

**Short Form**

**Return of Organization Exempt From Income Tax**

**2014**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Boys to Men Mentoring Network of Virginia, Inc		<b>D</b> Employer identification number 27-2354386
	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 804-615-7823
	1107 W. 42nd Street		<b>F</b> Group Exemption Number ▶
City or town, state or province, country, and ZIP or foreign postal code Richmond, VA 23225			

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I Website:** ▶ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .		<b>1</b>	28,161.00	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .		<b>2</b>	0.00	
	<b>3</b>	Membership dues and assessments . . . . .		<b>3</b>	0.00	
	<b>4</b>	Investment income . . . . .		<b>4</b>	0.00	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b> 0.00			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b> 0.00			
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b> 0.00			
		<b>6</b>	Gaming and fundraising events			
		<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b> 0.00		
		<b>b</b>	Gross income from fundraising events (not including \$ 0.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b> 23,628.00		
<b>c</b>		Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b> 9,888.00			
<b>d</b>		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b> 13,740.00			
<b>7a</b>		Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b> 0.00			
	<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b> 0.00			
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b> 0.00			
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b> 5,350.00			
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b> 47,251.00			
	<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .			<b>10</b> 0.00
<b>11</b>		Benefits paid to or for members . . . . .	<b>11</b> 0.00			
<b>12</b>		Salaries, other compensation, and employee benefits . . . . .	<b>12</b> 13,362.00			
<b>13</b>		Professional fees and other payments to independent contractors . . . . .	<b>13</b> 0.00			
<b>14</b>		Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b> 0.00			
<b>15</b>		Printing, publications, postage, and shipping . . . . .	<b>15</b> 0.00			
<b>16</b>		Other expenses (describe in Schedule O) . . . . .	<b>16</b> 28,016.00			
<b>17</b>		<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b> 41,378.00			
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b> 5,873.00			
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b> 10,993.00			
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b> 0.00			
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b> 16,866.00			

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,993.00	16,866.00
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 <b>Total assets</b>	10,993.00	16,866.00
26 <b>Total liabilities</b> (describe in Schedule O)	0.00	0.00
27 <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	10,993.00	16,866.00

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? mentoring program assisting teens take steps to manhooc

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Deliver weekly meetings (Circles) combining learning, fun, leadership, peer mentoring and self-esteem building exercises. Circles are facilitated by staff and volunteers with from 4 - 12 boys with an average ratio of 4 boys to 1 mentor (Grants \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	25,800.00
29 Conduct Right of Passage Adventure Weekend (ROPAW) which is a concentrated weekend offering an opportunity for the boy to advance further into manhood through exercises, discussions and experiences. (Grants \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	6,200.00
30 Assist boys and their families with day to day needs and development (Grants \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6,200.00
31 Other program services (describe in Schedule O) (Grants \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	3,178.00
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32	41,378.00

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steve Martin, Executive Director	70	10,595.00	0.00	0.00
David Bolduc, Director	20	0.00	0.00	0.00
Eric Fox, Director	10	0.00	0.00	0.00
John Marklin, Treasurer & Director	5	0.00	0.00	0.00
Debra Marklin, Secretary & Director	10	0.00	0.00	0.00
S. William Carroll, Director	15	0.00	0.00	0.00
Yvonne Nelson, Director	5	0.00	0.00	0.00

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and governance.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input checked="" type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 ▶ 0

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ▶ 0

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

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.

<b>Sign Here</b>	▶	Date <u>2-10-15</u>
	▶ Steve Martin Executive Director Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

Boys to Men Mentoring Network of Virginia, Inc

Employer identification number

27-2354386

Explanation of Part I Line 8 Other Revenue

Revenue from Activities \$5,350.00

Explanation of Part I Line 16 Other Expenses

Supplies \$16,049 (Supplies and Food for ROPAW's and outings)

Insurance \$2,442

Training \$1,507

Transportation \$3,691 (Boys to Circles, ROPAW's and out events)

Site Rental \$ 998 (Site Rental for ROPAW)

Background Checks \$ 394 (Required for Mentors)

Misc. \$2,935 (Bank fees, IT, legal, etc)

TOTAL \$28,016

Explanation of Part III Line 31

Other Program Activities - Mentor training, recruiting and development