

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

| | | |
|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization STRIVE FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9124 SOUTH MAIN STREET City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90003 F Name and address of principal officer: JAMES E TETREAU 9124 S MAIN STREET, LOS ANGELES, CA 90003 | D Employer identification number 33-0411257 E Telephone number 323-779-1064 G Gross receipts \$ 452,336. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.STRIVE-LA.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1991 M State of legal domicile: CA |

Part I Summary

| | | | |
|------------|--|------------|-----------|
| 1 | Briefly describe the organization's mission or most significant activities: TO PROVIDE EXEMPLARY ACADEMIC GUIDANCE TO CHILDREN, YOUTH & THEIR FAMILIES IN THE WATTS/LOS | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 7 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 4 |
| 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 23 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | 8 | 7 |
| 9 | Program service revenue (Part VIII, line 2g) | 9 | 4 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 10 | 23 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 11 | 0 |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12 | 0 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13 | 0. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 14 | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 15 | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 16a | 0. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,085. | b | 0. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 17 | 0. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 18 | 0. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 19 | 0. |
| 20 | Total assets (Part X, line 16) | 20 | 0. |
| 21 | Total liabilities (Part X, line 26) | 21 | 0. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 22 | 0. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------------|---|--------------------------------|---|
| Sign Here | Signature of officer JAMES E TETREAU, PRESIDENT/CEO Type or print name and title | Date | |
| Paid Preparer Use Only | Print/Type preparer's name JOEL S. MORSE, C.P.A. | Preparer's signature | Date |
| | Firm's name ▶ MORSE & BARNEY, C.P.A.'S | Firm's EIN ▶ 95-3844926 | Check if self-employed <input type="checkbox"/> PTIN P00284895 |
| | Firm's address ▶ 824 MORAGA DRIVE LOS ANGELES, CA 90049 | Phone no. (310) 440-4466 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: STRIVE FOUNDATION'S PRIMARY MISSION IS TO PROVIDE EXEMPLARY ACADEMIC AND GUIDANCE TO CHILDREN, YOUTH AND THEIR FAMILIES IN THE WATTS COMMUNITY OF LOS ANGELES. THE STRIVE FOUNDATION PROVIDES EDUCATION, SUPPORT AND DEVELOPMENT IN READING, WRITING AND ENGLISH LITERACY; MATH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 346,921. including grants of \$) (Revenue \$) THE STRIVE FOUNDATION PROVIDES FOR AN ACADEMY-LEARNING ENVIRONMENT; AND, FROM A CHARACTER-IS-PARAMOUNT PERSPECTIVE, THE STRIVE FOUNDATION HELPS CHILDREN ACHIEVE READING, WRITING, ENGLISH-LANGUAGE FLUENCY AND MATH SKILLS PROFICIENCY IN THEIR GRADE LEVEL. STRIVE'S MISSION IS TO PROVIDE A SANCTUARY OF INSTRUCTOR, GUIDANCE & RESOURCES THAT BETTER EQUIP CHILDREN TO NAVIGATE THROUGH THE PROBLEMS THEY FACE IN THEIR CHALLENGING COMMUNITY OF WATTS AND BEYOND. STRIVE SERVES APPROXIMATELY 140 STUDENTS DAILY. IN 2013, STRIVE IMPROVED STAFF TRAINING AND DEVELOPMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 346,921.

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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? <i>If "Yes," complete Schedule J</i> | | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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 so, complete Schedule L, Part II | | 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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and a grid for responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), (29) organizations.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (4), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
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) available for public inspection. Indicate how you made these available. Check all that apply. [X] 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 financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: STRIVE FOUNDATION - (323) 779-1064 2124 S MAIN STREET, LOS ANGELES, CA 90003

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | | |
|--|---|--|----------------|------------------------------------|----------------------------|--|--------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 445,075. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | 445,075. | | | | |
| | Program Service Revenue | 2 a | | Business Code | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 1,280. | | | 1,280. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | Less: cost or other basis and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | Less: direct expenses | b | | | | | |
| | | Net income or (loss) from fundraising events | | | | | | |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| Less: direct expenses | | b | | | | | | |
| Net income or (loss) from gaming activities | | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | | |
| | Less: cost of goods sold | b | | | | | | |
| | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a | IN-HOUSE SALE OF SNACK | 445200 | 5,981. | | | 5,981. | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | 5,981. | | | | | |
| 12 | Total revenue. See instructions. | | 452,336. | 0. | 0. | 7,261. | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 110,000. | 79,750. | 30,250. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 125,228. | 124,666. | 562. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 26,875. | 23,355. | 3,520. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 6,510. | | 6,510. | |
| 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.) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 6,780. | | 6,780. | |
| 14 Information technology | 4,246. | | 4,246. | |
| 15 Royalties | | | | |
| 16 Occupancy | 14,506. | 13,781. | 725. | |
| 17 Travel | 81. | | 81. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 15,662. | 14,879. | 783. | |
| 23 Insurance | 22,014. | 20,913. | 1,101. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM SERVICES | 32,923. | 32,923. | | |
| b REPAIRS | 26,918. | 25,572. | 1,346. | |
| c INDEPENDENT INSTRUCTORS | 5,220. | 5,220. | | |
| d AUTO EXPENSES | 3,447. | 3,275. | 172. | |
| e All other expenses | 14,396. | 2,587. | 5,724. | 6,085. |
| 25 Total functional expenses. Add lines 1 through 24e | 414,806. | 346,921. | 61,800. | 6,085. |
| 26 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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|--|---|--------------|--------------------|----------|
| Assets | 1 | Cash - non-interest-bearing | 136,040. | 1 | 155,036. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 146. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 4,126. | 9 | 3,676. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 843,913. | | |
| | b | Less: accumulated depreciation | 10b 183,039. | 10c 654,222. | 660,874. |
| | 11 | Investments - publicly traded securities | 14,321. | 11 | 19,818. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 1,950. | 14 | 1,950. |
| | 15 | Other assets. See Part IV, line 11 | 6,490. | 15 | 11,490. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 817,295. | 16 | 852,844. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 8,529. | 17 | 6,548. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 8,529. | 26 | 6,548. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 808,766. | 27 | 822,169. |
| | 28 | Temporarily restricted net assets | | 28 | 24,127. |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and 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 | |
| 33 | Total net assets or fund balances | 808,766. | 33 | 846,296. | |
| 34 | Total liabilities and net assets/fund balances | 817,295. | 34 | 852,844. | |

Part 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 | 452,336. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 414,806. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 37,530. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 808,766. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 846,296. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | X |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2013)

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2013. If the 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 | | <input type="checkbox"/> |
| b 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 | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances 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-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 supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances 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 supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 308,922. | 299,583. | 345,742. | 345,198. | 445,075. | 1744520. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 4,676. | 3,995. | 3,257. | 4,907. | 5,981. | 22,816. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization'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 | 313,598. | 303,578. | 348,999. | 350,105. | 451,056. | 1767336. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 1767336. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 313,598. | 303,578. | 348,999. | 350,105. | 451,056. | 1767336. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c 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 IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 313,598. | 303,578. | 348,999. | 350,105. | 451,056. | 1767336. |

14 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

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 100.00 % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 100.00 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | .00 % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

STRIVE FOUNDATION

Employer identification number

33-0411257

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

| | |
|--|---|
| Name of organization STRIVE FOUNDATION | Employer identification number 33-0411257 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | CHARTWELL CHARITABLE FOUNDATION 1999 AVENUE OF THE STARS, STE 3050 LOS ANGELES, CA 90067 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | COMERICA BANK 333 W. SANTA CLARA ST. SAN JOSE, CA 95113 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | CYNTHIA TRIBULL 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FRANK BAXTER, THE WHITTIER TRUST CO 1600 HUNTINGTON DRIVE SO PASADENA, CA 91030 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | J.B. & EMILY VAN NUYS CHARITIES 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | JOHN GOGIAN FAMILY FOUNDATION 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization STRIVE FOUNDATION | Employer identification number 33-0411257 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 7 | THE AHMANSON FOUNDATION 9215 WILSHIRE BLVD BEVERLY HILLS, CA 90003 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | THE AUDREY & SYDNEY IRMAS FOUNDATION 16830 VENTURA BLVD, STE 364 ENCINO, CA 91436 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | THE CAROL JAMES COLLINS FOUNDATION 6101 W. CENTINELA CULVER CITY, CA 90230 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | THE GREEN FOUNDATION 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | THE ROSE HILL FOUNDATION 225 S. LAKE AVE. SUITE 1250 PASADENA, CA 91101 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | THE WUNDERKINDER FOUNDATION 100 UNIVERSAL PLAZA BLDG 5121 UNIVERSAL CITY, CA 91608 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization STRIVE FOUNDATION | Employer identification number 33-0411257 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 13 | THOMAS & DOROTHY LEAVY FOUNDATION 10100 SANTA MONICA BLVD, SUITE 610 LOS ANGELES, CA 90067 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | US BANK 800 NICOLLET MALL MINNEAPOLIS, MN 55402 | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | WEINGART FOUNDATION 1055 WEST SEVENTH ST, STE 3050 LOS ANGELES, CA 90017 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | WILSON-THORNHILL FOUNDATION 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | THE ANNEBERG FOUNDATION 2000 AVENUE OF THE STARS STE. 1000 LOS ANGELES, CA 90067 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization STRIVE FOUNDATION | Employer identification number 33-0411257 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization STRIVE FOUNDATION | Employer identification number 33-0411257 |
|--|---|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

STRIVE FOUNDATION

Employer identification number

33-0411257

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land | | 281,467. | | 281,467. |
| b Buildings | | 493,458. | 127,688. | 365,770. |
| c Leasehold improvements | | | | |
| d Equipment | | 54,084. | 51,103. | 2,981. |
| e Other | | 14,904. | 4,248. | 10,656. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 660,874. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 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) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE 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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

STRIVE FOUNDATION

Employer identification number

33-0411257

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ANGELES COMMUNITY. STRIVE PROVIDES EDUCATION AND SUPPORT IN DEVELOPMENT
IN READING, WRITING & ENGLISH LITERACY; MATH & COGNITIVE SKILL;
COMPUTER AND INFORMATION LITERACY; CULINARY & ARTS; PROTEGE RESOURCES;
DEVELOPMENT OF THE MORAL, CREATIVE & THE ENTREPRENEURIAL SPIRIT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND COGNITIVE SKILLS; COMPUTER AND INFORMATION LITERACY; CULINARY AND
ARTS; PROTEGE RESOURCES; DEVELOPMENT OF THE MORAL, CREATIVE AND
ENTREPRENEURIAL SPIRIT.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE PRESIDENT AND CONTROLLER REVIEW THE 990 TEXT AND AMOUNTS
TO CONFIRM THAT THE INFORMATION IS COMPLETE AND ACCURATE.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: STRIVE POSTS ITS TAX RETURNS, AUDITED FINANCIAL STATEMENTS AND
GOVERNING DOCUMENTS ON ITS WEBSITE.

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|------------------------------|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | BUILDINGS | | | | | | | | | | | |
| 2 | BUILDING IMPROVEMENT | 070199 | SL | 39.00 | 17 | 8,602. | | | 8,602. | 2,974. | | 221. |
| 3 | LICENSES IMPROVEMENT BLDG | 070100 | SL | 39.00 | 17 | 31,984. | | | 31,984. | 10,220. | | 820. |
| 4 | BUILDING IMPROVEMENT | 070101 | SL | 39.00 | 17 | 54,612. | | | 54,612. | 14,969. | | 1,400. |
| 5 | AIR CONDITIONING IMPR | 070102 | SL | 39.00 | 17 | 17,821. | | | 17,821. | 4,780. | | 457. |
| 6 | DOORS, ROOF IMPROVEMENT 9116 | 070103 | 200DB | 7.00 | 17 | 3,525. | | | 3,525. | 3,525. | | 0. |
| 7 | MAIN | 093006 | SL | 39.00 | 17 | 79,382. | | | 79,382. | 13,028. | | 2,035. |
| 11 | IMPROVEMENTS | 070104 | SL | 39.00 | 17 | 5,300. | | | 5,300. | 3,418. | | 136. |
| 12 | IMPROVEMENTS CHALL | 123105 | SL | 39.00 | 17 | 220,421. | | | 220,421. | 45,491. | | 5,652. |
| 13 | KITCHEN EQUIPMENT | 063001 | 200DB | 7.00 | 17 | 13,527. | | | 13,527. | 13,527. | | 0. |
| 14 | SECURITY SYSTEM | 071906 | SL | 39.00 | 17 | 7,895. | | | 7,895. | 1,220. | | 202. |
| 16 | SECURITY GATES | 010407 | SL | 39.00 | 17 | 1,500. | | | 1,500. | 226. | | 38. |
| 17 | BUILDING MATERIALS | 011507 | SL | 39.00 | 17 | 1,190. | | | 1,190. | 185. | | 31. |
| 18 | BUILDING MATERIALS | 021507 | SL | 39.00 | 17 | 1,778. | | | 1,778. | 270. | | 46. |
| 19 | BUILDING MATERIALS | 031507 | SL | 39.00 | 17 | 1,170. | | | 1,170. | 174. | | 30. |
| 20 | BUILDING MATERIALS | 050107 | SL | 39.00 | 17 | 1,500. | | | 1,500. | 214. | | 38. |
| 21 | BUILDING IMPROVEMENT | 070107 | SL | 39.00 | 17 | 728. | | | 728. | 104. | | 19. |
| 22 | IMPROVEMENTS | 061608 | SL | 39.00 | 17 | 1,137. | | | 1,137. | 132. | | 29. |

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 23 | IMPROVEMENTS DONATED | 100208 | SL | 39.00 | 17 | 560. | | | 560. | 59. | | 14. |
| 24 | IMPROVEMENTS DONATED | 101508 | SL | 39.00 | 17 | 125. | | | 125. | 13. | | 3. |
| 25 | IMPROVEMENTS BUILDING | 101808 | SL | 39.00 | 17 | 1,257. | | | 1,257. | 135. | | 32. |
| 26 | IMPROVEMENT IMPROVEMENT 9124 | 121510 | SL | 39.00 | 17 | 13,837. | | | 13,837. | 725. | | 355. |
| 46 | MAIN IMPROVEMENT 9116 | 093011 | SL | 39.00 | 17 | 10,049. | | | 10,049. | 333. | | 258. |
| 51 | MAIN | 081613 | SL | 39.00 | 19I | 15,558. | | | 15,558. | | | 150. |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | | 493,458. | | 0. | 493,458. | 115,722. | 0. | 11,966. |
| | FURNITURE & FIXTURES | | | | | | | | | | | |
| 39 | KITCHEN FURNITURE | 050809 | 200DB | 7.00 | 17 | 564. | | | 564. | 388. | | 50. |
| 47 | CLASSROOM FURNITURE & COMPUTER TABLE | 120211 | 200DB | 7.00 | 17 | 7,584. | | | 7,584. | 2,301. | | 1,509. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTUR | | | | | 8,148. | | 0. | 8,148. | 2,689. | 0. | 1,559. |
| | MACHINERY & EQUIPMENT | | | | | | | | | | | |
| 8 | SOFTWARE | 060102 | 200DB | 3.00 | 17 | 750. | | | 750. | 750. | | 0. |
| 9 | COMPUTER & PERIPHRLS | 070102 | 200DB | 5.00 | 17 | 10,644. | | | 10,644. | 10,644. | | 0. |
| 10 | COMPUTER EQUIPMENT | 052309 | 200DB | 5.00 | 17 | 3,113. | | | 3,113. | 2,575. | | 359. |
| 27 | CLASSROOM DESKS | 011107 | 200DB | 7.00 | 17 | 1,000. | | | 1,000. | 866. | | 89. |
| 28 | CLASSROOM DESKS | 012407 | 200DB | 7.00 | 17 | 1,143. | | | 1,143. | 991. | | 101. |
| 29 | FURNITURE | 020107 | 200DB | 7.00 | 17 | 108. | | | 108. | 94. | | 9. |

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 30 | CLASSROOM DESKS | 020307 | 200DB | 7.00 | 17 | 1,000. | | | 1,000. | 866. | | 89. |
| 31 | FURNITURE | 020707 | 200DB | 7.00 | 17 | 379. | | | 379. | 328. | | 34. |
| 32 | CLASSROOM DESKS | 021307 | 200DB | 7.00 | 17 | 786. | | | 786. | 680. | | 71. |
| 33 | STOVES | 032007 | 200DB | 7.00 | 17 | 747. | | | 747. | 647. | | 67. |
| 34 | STOVES | 032007 | 200DB | 7.00 | 17 | 750. | | | 750. | 650. | | 67. |
| 35 | FURNITURE | 041307 | 200DB | 7.00 | 17 | 215. | | | 215. | 187. | | 19. |
| 36 | FURNITURE | 050407 | 200DB | 7.00 | 17 | 107. | | | 107. | 93. | | 9. |
| 37 | CASE-CHAIRS-OFFICE | 070107 | 200DB | 7.00 | 17 | 388. | | | 388. | 336. | | 35. |
| 38 | OFFICE FURNITURE | 122407 | 200DB | 7.00 | 17 | 223. | | | 223. | 194. | | 19. |
| 40 | DESKS & CHAIRS | 110110 | 200DB | 7.00 | 17 | 5,879. | | | 5,879. | 2,987. | | 826. |
| 41 | APPLIANCES | 093006 | 200DB | 7.00 | 17 | 2,141. | | | 2,141. | 2,045. | | 96. |
| 42 | APPLIANCES | 120106 | 200DB | 7.00 | 17 | 325. | | | 325. | 311. | | 14. |
| 43 | LEARNING EQUIPMENT | 031108 | 200DB | 7.00 | 17 | 550. | | | 550. | 450. | | 40. |
| 44 | CAMERA EQUIPMENTS | 071108 | 200DB | 5.00 | 17 | 502. | | | 502. | 457. | | 45. |
| 45 | APPLIANCES | 110309 | 200DB | 7.00 | 17 | 1,662. | | | 1,662. | 1,143. | | 148. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPM TRANSPORTATION EQUIPMENT | | | | | 32,412. | | 0. | 32,412. | 27,294. | 0. | 2,137. |
| 12002 | DODGE CARAVAN | 102402 | 200DB | 5.00 | 17 | 21,672. | | | 21,672. | 21,672. | | 0. |

2013 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | * 990 PAGE 10 TOTAL TRANSPORTATION EQU | | | | | 21,672. | | 0. | 21,672. | 21,672. | 0. | 0. |
| | OTHER DONATED | | | | | | | | | | | |
| 50 | LAND/IMPROVEMENTS | 070199L | | | | 281,467. | | | 281,467. | | | 0. |
| 52 | ARCHITECT FEES | 090313 | | .000 | 16 | 6,756. | | | 6,756. | | | 0. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | 288,223. | | 0. | 288,223. | 0. | 0. | 0. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 843,913. | | 0. | 843,913. | 167,377. | 0. | 15,662. |

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

STRIVE FOUNDATION

FORM 990 PAGE 10

33-0411257

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Line 1: 500,000. Line 3: 2,000,000. Line 7: [blank]. Line 13: [blank].

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Part II. Line 14: [blank]. Line 15: [blank]. Line 16: [blank].

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 15,512. Line 18: [checkbox].

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 12-year and 40-year class life.

Part IV Summary (See instructions.)

Table with 2 rows for Part IV. Line 21: [blank]. Line 22: 15,662. Line 23: [blank].

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27. 29 Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2013 tax year: 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

**California Exempt Organization
Annual Information Return**

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

| | | | |
|--|--------------------|---|--|
| Corporation/Organization Name STRIVE FOUNDATION | | California corporation number 1700910 | |
| Address (suite, room, or PMB no.) 9124 SOUTH MAIN STREET | | FEIN 33-0411257 | |
| City LOS ANGELES | State CA | ZIP Code 90003 | |

| | |
|--|--|
| <p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p> | <p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|--|--|

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|------------------------------|----|--|----|------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 7,261.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 445,075.00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B | 4 | 452,336.00 |
| | 5 | Cost of goods sold | 5 | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 452,336.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 414,231.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 38,105.00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | 10.00 |
| | 12 | Total payments | 12 | 00 |
| | 13 | Penalties and Interest. See General Instruction J | 13 | 00 |
| | 14 | Use tax. See General Instruction K | 14 | 00 |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 10.00 |

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|-------|---|---|
| Signature of officer PRESIDENT/CEO | Title | Date | Telephone (323) 779-1064 |
| Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00284895 |
| Firm's name (or yours, if self-employed) and address MORSE & BARNEY, C.P.A.'S 824 MORAGA DRIVE LOS ANGELES, CA 90049 | | | FEIN 95-3844926 Telephone (310) 440-4466 |

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 11-14-13

| | | | | | |
|---|----|--|---|----|------------|
| Receipts from Other Sources Expenses and Disbursements | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 00 |
| | 2 | Interest | • | 2 | 00 |
| | 3 | Dividends | • | 3 | 1,280.00 |
| | 4 | Gross rents | • | 4 | 00 |
| | 5 | Gross royalties | • | 5 | 00 |
| | 6 | Gross amount received from sale of assets (See Instructions) | • | 6 | 00 |
| | 7 | Other income | • | 7 | 5,981.00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 7,261.00 |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | 00 |
| | 10 | Disbursements to or for members | • | 10 | 00 |
| | 11 | Compensation of officers, directors, and trustees | • | 11 | 110,000.00 |
| | 12 | Other salaries and wages | • | 12 | 125,228.00 |
| | 13 | Interest | • | 13 | 00 |
| | 14 | Taxes | • | 14 | 26,875.00 |
| | 15 | Rents | • | 15 | 14,506.00 |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 15,087.00 |
| | 17 | Other Expenses and Disbursements | • | 17 | 122,535.00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 414,231.00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|----------|---------------------|----------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 136,040. | | 155,036. |
| 2 | Net accounts receivable | | | | |
| 3 | Net notes receivable STMT 5 | | 146. | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock STMT 6 | | 14,321. | | 19,818. |
| 8 | Mortgage loans | | | | |
| 9 | Other investments | | | | |
| 10 | a Depreciable assets | 540,132. | | 562,446. | |
| | b Less accumulated depreciation | (167,377.) | 372,755. | (183,039.) | 379,407. |
| 11 | Land | | 281,467. | | 281,467. |
| 12 | Other assets STMT 7 | | 12,566. | | 17,116. |
| 13 | Total assets | | 817,295. | | 852,844. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 8,529. | | 6,548. |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities | | | | |
| 19 | Capital stock or principle fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 808,766. | | 846,296. |
| 22 | Total liabilities and net worth | | 817,295. | | 852,844. |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|--|---|---------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 | Net income per books | • | 37,530. |
| 2 | Federal income tax | • | |
| 3 | Excess of capital losses over capital gains | • | |
| 4 | Income not recorded on books this year | • | |
| 5 | Expenses recorded on books this year not deducted in this return STMT 8 | • | 575. |
| 6 | Total. Add line 1 through line 5 | • | 38,105. |
| 7 | Income recorded on books this year not included in this return. | • | |
| 8 | Deductions in this return not charged against book income this year | • | |
| 9 | Total. Add line 7 and line 8 | • | |
| 10 | Net income per return. Subtract line 9 from line 6 | • | 38,105. |

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|--------------------------------------|--|--------------|---------|
| CHARTWELL CHARITABLE FOUNDATION | 1999 AVENUE OF THE STARS, STE 3050 LOS ANGELES, CA 90067 | 10/29/13 | 20,000. |
| COMERICA BANK | 333 W. SANTA CLARA ST. SAN JOSE, CA 95113 | 04/29/13 | 20,000. |
| CYNTHIA TRIBULL | 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | 06/10/13 | 5,000. |
| FRANK BAXTER, THE WHITTIER TRUST CO | 1600 HUNTINGTON DRIVE SO PASADENA, CA 91030 | 05/01/13 | 5,000. |
| J.B. & EMILY VAN NUYS CHARITIES | 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | 06/14/13 | 15,000. |
| JOHN GOGIAN FAMILY FOUNDATION | 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | 12/06/13 | 10,000. |
| THE AHMANSON FOUNDATION | 9215 WILSHIRE BLVD BEVERLY HILLS, CA 90003 | 03/07/13 | 50,000. |
| THE AUDREY & SYDNEY IRMAS FOUNDATION | 16830 VENTURA BLVD, STE 364 ENCINO, CA 91436 | 10/07/13 | 15,000. |
| THE CAROL JAMES COLLINS FOUNDATION | 6101 W. CENTINELA CULVER CITY, CA 90230 | 12/04/13 | 10,000. |
| THE GREEN FOUNDATION | 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | 07/01/13 | 30,000. |
| THE ROSE HILL FOUNDATION | 225 S. LAKE AVE. SUITE 1250 PASADENA, CA 91101 | 12/18/13 | 25,000. |
| THE WUNDERKINDER FOUNDATION | 100 UNIVERSAL PLAZA BLDG 5121 UNIVERSAL CITY, CA 91608 | 12/26/13 | 15,000. |
| THOMAS & DOROTHY LEAVY FOUNDATION | 10100 SANTA MONICA BLVD, SUITE 610 LOS ANGELES, CA 90067 | 07/01/13 | 10,000. |
| US BANK | 800 NICOLLET MALL MINNEAPOLIS, MN 55402 | 08/03/13 | 8,000. |
| WEINGART FOUNDATION | 1055 WEST SEVENTH ST, STE 3050 LOS ANGELES, CA 90017 | 05/06/13 | 20,000. |

STRIVE FOUNDATION

33-0411257

| | | | |
|--------------------------------|---|----------|-----------------|
| WILSON-THORNHILL FOUNDATION | 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | 02/13/13 | 100,000. |
| THE ANNEBERG FOUNDATION | 2000 AVENUE OF THE STARS STE. 1000 LOS ANGELES, CA 90067 | 07/29/13 | 30,000. |
| TOTAL INCLUDED ON LINE 3 | | | <u>388,000.</u> |

| | | | |
|----------|--------------|-----------|---|
| FORM 199 | OTHER INCOME | STATEMENT | 2 |
|----------|--------------|-----------|---|

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|------------------------------------|---------------|
| IN-HOUSE SALE OF SNACKS | 5,981. |
| TOTAL TO FORM 199, PART II, LINE 7 | <u>5,981.</u> |

| | | | |
|----------|--|-----------|---|
| FORM 199 | COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES | STATEMENT | 3 |
|----------|--|-----------|---|

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HRS WORKED/WK</u> | <u>COMPENSATION</u> |
|---|--|---------------------|
| AUSTIN DRAGON 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | DIRECTOR 0.50 | 0. |
| JANA NUNN 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | CHAIRMAN 0.50 | 0. |
| JORGE SANDOVAL 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | DIRECTOR 0.50 | 0. |
| GARY WILSON 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | DIRECTOR 0.50 | 0. |
| JAMES E TETREAU 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | PRESIDENT 40.00 | 55,000. |
| DONALD E. ANDERSON JR. 9124 SOUTH MAIN STREET LOS ANGELES, CA 90003 | VICE-PRESIDENT 40.00 | 55,000. |

CRAIG FILSON
9124 SOUTH MAIN STREET
LOS ANGELES, CA 90003

DIRECTOR
0.50

0.

TOTAL TO FORM 199, PART II, LINE 11

110,000.

| FORM 199 | OTHER EXPENSES | STATEMENT | 4 |
|----------|----------------|-----------|---|
|----------|----------------|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------------|----------|
| PROGRAM SERVICES | 32,923. |
| REPAIRS | 26,918. |
| INDEPENDENT INSTRUCTORS | 5,220. |
| AUTO EXPENSES | 3,447. |
| ACCOUNTING FEES | 6,510. |
| OFFICE EXPENSES | 6,780. |
| INFORMATION TECHNOLOGY | 4,246. |
| TRAVEL | 81. |
| INSURANCE | 22,014. |
| ALL OTHER EXPENSES | 14,396. |
| TOTAL TO FORM 199, PART II, LINE 17 | 122,535. |

| FORM 199 | NET NOTES RECEIVABLE | STATEMENT | 5 |
|----------|----------------------|-----------|---|
|----------|----------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|--------------|-------------|
| LOANS TO OFFICERS, DIRECTORS, TRUSTEES AND OTHER KEY EMPLOYEES | 146. | 0. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 3 | 146. | 0. |

| FORM 199 | INVESTMENTS IN STOCK | STATEMENT | 6 |
|----------|----------------------|-----------|---|
|----------|----------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| PUBLICLY TRADED SECURITIES | 14,321. | 19,818. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 7 | 14,321. | 19,818. |

| FORM 199 | OTHER ASSETS | STATEMENT | 7 |
|--|--------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| PREPAID EXPENSES AND DEFERRED CHARGES | | 4,126. | 3,676. |
| INTANGIBLE ASSETS | | 1,950. | 1,950. |
| VOCABUWORD VENTURES LLC - LOAN | | 6,490. | 11,490. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | | 12,566. | 17,116. |

| FORM 199 | EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN | STATEMENT | 8 |
|---|---|-----------|---|
| DESCRIPTION | | AMOUNT | |
| DEPRECIATION | | 575. | |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 | | 575. | |

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0411257

Corporation name

California corporation number

STRIVE FOUNDATION

1700910

Part I Election To Expense Certain Property Under IRC Section 179

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum deduction under IRC Section 179 for California | 1 | \$25,000 |
| 2 | Total cost of IRC Section 179 property placed in service | 2 | |
| 3 | Threshold cost of IRC Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property (elected IRC Section 179 cost) | 7 | |
| 8 | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| (a) Description property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation Method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|-----------------------------|---|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| 14 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SEE STATEMENT | 9 | 831,386. | 152,944. | | | | |
| 15 | Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | 15 | 15,087. |

Part III Summary

| | | | |
|----|--|----|----------------|
| 16 | Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 15,087. |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 15,662. |
| 18 | Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | -575. |

Part IV Amortization

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instructions) | (f) Period or percentage | (g) Amortization for this year |
|--------------------------------|---|-------------------------------|--|--|--------------------------------|--------------------------------------|
| 19 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 | Total. Add the amounts in column (g) | | | | | 20 |
| 21 | Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | 21 |
| 22 | Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | | | | | 22 |

| CA 3885 | | DEPRECIATION | | | | STATEMENT 9 | |
|---------------------------|---------------------------------------|------------------|---------------|--------|-------|-------------------|-------|
| ASSET NO./ DESCRIPTION | DATE IN SERVICE | COST OR BASIS | PRIOR DEPR | METHOD | LIFE | DEPRE- CIATION | BONUS |
| 1 | 2002 DODGE CARAVAN 10/24/02 | 21,672. | 21,672. | 200DB | 5.00 | 0. | |
| 2 | BUILDING IMPROVEMENT 07/01/99 | 8,602. | 2,974. | SL | 39.00 | 221. | |
| 3 | LICENSES IMPROVEMENT BLDG 07/01/00 | 31,984. | 10,220. | SL | 39.00 | 820. | |
| 4 | BUILDING IMPROVEMENT 07/01/01 | 54,612. | 14,969. | SL | 39.00 | 1,400. | |
| 5 | AIR CONDITIONING IMPR 07/01/02 | 17,821. | 4,780. | SL | 39.00 | 457. | |
| 6 | DOORS, ROOF 07/01/03 | 3,525. | 2,826. | 200DB | 7.00 | 0. | |
| 7 | IMPROVEMENT 9116 MAIN 09/30/06 | 79,382. | 13,028. | SL | 39.00 | 2,035. | |
| 8 | SOFTWARE 06/01/02 | 750. | 750. | 200DB | 3.00 | 0. | |
| 9 | COMPUTER & PERIPHRLS 07/01/02 | 10,644. | 10,644. | 200DB | 5.00 | 0. | |
| 10 | COMPUTER EQUIPMENT 05/23/09 | 3,113. | 2,575. | 200DB | 5.00 | 215. | |
| 11 | IMPROVEMENTS 07/01/04 | 5,300. | 3,418. | SL | 39.00 | 136. | |
| 12 | IMPROVEMENTS CHALL 12/31/05 | 220,421. | 45,491. | SL | 39.00 | 5,652. | |
| 13 | KITCHEN EQUIPMENT 06/30/01 | 1,000. | 52. | 200DB | 7.00 | 0. | |
| 14 | SECURITY SYSTEM 07/19/06 | 7,895. | 1,220. | SL | 39.00 | 202. | |
| 16 | SECURITY GATES 01/04/07 | 1,500. | 226. | SL | 39.00 | 38. | |
| 17 | BUILDING MATERIALS 01/15/07 | 1,190. | 185. | SL | 39.00 | 31. | |
| 18 | BUILDING MATERIALS 02/15/07 | 1,778. | 270. | SL | 39.00 | 46. | |
| 19 | BUILDING MATERIALS 03/15/07 | 1,170. | 174. | SL | 39.00 | 30. | |
| 20 | BUILDING MATERIALS 05/01/07 | 1,500. | 214. | SL | 39.00 | 38. | |
| 21 | BUILDING IMPROVEMENT 07/01/07 | 728. | 104. | SL | 39.00 | 19. | |
| 22 | IMPROVEMENTS 06/16/08 | 1,137. | 132. | SL | 39.00 | 29. | |
| 23 | IMPROVEMENTS DONATED 10/02/08 | 560. | 59. | SL | 39.00 | 14. | |
| 24 | IMPROVEMENTS DONATED 10/15/08 | 125. | 13. | SL | 39.00 | 3. | |

| | | | | | | |
|---|----------|----------|--------|-------|-------|--------|
| 25 IMPROVEMENTS | 10/18/08 | 1,257. | 135. | SL | 39.00 | 32. |
| 26 BUILDING IMPROVEMENT | 12/15/10 | 13,837. | 740. | SL | 39.00 | 355. |
| 27 CLASSROOM DESKS | 01/11/07 | 1,000. | 841. | 200DB | 7.00 | 45. |
| 28 CLASSROOM DESKS | 01/24/07 | 1,143. | 962. | 200DB | 7.00 | 52. |
| 29 FURNITURE | 02/01/07 | 108. | 91. | 200DB | 7.00 | 5. |
| 30 CLASSROOM DESKS | 02/03/07 | 1,000. | 841. | 200DB | 7.00 | 45. |
| 31 FURNITURE | 02/07/07 | 379. | 318. | 200DB | 7.00 | 17. |
| 32 CLASSROOM DESKS | 02/13/07 | 786. | 660. | 200DB | 7.00 | 36. |
| 33 STOVES | 03/20/07 | 747. | 628. | 200DB | 7.00 | 34. |
| 34 STOVES | 03/20/07 | 750. | 631. | 200DB | 7.00 | 34. |
| 35 FURNITURE | 04/13/07 | 215. | 181. | 200DB | 7.00 | 10. |
| 36 FURNITURE | 05/04/07 | 107. | 90. | 200DB | 7.00 | 5. |
| 37 CASE-CHAIRS-OFFICE | 07/01/07 | 388. | 327. | 200DB | 7.00 | 17. |
| 38 OFFICE FURNITURE | 12/24/07 | 223. | 188. | 200DB | 7.00 | 10. |
| 39 KITCHEN FURNITURE | 05/08/09 | 564. | 388. | 200DB | 7.00 | 50. |
| 40 DESKS & CHAIRS | 11/01/10 | 5,879. | 3,023. | 200DB | 7.00 | 816. |
| 41 APPLIANCES | 09/30/06 | 2,141. | 1,897. | 200DB | 7.00 | 52. |
| 42 APPLIANCES | 12/01/06 | 325. | 289. | 200DB | 7.00 | 9. |
| 43 LEARNING EQUIPMENT | 03/11/08 | 550. | 450. | 200DB | 7.00 | 29. |
| 44 CAMERA EQUIPMENTS | 07/11/08 | 502. | 502. | 200DB | 5.00 | 0. |
| 45 APPLIANCES | 11/03/09 | 1,662. | 1,143. | 200DB | 7.00 | 148. |
| 46 IMPROVEMENT 9124 MAIN | 09/30/11 | 10,049. | 322. | SL | 39.00 | 258. |
| 47 CLASSROOM FURNITURE & COMPUTER TABLE | 12/02/11 | 7,584. | 2,301. | 200DB | 7.00 | 1,509. |
| 50 DONATED LAND/IMPROVEMENTS | 07/01/99 | 281,467. | | L | | 0. |
| 51 IMPROVEMENT 9116 MAIN | 08/16/13 | 15,558. | | SL | 39.00 | 133. |
| 52 ARCHITECT FEES | 09/03/13 | 6,756. | | | .000 | 0. |

| | | | | | | |
|-------------------------|--|-----------------|-----------------|--|--|----------------|
| TOTAL DEPR TO FORM 3885 | | <u>831,386.</u> | <u>152,944.</u> | | | <u>15,087.</u> |
|-------------------------|--|-----------------|-----------------|--|--|----------------|

TAXABLE YEAR
2013

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--------------------------|--------------------|
| Exempt Organization name | Identifying number |
| STRIVE FOUNDATION | 33-0411257 |

Part I Electronic Return Information (whole dollars only)

| | | |
|---|---|------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 452,336.00 |
| 2 Total gross income (Form 199, line 8) | 2 | 452,336.00 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 414,231.00 |

Part II Settle Your Account Electronically for Taxable Year 2013

| | | |
|--|-----------|---------------------------------|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|--|-----------|---------------------------------|

Part III Banking Information (Have you verified the exempt organization's banking information?)

| | |
|------------------|---|
| 5 Routing number | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number | |

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

| | | | | | |
|------------------|--|------|--|------------------------|-------|
| Sign Here | | Date | | PRESIDENT / CEO | Title |
|------------------|--|------|--|------------------------|-------|

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|----------------------|---|--|--|---|------------|
| ERO Must Sign | ERO's signature | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN |
| | Firm's name (or yours if self-employed) and address | MORSE & BARNEY, C.P.A.'S 824 MORAGA DRIVE LOS ANGELES, CA | FEIN 95-3844926 | ZIP Code 90049 | |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|--------------------------------|---|--|---|-----------------------|
| Paid Preparer Must Sign | Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| | Firm's name (or yours if self-employed) and address | MORSE & BARNEY, C.P.A.'S 824 MORAGA DRIVE LOS ANGELES, CA | FEIN 95-3844926 | ZIP Code 90049 |

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

| | |
|--|--|
| State Charity Registration Number: CT <u>1700910</u> STRIVE FOUNDATION <small>Name of Organization</small> <u>9124 SOUTH MAIN STREET</u> <small>Address (Number and Street)</small> <u>LOS ANGELES, CA 90003</u> <small>City or Town, State and ZIP Code</small> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1700910</u> Federal Employer I.D. No. <u>33-0411257</u> |
|--|--|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2013 ending 12/31/2013) list:
 Gross annual revenue \$ 452,336 Total assets \$ 852,844.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|--|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 10 | X | |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | | X |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | X |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | X |

Organization's area code and telephone number 323-779-1064

Organization's e-mail address JIM@STRIVE-LA.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

| | |
|--|-----------------------------|
| JAMES E TETREAU | PRESIDENT/CEO |
| <small>Signature of authorized officer</small> | <small>Printed Name</small> |
| | <small>Title</small> |
| | <small>Date</small> |

PERSONAL PORTION OF EXPENSES WHILE CONDUCTING ORGANIZATION BUSINESS.