BETTER BUSINESS BUREAU Consumer Education Fund, Inc.
TAX RETURNS
DECEMBER 31, 2013

PREPARED BY:

welenkenCPAs
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning ___________2013, and ending _______2013

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Department of the Treasury
Internal Revenue Service

2013

Name of exempt organization
BETTER BUSINESS BUREAU CONSUMER EDUCATION FUND, INC.

Employer identification number
61-0973984

Name and title of officer
CHARLES MATTINGLY
PRESIDENT/CEO

Part I  Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b
2a Form 990-EZ check here □ b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here □ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II  Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined the copy of the organization’s 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

□ I authorize ______________ to enter my PIN

ERO firm name

Enter five numbers, but do not enter all zeros

□ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

□ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature □ Date □

Part III  Certification and Authentication

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61303873000

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature □ WELENKEN CPAS Date □

ER0 Must Retain This Form - See Instructions
Do Not Submit This Form To The IRS Unless Requested To Do So

LHA  For Paperwork Reduction Act Notice, see instructions.
322951 10-01-13

08500801 757991 70181CEF 2013.04010 BETTER BUSINESS BUREAU CONS 70181CEF
Form 990-EZ
Short Form Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

<table>
<thead>
<tr>
<th>A</th>
<th>For the 2013 calendar year, or tax year beginning and ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Check if applicable</td>
</tr>
<tr>
<td>G</td>
<td>Name of organization</td>
</tr>
<tr>
<td>BETTER BUSINESS BUREAU CONSUMER EDUCATION FUND, INC.</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Employer identification number</td>
</tr>
<tr>
<td>61-0973984</td>
<td></td>
</tr>
</tbody>
</table>

| E | Telephone number |
| (502) 583-1492 |

| F | Group Exemption Number |
| |

| G | Accounting Method |
| Cash |

| I | Website |
| WWW.KY-IN.BBB.ORG |

| J | Tax-exempt status (check only one) |
| (Form 990, 990-EZ, or 990-PF) |

| K | Form of organization |
| Corporation |

| L | Add lines 5b, 6b, 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 |
| $ |

123,451.

$ 123,451.

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

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

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less: cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Gaming and fundraising events

6a Gross income from gaming (attach Schedule G if greater than $15,000)

6b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6c Less: direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7c, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

19 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)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)
**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

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>147,081</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>254,365</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>5,689</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>407,135</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>281,840</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>125,295</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETTER BUSINESS BUREAU NEWSLETTER AND PAMPHLETS– TO INFORM CONSUMERS ABOUT VARIOUS TYPES OF BUSINESSES AND SAFE BUYING PRACTICES.</td>
</tr>
<tr>
<td>(Grants $ ) (required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</td>
</tr>
<tr>
<td>STOP SHOPLIFTING PROGRAM– TO PROMOTE CONSUMER CONFIDENCE AND PROMOTE GOOD BUSINESS PRACTICES. EDUCATES ABOUT SHOPLIFTERS.</td>
</tr>
<tr>
<td>(Grants $ ) (required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</td>
</tr>
<tr>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>(Grants $ ) (required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</td>
</tr>
<tr>
<td>Total program service expenses (add lines 28a through 31a)</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES MATTINGLY</td>
<td>40.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MIKE ANDERSON</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PATRICK STERLING</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHAIR-ELECT</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>JEFF LILLY</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TREASURER</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GREG HEITZMAN</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>KEITH JOHNSON</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>STEPHEN RAMSER</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>THOMAS SMITH</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GARY HAUP</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VERN ESWINE</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
33. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a. Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
   b. If "Yes" line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
   c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions

37b. Did the organization file Form 1120-POL for this year?

38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38b. If "Yes," complete Schedule L, Part II and enter the total amount involved

39. Section 501(c)(7) organizations. Enter:
   a. Initiation fees and capital contributions included on line 9
   b. Gross receipts, included on line 9, for public use of club facilities

40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
   section 4911 [ ] 0; section 4912 [ ] 0; section 4955 [ ] 0.

40b. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?

40c. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 [ ] 0.

40d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization [ ] 0.

40e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41. List the states with which a copy of this return is filed [ ] NONE

42a. The organization's books are in care of [ ] CHARLES MATTINGLY Telephone no. (502) 583-1492
   Located at [ ] 844 SOUTH FOURTH STREET, LOUISVILLE, KY ZIP + 4 [ ] 40203

42b. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42c. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42d. At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42e. If "Yes," enter the name of the foreign country:

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [ ] and enter the amount of tax-exempt interest received or accrued during the tax year

44a. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44c. Did the organization receive any payments for indoor tanning services during the year?

44d. If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
Yes ☐ No X

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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II   ☐ Yes X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ☐ Yes X

49a Did the organization make any transfers to an exempt non-charitable related organization? ☐ Yes X

b If "Yes," was the related organization a section 527 organization? ☐ Yes X

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 (Form W-2/1099-MISC)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

Total number of other employees paid over $100,000

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

Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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.

Signature of officer

Type or print name and title

Signature Here  
CHARLES MATTININGLY, PRESIDENT/CEO

Date

Print/Type preparer’s name

Preparer’s signature  
Date

Check ☑ if self-employed

PTIN

Firm’s name ➤ WELENKEN CPAS

Firm’s address ➤ 730 WEST MARKET STREET  
LOUISVILLE, KY 40202-2757

Firm’s EIN ➤ 61-0484308

Phone no. (502) 585-3251

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

Form 990-EZ (2013)

08500801 757991 70181CEF 2013.04010 BETTER BUSINESS BUREAU CONS 70181CE1 4
**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

**Name of the organization**: BETTER BUSINESS BUREAU CONSUMER EDUCATION FUND, INC.

**Employer identification number**: 61-0973984

### Part I  Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

   5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

   a. Type I  
   b. Type II  
   c. Type III - Functionally Integrated  
   d. Type III - Non-Functionally Integrated  

   e. [X] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

   f. [Yes] Supporting organization.

   g. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

   (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

   (ii) A family member of a person described in (i) above?

   (iii) A 35% controlled entity of a person described in (i) or (ii) above?

   h. Provide the following information about the supported organization(s).

### (I) Name of supported organization

<table>
<thead>
<tr>
<th>(II) EIN</th>
<th>(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))</th>
<th>(IV) Is the organization in col. (I) listed in your governing document?</th>
<th>(V) Did you notify the organization in col. (I) of your support?</th>
<th>(VI) Is the organization in col. (I) organized in the U.S.?</th>
<th>(VII) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETTER BUSINESS BUR61-04170929</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>

| Total | 1 | | | | 0. |

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

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**Form 990 or 990-EZ**

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**2013.04010 BETTER BUSINESS BUREAU CONS 70181CEF**
## 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 Public support. Subtract line 6 from line 4.

### Section B. Total Support

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

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2012 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

16b 33 1/3% support test - 2012. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10% -facts-and-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.

17b 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.

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.
### Part II: 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Subtract line 7 from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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).
**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mall solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [ ] No
   b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Total ...........................................................................................................

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

- ...........................................................................................................
- ...........................................................................................................
- ...........................................................................................................
- ...........................................................................................................
- ...........................................................................................................
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- ...........................................................................................................
- ...........................................................................................................

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
BETTER BUSINESS BUREAU CONSUMER
Schedule G (Form 990 or 990-EZ) 2013 EDUCATION FUND, INC. 61-0973984 Page 2

**Part II** Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1 GOLF TOURNAMENT</th>
<th>(b) Event #2</th>
<th>(c) Other events NONE</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gross receipts</td>
<td>41,206</td>
<td></td>
<td>41,206</td>
</tr>
<tr>
<td>2</td>
<td>Less: Contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>41,206</td>
<td></td>
<td>41,206</td>
</tr>
</tbody>
</table>

- **Direct Expenses**
  
  | 4 | Cash prizes                    |              |
  | 5 | Noncash prizes                 |              |
  | 6 | Rent/facility costs            |              |
  | 7 | Food and beverages             |              |
  | 8 | Entertainment                  | 19,026       |
  | 9 | Other direct expenses          |              |
  | 10| Direct expense summary. Add lines 4 through 9 in column (d) | 19,026 |
  | 11| Net income summary. Subtract line 10 from line 3, column (d) | 22,180 |

**Part III** Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
</table>

- **Direct Expenses**
  
  | 1 | Gross revenue                  |              |
  | 2 | Cash prizes                    |              |
  | 3 | Noncash prizes                 |              |
  | 4 | Rent/facility costs            |              |
  | 5 | Other direct expenses          |              |
  | 6 | Volunteer labor                | No           | No                                            |
  | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | |
  | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | |

9 Enter the state(s) in which the organization operates gaming activities:
   a Is the organization licensed to operate gaming activities in each of these states? □ Yes □ No
   b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? □ Yes □ No
   b If "Yes," explain:
BETTER BUSINESS BUREAU CONSUMER
Schedule G (Form 990 or 990-EZ) 2013 EDUCATION FUND, INC. 61-0973984 Page 3

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:
   a The organization's facility .............................................................. 13a %
   b An outside facility ........................................................................ 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

   b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ___________ and the amount of gaming revenue retained by the third party ▶ $ ___________

   c If "Yes," enter name and address of the third party:
   Name ▶
   Address ▶

16 Gaming manager information:
   Name ▶
   Gaming manager compensation ▶ $ ___________
   Description of services provided ▶

   ☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
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.

Name of the organization: BETTER BUSINESS BUREAU CONSUMER EDUCATION FUND, INC.
Employer identification number: 61-0973984

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: AMOUNT:
INTEREST INCOME 64.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE: AMOUNT:
CHARITY SEAL INCOME 20,120.
MISCELLANEOUS INCOME 124.
TOTAL TO FORM 990-EZ, LINE 8 20,244.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:
CHARITY REVIEW EXPENSE 25,000.
TAXES AND LICENSES 15.
STOP SHOPLIFTING EXPENSE 3,100.
INSURANCE 3,200.
BANK CHARGES AND MISCELLANEOUS 10.
CONSUMER EDUCATION - JUNIOR ACHIEVEMENT 10,000.
INTEREST EXPENSE 5,471.
SEMINAR EXPENSE 7,793.
DEPRECIATION FURNITURE AND EQUIPMENT 8,381.
TOTAL TO FORM 990-EZ, LINE 16 62,970.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION BEG. OF YEAR END OF YEAR
DUE FROM BBB, INC. 5,689. 0.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

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

08500801 757991 70181CEF 2013.04010 BETTER BUSINESS BUREAU CONS 70181CEF
BETTER BUSINESS BUREAU CONSUMER EDUCATION FUND, INC.

OTHER DEPRECIABLE ASSETS
0. 67,287.

TOTAL TO FORM 990-EZ, LINE 24
5,689. 67,287.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPUBLIC BANK- LOAN PAYABLE</td>
<td>196,887.</td>
<td>158,998.</td>
</tr>
<tr>
<td>DUE TO BBB, INC.</td>
<td>84,953.</td>
<td>84,953.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 26</td>
<td>281,840.</td>
<td>243,951.</td>
</tr>
</tbody>
</table>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FUND WAS INCORPORATED TO FURTHER THE EDUCATION PURPOSES OF THE BETTER BUSINESS BUREAU, INC., REGARDING CONSUMER AFFAIRS. THE FUND SERVICES THE GENERAL PUBLIC.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:
CONSUMER EDUCATION-JUNIOR ACHIEVEMENT OF KENTUCKIANA - THE ORGANIZATION WORKS TOGETHER WITH OTHER BUSINESSES IN THE AREA TO INSPIRE AND PREPARE YOUNG PEOPLE FOR SUCCESS IN THE GLOBAL ECONOMY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.
# Application for Extension of Time To File an Exempt Organization Return

**Form 8868**

(Rev. January 2014)

**Department of the Treasury**

**Internal Revenue Service**

**Application for Extension of Time To File an Exempt Organization Return**

- File a separate application for each return.
  - Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868)

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box: ☑

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file](http://www.irs.gov/e-file) and click on e-file for Charities & Nonprofits.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

- All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer identification number (EIN) or Social security number (SSN)</td>
<td>BEST BUSINESS BUREAU CONSUMER EDUCATION FUND, INC. 61-0973984</td>
</tr>
</tbody>
</table>

**Enter the Return code for the return that this application is for (file a separate application for each return)**

01

**Application Is For Return Code**

<table>
<thead>
<tr>
<th>Application</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
</tr>
</tbody>
</table>

**CHARLES MATTLINGLY**

- The books are in the care of:
  - 844 SOUTH FOURTH STREET - LOUISVILLE, KY 40203
- Telephone No. ☑ (502) 583-1492
- Fax No. ☑
- If the organization does not have an office or place of business in the United States, check this box: ☑
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☑. If this is for the whole group, check this box: ☑ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ☑ calendar year 2013 or
  - ☑ tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason:
  - ☑ Initial return
  - ☐ Final return
  - ☑ Change in accounting period

**3a** If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

| 3a | $ 0. |

**3b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

| 3b | $ 0. |

**3c** **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

| 3c | $ 0. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

LHA 32349 12-31-13

08500801 757991 70181CEF 2013.04010 BETTER BUSINESS BUREAU CONS 70181CE1