************************************	1			
Г	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

	mm 991 or 990-623 NH3 EDGE OUTREACH, INC.		1262	016	Page 3
Part II-	The second secon	n 570	i8		
	A STATE OF THE STA	(	1)		(b)
	"Yes" response to lines 1a through 1i below, provide in Part IV a detailed n of the lobbying activity.	Yes	No	Am	inun <b>i</b>
1 Dur	ing the year, did the filing organization attempt to influence foreign, national, state or local	Contraction (Contraction (Contr			
hans	slation, including any attempt to influence public opinion on a legislative matter or		0000 XX		
	rendum, through the use of:	Carrier:	:X::A:\.		
	inicers?			~~~~~~	//
	staff or management (include compensation in expenses reported on lines 1c through 1)?				
n Mus	fia advertisements?				
	lings to members, legislators, or the public?				
	fications, or published or broadcast scatements?				
	nts to other organizations for lobbying purposes?				
f Gra	nts to toner organizations for noonying perfections to transfer of contact with legislators, their staffs, government officials, or a legislative body?				
g Dire	ies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		1		
		.0077	*********		
j Tou	al. Add times to through 1i	1	10000	Mint Con	
2a Did	the activities in line 1 cause the organization to be not described in section 501(c)(3)?	70000	10000	1	Mulion A
p IL.	Yes," enter the amount of any tax incurred order section 4912	00000			
c If "	Yes," enter the amount of any tax incurred by organization managers under section 4912	534786	rarara	7.7.7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	be filling organization incurred a section 4912 tax, did it file Form 4720 for this year?	ectio	n .	Extimate	fit fe le lakte Let librar
Part II		XCL10			
	501(c)(6).				Yes No
	re substantially all (90% or more) dues received nondeductible by members?			1	
1 Wes	the organization make only in-house lobbying expenditures of \$2,000 or less?			2	3 - 5 - 5 - 5
2 Did	the organization agree to carry over lobbying and political expenditures from the prior year?			3	
3 Did					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (lanswered "Yes."	o) Pa	rt III	-A, line	3, is
	es, assessments and similar amounts from members		1::::		
	tion 162(e) nondeducible lobbying and political expenditures (do not include amounts of		2.727		
pol	itical expenses for which the section 527(f) tux was paid).		24	1	
	тепт уелг түйлэг туусуу туусу		26		
	tyover from lost year		2c	<del> </del>	
			3	1	
	gregate amount reported in section 6033(c)(1)(A) notices of nondeductible section 162(e) dues		200000	3	
	offices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		*****		
exc	ess does the organization agree to carryover to the reasonable estimate of nondeductible labbying		X3 (3.3)	1	
	political expenditure next year?		4	<del> </del>	
	able amount of lobbying and political expenditures (see instructions)	•	5		
Part IN	Supplemental Information				
Provide th	te descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5; Part II-A (affiliated group list); Part II-A,	line 2;	and		
Part II-B,	line 1. Also, complete this part for any additional information.				
	. 3.5 5155				
			*******		
***************************************					
					***************************************
		X 0 (0 + 1+	23.12.		

#### SCHEDULE D (Form 990)

Department of the Treasure

### Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public Inspection ....

 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer Identification mumber Pinnie of the organization 61-1262016 EDGE OUTREACH, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part 1 Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Classoc advised funds Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements Complete if the organization answered "Yes" to Form 990, Part IV, line 7, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. and the second s Total number of conservation exsements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation casements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 15 Does each conservation casement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (f) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII. Inte 1 

	Different SED NO. BEDGE OUTREACH,	TNC.				0.100 0.100	61-126201		Page :
SUVE	me Organizations Maintaining Call	ections of Art.	Historical	Treasure	s, or Other	Simi	lar Assets (contin	med)	
art	Using the organization's acquisition, accession, and	other records, che	ck any of the	following th	at are a signifi	cant us	ic of its		
	collection items (check all that apply):								
	Public exhibition	d [] Lo	an or exchang	e programs					
0 [	Scholarly research		her						
b [									
c l	Preservation for fumite generations  Provide a description of the organization's collection	and nightes been see	o they further	the organiza	ntion's exempt	purpos	e in Part		
		JE HALL CAPACIO III	,	i i	25.				
	XIII. During the year, did the organization solicit or rec-	ain donations of a	e bistorical ir	easures, or	other similar				
	During the year, did the organization someth in rec- assets to be sold to raise funds rather than to be ma-	Care inad as part of	the organizati	on's collecti	ou?			Yes Yes	
_	200 at dial temperature	contr				1.0	and the second		
ari	Escrow and Custodial Arrangen Complete if the organization answ	ered "Yes" to I	Form 990, I	Part IV, I	ne 9, or rep	orted	an amount on Fo	III	
	000 Part X line 21			1 2 2 2 2 4 A			VA V		
3	Is the organization an agent, mistee, custodian or	other intermediary	for contributio	ns or other	assets not			☐ Yes	
	included on Form 990, Part X?					•			
b	If "Yes," explain the arrangement in Pan XIII and	complete the follow	ving table:			_	Amou	ni	
						le			
С	Beginning balance		Karana ara	• • • • • •		-	<del></del>		
d	additions during the year			• • • • •		ld	1		
e	Distributions during the year					le			
r	Ending balance	arangan tereb				11		[ ] Ye	s [
		TOR Dow V line 31	9	A R PA . P SATE AND A		•	in the state of the state of the		2 ( )
b	Did the organization include an amount on Porth !  If "Yes," explain the arrangement in Part XIII. Cf	reck here if the exp	lanation has b	<del>ce</del> n provide	d in Part XIII				<u> L</u>
	Frdowment Kunds								
EST.	Complete if the organization answ	vered "Yes" to	Form 990,	Part IV, I	ine 10.				
	Complete if the organization	(a) Current year	(6) Pric	0(755)	(c) Too years but	k .	(d) Three years took	(c) four ye	earr back
		(a) Chirch ice			5 27 4		- ANDRON		
н	Beginning of year balance	***************************************							0 10 0 11
b	Contributions								
E	Net investment earnings, gains, and			-				10, 2000	
	losses								. 8,0 . 0.0
d	Grams or scholarships								****
é	Other expenditures for facilities and				i.				
	programs								
r	Administrative expenses						1.		
a	End of year balance					*****			
-	Provide the estimated percentage of the current ye	ear end balance (lin	z 1g. column	(a)) held as					
•	Board designated or quasi-endowment	%							
	Permanent endowment > %								
b	Temporarily restricted endowment	<b>%</b>							
C	The percentages in lines 2a, 2b, and 2c should ec	2001 lem							
	Are there endowment funds not in the possession	of the organization	that are beld	and admini	nered for the			-	
3		in the digundance.							Yes
	organization by:							30(1)	
	(i) unrelated organizations		The second second			5400.4		3a(ii)	
	(ii) related organizations		n				one somethick this	3b	
b	If "Yes" to 3a(ii), are the related organizations lie	sted as required on	Schedule R						
1	Describe in Part XIII the intended uses of the org	anization's endown	oem lunds.						
Per	HVI Land, Buildings, and Equipme	ent.		n . 11/		- T	- OUD Doct Y II	ne 10	
	Complete if the organization ans	wered "Yes" to	Form 990,	Part IV,	line 11a. Se	e For	m 990, rait A. ii	116, 170.	
	Description of property	(p) Cost or	eitere hasis	(b) Casi o	other basis	(41)	425 huantmen	(d) Book	A STATE
		fators	Statemb	1	other)		Epreciation		
t ~	Land				40,320			**	40,3
la					219,337		10,966	2	08,3
b	Buildings		A STATE OF THE STA		1,235		987		2
C	Leasehold improvements		<u> </u>	1	194,511		82,171	1	12,3
d	Equipment ( T . L	7		-				na material de la la la la la la la la la la la la la	
		AND CONTRACTOR OF THE PARTY OF							
ŧ.	Other  1. Add lines la through le. (Column (d) must equ						, <b>&gt;</b>	•	61,

Pari VII	Investments - Other Securities	ared "Ves" to Form 990 Part IV	, line 11b. See Form 990, Part X, line 12.
	Complete it the organization answer		
	(a) Description of security or entrying (ortholog name of security)	(b) Book value	(e) Method of valuation: Cost or end-of-year market value
i) Financial d		• • •	
2) Closely-hel	d equity interests	• • • •	
3) Other			
(A)			
(B)		<u> </u>	
(C)			
(D)			A A A A A A A A A A A A A A A A A A A
(E)			
(F)			-tww
(G)			
(H)	entranta de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la		
(Column (b)	must equal Form 990, Part X, (c). (B) line (2.)	- <b>-</b>	
Part VIII	Investments Program Related	ered "Yes" to Form 990, Part IV	/, line 11c. See Form 990, Part X, line 13.
	(a) Description of involument	(b) Book value	(e) Asehod of valuations Cost or end-of-year market value
(1)		x, y, y a	* 1
(2)			
(3)			
(4)	ga sa sa na wa wa na wa afinii kat		
(5)			7/194
(6)			
(7)	Let De la companya del companya de la companya del companya de la		A CONTRACTOR OF THE PROPERTY O
(8)	gradient de la company de la c		
(9)			
	must equal Form 990, Pan X, col. (B) line (3.)	F. TIPA, CARABEL C	Avvoration and a variable in the second secon
Part IX	Other Assets.  Complete if the organization answ	ered 'Yes' to Form 990, Part I'	V, line 11d. See Form 990, Part X, line 15.
(1)			
(2)			The state of the s
(3)			1.00 ° 1.
(4)	AMILE AND AND AND AND AND AND AND AND AND AND	and the state of t	
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(7)			
(8)			
(9)		2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
Total (Colum	on (b) must equal Form 990, Part X, col. (B)	(ine 15.)	
Part X	Other Linbilities		V, line He or Hf. See Form 990, Part X,
I.	(a) Description of Habitary	(3) Book value	- 1.26/13/2 (14) (14) (14) (14) (14) (14) (14) (14)
	income taxes		10000000000000000000000000000000000000
	IT CARD PAYABLE	12,40	9
	R PAYABLES	4	6
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(6)			7.000000000000000000000000000000000000
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(8)			>2.51.01.71.31.30.62.30.77.77.30.00.00.00.00.00.00.00.00.00.00.00.00.
(9)	must count Form 990, Part X, col., (B) time 25.)	► 12,45	5
1 Maria (Column (0)	or uncertain tax positions. In Part XIII, provid	te the text of the foomore to the organiz	ation's financial statements that reports the
, Liability II	Cabiling for uncertain the muching under RT	v 48 (ASC 740). Check here if the text	of the footnote has been provided in Part XIII
ugamzanon s	majority for uncertain tax positions timer fit	(4 00 1 14)1	AND THE PROPERTY OF THE PROPER

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

Aftech to Form 990 or Form 990-EZ.

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service R

Open to Public Inspection Employer Edendification number

Same of the organization					61-120	62016
DGE OUTREACH, INC.	Complete if the	organizatio	on answere	d "Yes" to Form		
Part I Form 990-EZ filers are not	required to come	ofete this par	1.			
POTITI 950 LZ titels are not	of funds through ar	o of the follow	wing activitie	s. Check all that apply		
1 Indicate whether the organization raise	M thurs arreada ar	• □	Solicitation c	f non-government gra-	als	
Mail solicitations     Different and email solicitations				f government grants		
<b>—</b>				mising events		
			r fa	<i>P</i> -		
d [] In-person solicitations  2a Did the organization have a written or	r oral agreement wi	th any individ	ual (includin	officers, directors, tr	usiers	
	Part VIII or entity	in connection	with profess	ional fundraising servi	cevi — — •	es [] No
b If "Yes," list the ten highest paid indi	viduals or entities (	fundraisers) pi	gs or insuran	reements under which	the fundraiser is to be	
compensated at least \$5,000 by the or	ganization.					
						Province and the
(6) Name and address of individual or emity (fundraiser)	(ii) Activity	custody of	draiser have compol of otions?	(Iv) Gross receipts from scrivity	(*) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	* 2000 00000000000000000000000000000000	Yes	No			
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Total	a is conjectored or li	censed to soli	cir contribution	ons or has been notifie	d it is exempt from	
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registration or licensing.						
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	est si					
* <u>************************************</u>						

61-1262016 Page 2 EDGE OUTREACH, INC. Schedule G (Form 990 or 990-EZ) 7013 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (d) Total events (b) Event #2 (u) Event #1 (add col. (a) through NONE I THIRST col. (c)) (total number) (even type) (event type) Gross receipts Less: Contributions Gross income (line I minus Cash prizes Noncash prizes Repulfacility costs Direct Expenses Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 (brough 9 in column (d) Ner income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total garning (add (b) Pull jabs/instant (c) Ohber gaming col. (a) through col. (c)) (n) Binga hinge/progressive bingo Revenue Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Met gaming income summary. Subtract line 7 from line 1, voluma (d) Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule C (Form 550 or 590-EZ) 7013

b If 'Yes," explain:

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

Supplemental Information to Form 990 or 990-EZ

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

MAItach to Form 990 or 990-EZ.

▶ Information ebent Schedule O (Form 900 or 993-EE) and its instructions is at www.lrs.por/form990.

OMB No. 1545-0047

Open to Public. Inspection

Department of the Treasury Employer identification attrober Internal Review Service fine of the president 61-1262016 EDGE OUTREACH, INC. 01. Committee meeting documentation (Part VI, line 8b) NO COMMITTEES ARE AUTHORIZED TO ACT ON BEHALF OF THE BOARD 02. Form 990 governing body review (Part VI, line 11) DRAFT FORM 990 IS SUBMITTED TO THE EXECUTIVE DIRECTOR. AFTER REVIEW THE EXECUTIVE DIRECTOR FORWARDS THE DRAFT 99D TO THE PRESIDENT OF THE BOARD OF DIRECTORS WHO THEN FORWARDS TO ALL BOARD MEMBERS SOLICITING QUESTIONS AND COMMENTS. THE PRESIDENT OF THE BOARD OF DIRECTORS PORWARDS ALL QUESTIONS AND COMMENTS TO THE EXECUTIVE DIRECTOR WHO REVIEWS THEM WITH THE FORM 990 PREPARER. ANY NEEDED REVISIONS ARE THEN MADE PRIOR TO IRS SUDMISSION. 03. Conflict of interest policy compliance (Part VI, line 12c) EDGE OUTREACH HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE FOLLOWING ARE EXCERPTS FROM THE POLICY: EACH DIRECTOR, OFFICER, AND EMPLOYEE IS PROVIDED WITH AND ASKED TO READ A COPY OF THE CONFLICT OF INTERESTPOLICY AND TO ACKNOWLEDGE IN WRITING THAT THEY HAVE DONE SO. ANNUALLY EACH DIRECTOR, OFFICER, EMPLOYEE, AND VOLUNTEER COMPLETES A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THEY ARE INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. EDGE HAS A CONFLICT OF INTEREST DISCLOSURE FORM TO FACILITATE THIS REPORTING. A PERSON WHO HAS A CONFLICT OF INTEREST IS NOT ALLOWED TO HEAR THE BOARD OR COMMITTEE DISCUSSION ON THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. 04. CEO, executive director, top management comp (Part VI, line 15a) EDGE OUTREACH INC HAS AN EXECUTIVE COMMITTEE WHO IS TASKED WITH REVIEWING AND ADJUSTING COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES. THE EXECUTIVE COMMITTEE OF

#### Page 1 990 Overflow Statement FEIN Name(s) as shown on return 61-1262016 EDGE OUTREACH, INC. OFFICE EXPENSES PROGRAM SERVICES Amount Description 17,623 TELEPHONE 16,217 POSTAGE 7,007 PRINTING 7,647 TAXES 48,494 Total: Amount Description 3,528 POSTAGE 8,982 PRINTING 12,510 Total: Amount Description 12,780 EQUIPMENT 19,142 TRAINING 11,725 DUES AND SUBSCRIPTIONS 5,639 44,735 SPEAKING FEES MEALS 30,775 FELLOWSHIP WITH CHRIST 7,526 GIFTS AND DONATIONS 19,306 UTILITIES 151,628 Total: \$ Amount Description 673 EOUI PMENT 171 MEALS 844 Total:

Form 990 Worksheet	Schedu	Schedule A, Line S - Excess 2% Limitation Contributors (Keep for your records)	Excess 2% Limitab (Keep for your records)	mitation Co	Tributors			2013
Name of the organization			8				61-1262016	
EDGE OUTREACH, INC.								בי ה
2% of the annount on Schedule A, part II, line 11, column (f)								
Nance		The state of the s						1
	(a) 2009	(h) 2010		2011	(d) 2012	(e) 2013	(P) Total	Excess contributions (cml. (f) minus The 2% limit)
The second secon	(A) 20 <b>3</b> 9	2010		(c) 2011	(d) 2012	(e) 2011 50,000	(P) Total 50,000	Excess contributions (cml. (f) minus The 2% limit)  8, 944
COTT ANDERSON		2010		(c) 2011	(d) 2012	(e) 2013 50,000	(f) Trital 50,000	Excess contributions (cml. (f) minus The 2% limit)  8,944
COMMUNITY FOUNDATION OF LOUISVIL		2010		(c) 2011	(d) 2012	(e) 2013 50,000 133,700 50,000	(f) Tertal 50,000 133,700 50,000	Excess contributions (cul. (f) minus The 2% limit) B, 944 92, 644 8, 944
COTT ANDERSON COMMUNITY FOUNDATION OF LOUISVIL		2010		2011	(d) 2012	(e) 2013 50,000 133,700 50,000 66,328	(f) Total  50,000  33,700  50,000  66,328	Excess contributions (cml. (f) minus minus 8, 944 92, 644 25, 272
BCOTT ANDERSON  COMMUNITY FOUNDATION OF LOUISVILLE  C, E, & S FOUNDATION  GZ FOUNDATION		2010		2011	(d) 2012	(e) 2013 50,000 133,700 50,000 66,328	(f) Trial  50,000  133,700  50,000  66,328  121,181	Excess contributions (cul. (f) minus (he 2% limit) (h. 92,644) (h. 92,644 (h. 92,644) (h. 9