OUNCE OF PREVENTION FUND

Form 990 for the Year Ended June 30, 2017

Public Disclosure Copy

Fo	··· 99	-	(except	private founda	tions)	OMB No. 1	1 <u>545-004</u>
	artment of the mal Revenue S			-		Open to	
		Information about Form 990 and its instructions is at www.i 16 calendar year, or tax year beginning 07/01, 2016, and enditional statements		nm990.	Inspection		
-	T OT the 20	C Name of organization	ing	D Employer id		80, 20 17	_
B	Cherck if applicable	OUNCE OF PREVENTION FUND		D Employer la	cubicau	54 114111429	
Γ	Address	Doing Business As		36-3186	1200		
1	Name change	Number and struck (as D.O. have the attract to the state of the state		E Telephone n	_		
F	Initial return	33 W, MONROE RM 2400		(312) 92			
H	Truminated	City or town, state or province, country, and ZIP or foreign postal code		(312) 32	2-300	13	
-	Amended	CHICAGO, IL 60603		G Gross receip	IC 8	54,832) / ? /
-	Application	F Name and address of principal officer: DIANA RAUNER		H(a) is this a grow			
	pending	3.3 W. MONROE CHICAGO LL 60603		subordinates	0		
-	Tax-exempt		27	H(b) Are all subord If "No " allar		e instructions)	
		THEOUNCE, ORG					
	Form of org	anization: X Corporation Trust Association Other L Ycar		H(c) Group exempon: 1982 M			: I
_		Immary	orionnatic		State of h	egai domicile	:
		ly describe the organization's mission or most significant activities: THE OUNCE OF	PREVE	NULON FU	ND GT	VES	
e		LUREN IN POVERTY THE BEST CHANCE FOR SUCCESS IN SCHOOL					
Activities & Governance	BY	ADVOCATING FOR AND PROVIDING THE HIGHEST QUALITY CAR			N		
E La	2 Chee	k this box 🕨 🔄 if the organization discontinued its operations or disposed of more th					
ŝ	3 Num	ber of voting members of the governing body (Part VI, line 1a)	1211 2376 (JI ILS HEL BSSEL	3		34
ð	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)			4		34
es.	5 Tota	number of individuals employed in calendar year 2016 (Part V, line 2a)			5		314
	6 Tota	number of volunteers (estimate if necessary)	s.e	25 B. 1529229 B. 1			235
	7a Total	unrelated business revenue from Part VIII, column (C), line 12	* * ***	* * **** * *	6		×.3.
	h Noti	Intelated business tevenue from Part VIII, column (C), line 12			7a		
Ť	DINCL	Inrelated business taxable income from Form 990-T, line 34	1		7b	A	
	8 Cont	ibition and monte (Deut) (III line 4L)		Prior Year	2	Current Y	
	D Drag	ibutions and grants (Part VIII, line 1h)	l	52,988,46		51,288	
	9 Prog	am service revenue (Part VIII, line 2g)		174,97			1,76
	in mysa	there meone (r art vin, coonin (A), mes 3, 4, and 70)		-192,12		2,272	
		r revenue (Part VIII, column (A), lincs 5, 6d, 8c, 9c, 10c, and 11e)		-89,33			8,23
+		revenue - add lines 8 through 11 (must equal Part VIII, column (A), fine 12)		52,881,97		53,991	
	13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)		6,333,41		16,164	4,02
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)			0.	_	
	15 Salar	ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,939,37		24,671	1,96
	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)			0.		
	D lotal	fundraising expenses (Part IX, column (D), line 25)					_
	17 Othe	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,327,94		15,198	
	18 Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		52,600,73		56,034	
0	19 Reve	Tue less expenses. Subtract line 18 from line 12	1	0,281,23	9.	-2,043	3,12
			Beginni	ng of Current Y	ear	End of Yea	ar
	20 Total	assets (Part X, line 16)	7	7,939,39	1.	74,737	7,51
	21 Total	liabilities (Part X, line 26)	1	0,038,59	2.	7,995	,02
	21 Total 22 Net a	ssets or fund balances. Subtract line 21 from line 20	6	7,900,79	9.	66,742	2,49
		gnature Block					
d	ler penalties	of perjury, I declare that I have examined this return, including accompanying schedules and stater	ments, and	to the best of	ту клож	lodge and be	elief, it
	, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	as any kno	wiedge.			
e		1			/2018	3	
		Alangulany		04/04			
3	n 🕨	Signature of officer		04/04 Date	.,		
g	· ·	Signature of officer DIANA RAUNER PRESIDENT			.,		
gı	· ·	Signature of officer DIANA RAUNER PRESIDENT Type or print name and title					
9) 97	Print/			Date			
gi ir	Print/BRI	Type or print name and title	∽	Date Check	if PTIN	1665837	
gi en d	Print/ BRI	Type or print name and title Type preparer's signature DGET T ROCHE Preparer's signature UGUI	8	Date Check	if PTIN d PO(0666837	
gi en d	e Print/ BRI BRI Firm's	Type or print name and title Type preparer's signature DGET T ROCHE name GRANT THORNTON LL		Date Check	ir PTIN d P00	5558	
a a a a a	e Print/ arer Only Firm's	Type or print name and title Type preparer's signature DGET T ROCHE Preparer's signature UGUI		Date Check	if PTIN d PO(6-605 112-85		N

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	OUNCE OF PREVENTION FUND	36-3186328
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	33 W. MONROE, SUITE 2400	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	CHICAGO, IL 60603	
		0.1

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

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ MARK_BECKER, 33 W MONROE, SUITE 2400 CHICAGO IL 60603

Т	elephone No. ▶ _ 312_922-3863 Fax No. ▶ _ 312_346-2981			
• 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 t	he whole group, check this box 🛛 🕨 🗋 . If it is for part of the group, check this box 🔹 🕨		and	l attach
<u>a lis</u>	with the names and EINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until05/15_, 2018_, to file the exempt for the organization named above. The extension is for the organization's return for:	or	gani	zation return
	 calendar year 20 or X tax year beginning 07/01 _, 2016 _, and ending 06/30 _, 	20	17	_·
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	۱		
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	ı \$	0.
b	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.
С	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.
Caut	ion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Forn	1 88	379-E	O for payment
instr	uctions.			

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

Form 8868 (Rev. 1-2017)

	COPY - NOT FOR FILING
Fo	rm 990 (2016) Page 2
Ρ	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE OUNCE OF PREVENTION FUND GIVES CHILDREN IN POVERTY THE BEST
	CHANCE FOR SUCCESS IN SCHOOL AND IN LIFE BY ADVOCATING FOR AND
	PROVIDING THE HIGHEST QUALITY CARE AND EDUCATION FROM BIRTH TO
	AGE FIVE.
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
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
_	
4a	(Code:) (Expenses \$19,453,023. including grants of \$8,654,309.) (Revenue \$)
	THE OUNCE PROVIDES HIGH-QUALITY EARLY CHILDHOOD SERVICES FOR
	LOW-INCOME CHILDREN, BIRTH TO AGE FIVE, AND THEIR FAMILIES AS WELL
	AS SERVICES TO PREGNANT WOMEN, THROUGH A MULTI-SITE NETWORK OF EARLY HEAD START AND HEAD START DIRECTLY-OPERATED PROGRAMS, AND
	PARTNER AND DELEGATE AGENCIES, IN HIGH-NEEDS COMMUNITIES THROUGHOUT CHICAGO AND SURROUNDING SUBURBS. IN FISCAL YEAR 2017,
	THE OUNCE DIRECTLY OPERATED TWO PROGRAMS AT THE EDUCARE CHICAGO
	SCHOOL, AND ONE PROGRAM AT THE HAYES CENTER, AND SUBCONTRACTED
	WITH EIGHT AGENCIES AT 15 GEOGRAPHICALLY- AND RACIALLY-DIVERSE
	SITES, SERVING MORE THAN 1,400 YOUNG CHILDREN, PREGNANT WOMEN AND
	THEIR FAMILIES.
<u>4</u> r	(Code:) (Expenses \$ 8,087,681. including grants of \$ 6,323,904.) (Revenue \$ 15,651.)
- 1 6	THE OUNCE'S ILLINOIS BIRTH TO THREE INSTITUTE (IBTI) ANNUALLY
	REACHES APPROXIMATELY 2,000 AT-RISK YOUNG CHILDREN, PREGNANT
	WOMEN AND THEIR FAMILIES THROUGH OUR STATEWIDE NETWORK OF HOME
	VISITING AND DOULA SERVICES. IBTI CONDUCTS SPECIALIZED TRAINING
	AND TECHNICAL ASSISTANCE FOR 200 EARLY CHILDHOOD PROFESSIONALS
	WORKING IN 29 COMMUNITY AGENCIES ACROSS CHICAGO AND THROUGHOUT
	ILLINOIS.
4c	: (Code:) (Expenses \$5,468,987. including grants of \$333,333.) (Revenue \$201,978.)
	ATTACHMENT 1

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 19,837,516. including grants of \$ 852,476.) (Revenue \$

52,847,207.

4e Total program service expenses ► JSA 6E1020 1.000 70448T 649R

144,138.)

Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation? If "Yes." 1 X 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes." complete Schedule C, Part I. 2 X 3 Section 501(c)(3) organization engage in lobbying activities, or have a socion 501(h) (b) (c)(c)), or 501(c)(c)) or 501(c)(c) organization that roce/ws embership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II. 4 X 5 Is the organization activity of a campaign activities or assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II. 5 X 6 Did the organization neceive or hold a conservation easement, including easements to preserve open space, the environment, histoch lar darea, or histoch arturus? If Yes." complete Schedule D, Part I. 8 X 7 Did the organization report an amount in Part X, line 21, for secret or outstocial account liability, serve as a custocial for amount no tised in Part X. ine 21, for secret or outstocial account liability, serve as a custociant for amount no tised in Part X. ine 21, for secret or outstocial account liability, serve as a custociant for amount for investment-organization, neport an amount for investment-organizacon neport an amount for investment-organizacion neport	Form 9	990 (2016)		F	age 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B, Schedule of Contributors (see instructons)? 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructons)? 2 X 3 Did the organizations engage in direct policical campaign activities on behal of or in opposition to candidates for public differ [I 'Yes," complete Schedule C. Part I. 3 X 4 Section 501(c)(10, organizations. Dit the organization engage in lobbying activities, or have a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes," complete Schedule D, Part II. 5 X 6 Did the organization readives or hid toric structures? If 'Yes," complete Schedule D, Part II. 6 X 7 Did the organization monitor in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian oscince? If 'Yes," complete Schedule D, Part II. 7 X 10 Did the organization monitor where downers, or quasi-indowners, or quasi-indowneres, or quasi-indowners, or quasi-indo	Part	V Checklist of Required Schedules			
complete Schedule A. I X 2 Is the organization regupted to complete Schedule B. Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes" complete Schedule C. Part II. 3 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? If "Yes", complete Schedule C. Part II. 4 X 5 Is the organization as defined in Revene Procedure 98-19? If "Yes", complete Schedule C. Part II. 5 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes", complete Schedule D, Part II. 7 X 9 Did the organization receive an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide aredit counseling, debt management, oredit repair, or debt negotiation space and amount for investments-organization, hold asses in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes", complete Schedule D, Part V. 10 X 11 If the organization receive an amount for investments-orbite schedule D, Part V. 11 X				Yes	No
2 is the organization required to complete Schedule <i>B</i> , Schedule of Contributors (see Instructions)?. 2 X 3 Did the organization engage in direct political campaign activities on behall of or in opposition to candidates for public office? If "Yes," complete Schedule <i>C</i> , Part II. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behall of or in opposition to candidates for public office? If "Yes," complete Schedule <i>C</i> , Part II. 4 X 5 Is the organization assection 501(c)(d), 501(c)(f), or 501(c)(f) organization that receives membership dues, assessments, or similar anounts as defined in Revence Procedure 98-197 II "Yes," complete Schedule <i>C</i> , Part II. 5 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? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization reactive or hold a conservation easement, including easements is preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or outstodial account liability, serve as a custodian for amounts not listed In Part X, or provide credit counseling, debt mangement, credit repair, or debt negoliation enyces. If Wes," complete Schedule D, Part V. 9<	1				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "ks" complete Schedule C, Part II. 3 X 4 Section 501(c)(3) organization. Did the reganization argues in lobbying activities or have a section 501(n). 4 X 5 Is the organization arguitation argues in lobbying activities or have a section 501(n). 4 X 6 Did the organization argues in lobbying activities or have a section 501(n). 5 X 6 Did the organization argues as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II. 5 X 7 Did the organization receive or held a conservation assemant, including assements to preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian or amounts not listed in Part X, ior provide credic counsella, delt management, credit repart, eredit verting verting a section or amounts or listed in Part X, line 21, for secrow or custodial account liability, serve as a custodian report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, thu VI, VII, VII, vX X as applicable. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part					
a Section 501(c)(3) organizations. Did the organization argain in Oblying activities, or have a section 501(h) a x 4 Section 501(c)(3) organizations. Did the organization argain in Oblying activities, or have a section 501(h) a x 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(7), or 501(2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) 4 X 5 Is the organization ascient of 01(c)(4). 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part II. 4 X 6 Did the organization activities of through a division that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule D, Part II. 5 × 7 Did the organization receives or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 6 × 8 Did the organization report an amount in Part X, line 21, for escrow or oustodial account liability, serve as a custodian for amounts not liabiled in Part X, line 21, for escrow or oustodial account liability. Serve: a complete Schedule D, Part V. 8 × 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V. 9 × 10 The organization report an amount for livestments-other securities in Part X, line 120 If "Yes," complete Schedule D, Part V. 10 × 11 If the organization report an amount for livestments-order securities in Part X, line 107 If "Yes," complet	3				37
election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 5 is the organization a section 501(c)(6). S01(c)(6) or Ganization that recoives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule D. Part II. 5 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D. Part II. 6 X 7 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 12, nor escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 12, nor escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 12, nor escrew or custodial account liability, serve as a custodian for amounts or dues endowments? If "Yes," complete Schedule D, Part V. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VU, VI, VII, VII, XC vX as applicable. 10 X 11 If the organization report an amount for investments-orber securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI, VI, VII, VII, XC vX as applicable. 10 X 11 If the organization report an amount for investments-orbers' complete Schedule D, Part VI, et a	_		3		Х
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members in judges, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II,	4				
assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part II, 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I, 6 7 Did the organization reports an amount lin Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 12, hor escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 12, hor escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 10, Part V 8 × 10 Did the organization, report an amount for through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V 10 × 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for lander schedule D, Part V 11 X 13 Is the organization schedule financial statements for the tax yeer include a toohore that address the organization schedule and schedule D, Part X 11 X 14 Did the	_		4	X	
Part III. 5 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? If "Yes," complete Schedule D, Part II. 6 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? If "Yes," complete Schedule D, Part II. 6 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? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts nor listed in Part X, line 12, hor escrew or custodial account liability, serve as a custodian for amounts nor listed in Part X, line 12, many and the organization report an amount for linvestments? If "Yes," complete Schedule D, Part V. 9 X 10 Did the organization report an amount for investments-other securities in Part X, line 12, hut is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 110 X 11 Did the organization report an amount for investments-other securities in Part X, line 12, hut is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 111 X 112 </th <td>5</td> <td></td> <td></td> <td></td> <td></td>	5				
 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic flad areas, or thistoric structures? If "Yes," complete Schedule D, Part II. 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt neganization report an amount for lard twice on the following questions is "Yes," then complete Schedule D, Part V. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 110 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 110 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 110 Did the organization report an amount for there assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 110 Did the organization report on Tamt X. 110 Did the organization report on Part X. 111 E X. 112 Did the organization report on Part X. 113 X tama X. 114 X 114 X 115 Did the organization me			_		v
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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			Tie	Λ	
 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 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? If "Yes," complete Schedule F, Parts I and IV. 14b 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 individuals? If "Yes," complete Schedule F, Parts II and IV. 16 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? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 X 			444	v	
Schedule D, Parts XI and XII. 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If "Yes," complete Schedule F, Parts I and IV 14b 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 foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 X 19 Did the organization report more than \$15,000 of gross income from gaming a	100			Λ	
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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If "Yes," complete Schedule F, Parts I and IV 14b 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 individuals? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I (see instructions). 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 	b		106	x	
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			18	X	
	19				
	-		19		Х

Form 99	00 (2016)		F	age 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	5 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	20a		X
b	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	х	
24a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	21	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		Х
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		
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? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	21		х
32	Part I	31		
32	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
0 -	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	57		
50	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form	990 (2016)		F	Page 5
Par	t 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the humber of Porn's W-2G included in the Ta. Enter -0- in for applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Х	
20	reportable gaming (gambling) winnings to prize winners?	10		
24	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 314			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	50		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
υu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		
<u> </u>				

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Part		, and		<u> </u>
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
•	any other officer, director, trustee, or key employee?	2		21
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization make any significant changes to its governing documents since the profile form as was mediated.	5		Х
6	Did the organization have members or stockholders?	6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		17	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	<u>,</u>	21
		0000	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
, v	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	Х	
v	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
-	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IL_{\prime}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(c	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	aract	nolia	(and
13	beschoe in conclude o whether (and it so, now) the organization made its governing documents, commut of int	51631	hour)	, anu

financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 MARK BECKER 33 W MONROE, SUITE 2400 CHICAGO, IL 60603

JSA 6E1042 1.000

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)MS. BILLIE WRIGHT ADAMS, M.D.	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(2)MR. CURT R. BAILEY	1.00									
DIRECTOR/VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)MS. SUSAN BAIRD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(4)MR. DAVID CASPER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)MS. ELOISE CORNELIUS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)MS. MAWIYAH COATES	1.00									
DIRECTOR - AS OF 12/2016	0.	Х						0.	0.	0.
(7)MS. DEBORAH DARO, PH. D	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)MS. KELLY KING DIBBLE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)MS. MARY N. DILLION	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)MR. DERRICK DUKES, JR.	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11)MS. MARILYN FIELDS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)MS. MARQUIA FIELDS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)MS. LULA M. FORD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)MR. BILL FRIEND	2.00									
DIRECTOR/BOARD TREASURER	0.	Х		Х				0.	0.	0.

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(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles	Pos heck ss pe	ition more rson	e than o is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) MR. TOM GIMBEL	1.00									
DIRECTOR	0.	Х						0.	0.	
.6) MS. KEITH KILEY GOLDSTEIN	1.00									
DIRECTOR/BOARD SECRETARY	0.	Х		Х				0.	0.	
7) MR. DAVID HELFAND	1.00									
DIRECTOR	0.	Х						0.	0.	
.8) MS. MARCIA "RUSTY" HELLMAN	1.00									
DIRECTOR	0.	Х						0.	0.	
9) MR. ALAN KING	1.00									
DIRECTOR	0.	Х						0.	0.	
20) MR. TIMOTHY J. LANDON DIRECTOR	1.00	x						0.	0.	
1) MS. ASHLEY MILLS	1.00									
DIRECTOR - AS OF 5/2017	0.	Х						0.	0.	
2) MS. VIRGINIA F. OVIEDO DIRECTOR	1.00	x						0.	0.	
3) MS. FRANCESSCA PHILLIPS	1.00									
DIRECTOR	0.	Х						0.	0.	
4) ISABEL NAVARRETT POLSKY, M.D. DIRECTOR	1.00	x						0.	0.	
5) MR. RAUL I. RAYMUNDO	1.00									
DIRECTOR	0.	Х						0.	0.	
1b Sub-total								0.	0.	
c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •		•	2,492,085.	0.	175,10
d Total (add lines 1b and 1c)								2,492,085.	0.	175,16

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **>** 43

-		
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5
-		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ► 18	e listed above) who received	

Yes No

Х

Х

Х

Form 990 (2016)

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(

Part VII Section A. Officers, Directors, (A)	(B)	ľ)				(D)	(E)	(F)
(A) Name and title	(b) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more rson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
26) MR. RICHARD E. ROTHKOPF	1.00									
DIRECTOR	0.	X						0.	0.	0
27) MS. CARI SACKS	1.00									
DIRECTOR	0.	Х						0.	0.	0
28) MR. MANUAL SANCHEZ	1.00									
DIRECTOR	0.	Х						0.	0.	0
29) MS. DIANA SANDS	1.00									
DIRECTOR	0.	Х						0.	0.	0
30) MS. JEAN SCHLEMMER	1.00									
DIRECTOR	0.	Х						0.	0.	0
31) MS. CATHERINE M. SIEGEL	1.00									
DIRECTOR	0.	Х						0.	0.	0
32) MS. ANNE L. TUOHY	2.00	-								
DIRECTOR/CHAIR	0.	Х		Х				0.	0.	0
33) MR. HARRISON STEANS	1.00	-								
DIRECTOR	0.	Х						0.	0.	0
34) MS. HELEN ZELL	1.00	-								
DIRECTOR	0.	Х						0.	0.	0
35) MS. CARYN HARRIS	1.00	-								
DIRECTOR - THRU 12/2016	0.	Х						0.	0.	0
36) MS. DIANA RAUNER	37.50	-								
PRESIDENT	1.00			Х				0.	0.	0
1b Sub-total c Total from continuation sheets to Part VI	L Section A				• •					
	-		•••		•••					
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r 							► ore	ceived more than	\$100,000 of	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 43

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Yes No

Х

Х

Х

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	(A)	(B)			(C)			(D)	(E)		(F)
	Name and title	Average hours per week (list any	box,	iot che unless	Position Reportable Reportable neck more than one s person is both an from related		Reportable compensation from related	an	timated ount of other		
		hours for related organizations below dotted line)	o or director		a Officer	Highest compensated		- the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensatic om the anizatior d related anization
37)	MS. SARAH BRADLEY	37.50 1.00	-		2	K		331,088.	0.		10,1
38)	MS. CLAIRE DUNHAM SENIOR VICE PRESIDENT	37.50 0.	-		2	<		177,236.	0.		10,5
39)	MS. KRISTIN PERRY SENIOR VICE PRESIDENT	37.50 0.	-		2	<		267,403.	0.		27,6
10)	MR. ELLIOTT REGENSTEIN SENIOR VICE PRESIDENT	37.50 0.	_		2	<		272,943.	0.		21,1
1)	MS. CYNTHIA STRINGFELLOW SENIOR VICE PRESIDENT	37.50 0.	_		2	<		176,170.	0.		11,5
2)	MS. ANN KIRWAN VICE PRESIDENT	37.50 0.	-		2	ζ		173,934.	0.		7,4
3)	MS. ANITA PURI CHIEF MARKETING OFFICER	37.50 0.			2	ĸ		218,248.	0.		7 , 6
4)	MS. SARAH RITTLING NATIONAL DIRECTOR	37.50 0.				x		204,772.	0.		27 , 9
5)	MR. ELIAS ROSARIO VICE PRESIDENT - THRU 12/2016	37.50 0.				x		179,898.	0.		14,5
	MS. SUSAN BEN SENIOR VICE PRESIDENT	37.50 0.	_			x		172,876.	0.		13,9
7)	MR. ANTHONY RADEN SENIOR VICE PRESIDENT	37.50				x		169,776.	0.		18,1
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t			abo	ve) wh	► ► • •	eceived more than	\$100,000 of		
	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	ule J for su	ch ind	ividua	al .		••			3	Yes
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual	eater than	\$15	0,00	0?	lf "Ye	s,"	complete Schedu	le J for such	4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	n fro	om any	un u	related organization	on or individual	5	
Sec	ction B. Independent Contractors										
1	Complete this table for your five highest com compensation from the organization. Report o year.										
	(A) Name and business add	lress						(B) Description of se	ervices C	(C) compens	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 2

Form 990 (2016)	uataaa Ka					L	امزا	haat Campanad	od Employ				Page 8
Part VII Section A. Officers, Directors, Tr		y≞m	рю			and r	lig			ees (d	continue		
(A) Name and title	(B) Average hours per week (list any hours for	not ch unles er and	s pe I a d	ition more rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on from d	arr com	(F) stimated nount of other pensatio	f	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organo	om the anizatio d related anizatior	d
48) MS. BARBARA HOFFMAN	37.50												
VICE PRESIDENT	0.					Х		147,741.		0.		4,4	132.
	+												
	+ 												
	+												
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A												
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t		listeo				o re	ceived more than	\$100,000 c	of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep eater than	ortab \$15	le c 0,00	om 00?	pen / If	satior <i>"Ye</i> s	n ai s,"	nd other compens	sation from	the			
 <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> 	accrue co	mpen	satic	on f	from	n any	un				4	X	X
Section B. Independent Contractors					-		1						
1 Complete this table for your five highest com compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compens		
2 Total number of independent contractors (in more than \$100,000 in compensation from the				itec	d to	thos	se li	isted above) who	received				

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Form 990 (20	16)
Part VIII	

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
1a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events		1,284,647.				
d	0		31,456,162.				
1a b d f g	Government grants (contribu		51,456,162.				
f	All other contributions, gifts, and similar amounts not included	-	18,547,645.				
g	Noncash contributions included i						
h	Total. Add lines 1a-1f			51,288,454.			
			Business Code				
2a	NATIONAL CONFERENCE		611710	152,992.	152,992.		
b	TRAINING REVENUE		611710	144,138.	144,138.		
c	CONSULTING REVENUE		611710	48,986.	48,986.		
d	FAMILY AID		624100	15,651.	15,651.		
e f	All other program service rev		+				
g	Total. Add lines 2a-2f			361,767.			
3		luding dividen					
	and other similar amounts).		▶	1,021,293.			1,021,29
4	Income from investment of	tax-exempt bond	proceeds . ►	0.			
5	Royalties			0.			_
		(i) Real	(ii) Personal				
6a	Gross rents						
b	Less: rental expenses						
c d	Rental income or (loss)		►	0.			
7a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	605,123.	1,337,150.				
b							
	and sales expenses	690,782.					
c	Gain or (loss)	-85,659.	1,337,150.				
d	Net gain or (loss)		<u></u> ▶	1,251,491.			1,251,49
8a	Gross income from fundra						
	events (not including \$1						
	of contributions reported on	,	38,100.				
	See Part IV, line 18		150,409.				
b c	Net income or (loss) from fu			-112,309.			-112,30
9a	Gross income from gaming	-					
	See Part IV, line 19		0.				
b	Less: direct expenses	b	0.				
c	Net income or (loss) from g	aming activities.	· · · · · · •	0.			
10a	Gross sales of inventor returns and allowances		0.				
b c	Less: cost of goods sold . Net income or (loss) from sal		0.	0.			
	Miscellaneous Revenu		Business Code	υ.			
11a	RETIREMENT BENEFITS			175,563.			175,50
b	REFUNDS			4,980.			4,9
c							
d	All other revenue						
e	Total. Add lines 11a-11d			180,543.			
12	Total revenue. See instructio			53,991,239.	361,767.		2,341,03

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 (C) Management and **(B)** Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 16,164,022 16,164,022. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,748,893. 1,748,893. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 18,468,666. 14,908,140. 2,612,006. 948,520. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 492,871 397,819. 69,730. 25,322. section 401(k) and 403(b) employer contributions) 2,080,599. 368,421 133,788. 2,582,808. 9 Other employee benefits 180,353. 65,493. 1,378,728. 1,132,882. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 61,542. 26,009 35,533 **b** Legal 121,845. 121,845. c Accounting 380,751. 380,751. d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 69,319. 69,319. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 905,950 5,869,043. 64,696. 6,839,689. (A) amount, list line 11g expenses on Schedule O.) $\ensuremath{ATCH}\xspace 4$ 375,462. 479 375,941. Advertising and promotion 12 1,080,436. 823,213. 237,026. 20,197. 13 Office expenses 553,251. 113,126. 412,733. 27,392. 14 Information technology 0 Royalties 15 1,974,688. 369,020. 1,510,558 95,110. Occupancy 16 1,051,749. 1,104,692. 46,976. 5,967. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 1,119,483. 1,060,671. 28,296 30,516. Conferences, conventions, and meetings 19 0 20 Interest 0 21 Payments to affiliates 582,181. 582,181. Depreciation, depletion, and amortization 22 74,806. 24,784. 50,022. Insurance 23 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 INDIRECT COSTS 5,023,236. -5,267,302. 244,066. **b**SUBSCRIPTION AND DUES 255,292. 196,491. 50,989 7,812. 20,653. **c**OFFICE FURNITURE 262,989. 215,395. 26,941 d٠ 7,657. 341,466. 234,402. 99,407. e All other expenses 56,034,359. 52,847,207. 1,489,963. 1,697,189. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 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) 0

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Form	990	(2016)	
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Form 9 Part		Balance Sheet					Page 11
Part	. ^	Check if Schedule O contains a response o	r not	to any line in this D	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,907.	1	11,460.
	2	Savings and temporary cash investments		• • • • • • • • • • • • • • •	11,613,649.	2	8,314,927.
	3	Pledges and grants receivable, net			25,694,865.	3	26,021,538.
	4	Accounts receivable, net		• • • • • • • • • • • • • • •	9,767,807.	4	8,266,675.
	5	Loans and other receivables from current and the	forme	r officers, directors,	, ,	•	
	Ū	trustees, key employees, and highest co					
			•		0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (as	defined under section		-	
		4958(f)(1)), persons described in section 4958(c)(3)(B)	, and c	contributing employers			
		and sponsoring organizations of section 501(c)(9) volu	ntary e	employees' beneficiary	0.	6	0.
ŝ	7	organizations (see instructions). Complete Part II of Sche Notes and loans receivable, net		• • • • • • • • • • • • • +	0.	7	0.
Assets	8	Inventories for sale or use	• • •		0.	8	0.
◄	9	Inventories for sale or use Prepaid expenses and deferred charges	• • •		237,890.	9	481,181.
1	-	Land, buildings, and equipment: cost or			20170501	9	101/1011
	Ua		100	12,764,623.			
	h	Less: accumulated depreciation			7,328,305.	100	6,775,585.
4					21,526,958.		23,107,141.
	1 1	Investments - publicly traded securities		•••••	1,759,010.		1,759,010.
	2	Investments - other securities. See Part IV, line 11	• • •				0.
	3	Investments - program-related. See Part IV, line 11	• •			13 14	0.
	4	Intangible assets	• • •				0.
	5	Other assets. See Part IV, line 11				15	74,737,517.
	6	Total assets. Add lines 1 through 15 (must equal	line 3	4)		16	7,070,908.
	17	Accounts payable and accrued expenses	• • •			17	0.
	8	Grants payable	• • •	•••••	396,277.	18	364,531.
	9	Deferred revenue	• • •	•••••			0.
	20	Tax-exempt bond liabilities				20	0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
	22	Loans and other payables to current and for					
iii		trustees, key employees, highest compen			0		0
Liabilities		disqualified persons. Complete Part II of Schedule				22	0.
4	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	0.
	24	Unsecured notes and loans payable to unrelated to			0.	24	0.
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		, .	705 016		
		of Schedule D	• • •			25	559,584. 7,995,023.
2	26	Total liabilities. Add lines 17 through 25			10,038,592.	26	7,995,025.
s		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		there X and			
Balances 8 8	7				15 002 014	07	16 120 221
	27	Unrestricted net assets			15,992,014.	27	16,129,231.
	28	Temporarily restricted net assets			37,046,005.	28	35,750,483.
2 Pung	29	Permanently restricted net assets			14,862,780.	29	14,862,780.
or Fi		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔄 and			
	30	Capital stock or trust principal, or current funds				30	
Se 3	31	Paid-in or capital surplus, or land, building, or equ	ipmer	it fund		31	
AS 3	32	Retained earnings, endowment, accumulated inco	ome. (or other funds		32	
*	33	Total net assets or fund balances			67,900,799.	33	66,742,494.
	34	Total liabilities and net assets/fund balances	• • •	•••••	77,939,391.	34	74,737,517.
3	, ,	i otar naomitios and het assets/futiu balances			· · · · · · · · · · · · · · · · · · ·	J4	, 1, , 5, , 51

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Form 99	0 (2016)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53,9		239.
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,0	34,3	359.
3	Revenue less expenses. Subtract line 2 from line 1	3		-2,0	43,1	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		67,9	00,7	/99.
5	Net unrealized gains (losses) on investments	5		1,7	41,3	391.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-8	56,5	576.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-				
	33, column (B))	10		66,7	42,4	194.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.	•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com					
	reviewed on a separate basis, consolidated basis, or both:	pirod	01			
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:	.cu oi	ii a			
	Separate basis X Consolidated basis Both consolidated and separate basis					
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	worei	aht			
U	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	npiali				
30	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	, in			
Ja	the Single Audit Act and OMB Circular A-133?			3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
5	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		110	3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

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. 000

Department of the Treasury Internal Revenue Service

dule A (Form 990 or 990-F7) and its instructions is at w



Nom	o of t	he examination							Inspection
		he organization OF PREVEN	TION FUND					Employer identif 36-31863	
_	rt I			rity Status (All o	rganizations must o	complete	e this pa	art.) See instructions	
The	org	anization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, con	vention of chu	urches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2					. (Attach Schedule E	-			
3		-	-		rganization described				
4			-	-	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
F		hospital's nam	-					wated by a gauge part	ntal unit described in
5		•	•	Complete Part II.)	a college of universit	ly owned	u or ope	erated by a governme	ental unit described in
6					rnmental unit describe	d in coct	ion 170/	$h(1)(\Lambda)(y)$	
7	X		-	-					om the general public
•		-		(1)(A)(vi). (Comple	-		om a go		
8)(1)(A)(vi). (Complete	e Part II.)			
9		-				-	operated	I in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	riculture (see instruc	tions). Ei	nter the i	name, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and un n after June 30, 19	unctions - subject to	certain e able inco (a)(2). (C	xception me (less Complete		in 331/3 % of its
12		0	0	•	, ,				carry out the purposes
		-	-		-	-			See section 509(a)(3).
									nes 12e, 12f, and 12g.
а				-				orted organization(s),	-
-				-	-	-		the directors or truste	
			-		e Part IV, Sections A				
b		Type II. A s	upporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or m	anagement c	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	hage the supported
	_	organization	(s). You must	complete Part IV	Sections A and C.				
С								n with, and functiona	lly integrated with,
_			-		s). You must comple				
d			-			-		ection with its suppor	
			-			-		oution requirement and	d an attentiveness
•					mplete Part IV, Sect			hat it is a Type I, Type	
C					ionally integrated sup				n, rype m
f	En	•	•	lorganizations			nga nza		
g				-	orted organization(s).				
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tot	al								

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

JSA 6E1210 1.000

Schedule A (Form 990 or 990-EZ) 2016

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,078,310.	48,408,975.	68,537,399.	62,988,463.	51,288,454.	279,301,601.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	48,078,310.	48,408,975.	68,537,399.	62,988,463.	51,288,454.	279,301,601.
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)						36,057,257.
6	Public support. Subtract line 5 from line 4.						243,244,344.
	tion B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	48,078,310.	48,408,975.	68,537,399.	62,988,463.	51,288,454.	279,301,601.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,125,949.	1,041,101.	1,025,899.	1,104,531.	1,021,293.	5,318,773.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) $_{\rm ATCH}$ 1			42,450.	42,300.	436,272.	521,022.
11	Total support. Add lines 7 through 10						285,141,396.
12	Gross receipts from related activities, etc. (s	see instructions)				12	569,487.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge			r - 1	
14	Public support percentage for 2016 (li					14	85.31%
15	Public support percentage from 2015					15	85.60%
16a	331/3% support test - 2016. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2015. If the c						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	•	-				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati				-	-	
10	supported organization						
18	Private foundation. If the organization						
	instructions						<u> < </u>

Schedule A (Form 990 or 990-EZ) 2016

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

 (Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or 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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	carried on Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, secc	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here	0					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8		0	mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2016 (li			13, column (f))		17	%
18	Investment income percentage from 2015	,	· ·			18	%
	331/3% support tests - 2016. If the or						
	17 is not more than 331/3%, check th	-					
b	331/3% support tests - 2015. If the orga		-				
5	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
JSA				, , , , , , , , , , , , , , , , , , , ,		Schedule A (Form 9	
0E122	1 1.000						

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If Yes*, *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "*Yes*," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "*Yes*," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

.ISA

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
ecti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)	
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.	a aon	0110).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruct	ntion of	
С	The organization supported a governmental entity. Describe in Part vi now you supported a government entity (see	11151100	,	
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
2	-			
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructoes of each of the supported ergenizations? <i>Provide details in Part VI</i>	20		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page	6

Schedule A (Form 990 or 990-EZ) 2016			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VII) See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Secti	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6				
	Underdistributions, if any, for years prior to 2016				
2	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2016:				
а					
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2016 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2016, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2016. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2017. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
c	Excess from 2014				
d	Excess from 2015				

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - O	THED INCOM	2			ATTACHMENT 1	
SCHEDOLE A, TANI II O	THER INCOM	<u> </u>				
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
FUNDRAISING			42,450.	42,300.	436,272.	521,022.
TOTALS		_	42,450.	42,300.	436,272.	521,022.

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

OMB No. 1545-0047

2016

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.

Name of the organization

OUNCE OF PREVENTION FUND

Organization type (check one):

Employer identification number

36-3186328

Section:
X 501(c)(³) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2016)

Name of organization OUNCE OF PREVENTION FUND

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$15,921,026.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,551,722.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,359,785.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,853,378.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$2,411,467.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization OUNCE OF PREVENTION FUND

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$1,634,776.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)			Page	e 3	
Name of organization	OUNCE	OF PREVENTION	FUND	Employer identification number	_
				36-3186328	
Part II Noncas	sh Property	y (See instructions	s). Use duplicate copies of Part II if additional	space is needed.	

artn	Noncash i Toperty (Occ instructions). Osc duplicate copies	of that in additional opage is ne	cucu.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

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	990, 990-EZ, or 990-PF) (2016)		P
ame of organization	ation OUNCE OF PREVENTION FUR	ND	Employer identification number
			36-3186328
(10) the cont	that total more than \$1,000 for t	the year from any one contributions completing Part III, enter e year. (Enter this information	ons described in section 501(c)(7), (8), or ributor. Complete columns (a) through (e) the total of <i>exclusively</i> religious, charitable once. See instructions.) ► \$
(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, an	d 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
_			
	1	(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from	(b) Purpose of gift	(c) Use of aift	(d) Description of how gift is held

(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
I	(e) Transfer of gift	

(c) Use of gift

(a) No. from Part I

Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

(b) Purpose of gift

Relationship of transferor to transferee

(d) Description of how gift is held

SCHEDULE C (Form 990 or 990-EZ)	Pe	olitical Campaign a	nd Lobbying	Activities	OMB No. 1545-0047
(FOILI 990 01 990-EZ)	For Organi	zations Exempt From Incom	ne Tax Under sectio	n 501(c) and section 527	· 2016
Department of the Treasury Internal Revenue Service		the organization is described be bout Schedule C (Form 990 or 9		o Form 990 or Form 990-E tions is at <i>www.irs.gov/form</i>	
If the organization answ		orm 990, Part IV, line 3, or Form lete Parts I-A and B. Do not comp		(Political Campaign Activitio	
 Section 501(c) (other 	er than section 50 ⁻	I (c)(3)) organizations: Complete I	Parts I-A and C below. D	o not complete Part I-B.	
 Section 527 organiz 	ations: Complete P	art I-A only.			
If the organization answ	ered "Yes," on Fo	orm 990, Part IV, line 4, or Form	990-EZ, Part VI, line 47	' (Lobbying Activities), then	
	•	ave filed Form 5768 (election un			
	-	ave NOT filed Form 5768 (election	• •		
If the organization answ Tax) (see separate instru	rered "Yes," on Foundations) then	orm 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-E2	Z, Part V, line 35c (Proxy
 Section 501(c)(4), (ons: Complete Part III.			
Name of organization	,, (, 0	•		Employer iden	tification number
OUNCE OF PREVEN	TION FUND			36-3186	328
Part I-A Comple	te if the organ	ization is exempt under	section 501(c) or i	s a section 527 organi	zation.
	Ų	nization's direct and indirect p		U	
of "political camp	•				
		litures (see instructions)		▶ \$	
		aign activities (see instruction			
Part I-B Comple	te if the organ	ization is exempt under s	section 501(c)(3).		
		ax incurred by the organizatio		5 ► \$	
2 Enter the amoun	t of any excise ta	ax incurred by organization m	anagers under section	on 4955 🕨 \$	
		ion 4955 tax, did it file Form			
-			-		
b If "Yes," describe					
Part I-C Comple	te if the organ	nization is exempt under	section 501(c), ex	cept section 501(c)(3)	
		ded by the filing organizatior			
2 Enter the amoun	t of the filing org	anization's funds contributed	I to other organizati	ons for section	
		res. Add lines 1 and 2. En			
		m 1120-POL for this year?			Yes No
5 Enter the names,	addresses and	employer identification numb	er (EIN) of all section	n 527 political organizat	tions to which the filing
		r each organization listed, en			
		ons received that were prom a political action committee (I			
· · · · ·		•	· · ·		
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
N 77	L		4		

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

Schedule C (Form 990 or 990-EZ) 2016

(5)

(6)

Schedule C (Form 990 or 990-EZ) 2016

Pa	rt II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	ction under				
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's				
В	Check ▶ if the filing organization checked box A and "limited control" provisions apply.							
		ying Expenditures	(a) Filing	(b) Affiliated				
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals				
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	41,350.					
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	570,042.					
c	Total lobbying expenditures (add lines 1	a and 1b)	611,392.					
c	Other exempt purpose expenditures		55,422,967.					
		d lines 1c and 1d)	56,034,359.					
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both						
	columns.	_	1,000,000.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25	% of line 1f)	250,000.					
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.				
		ss, enter -0[0.	0.				
j		on either line 1h or line 1i, did the organiza	tion file Form 4720					
-	reporting section 4911 tax for this year?			Yes X No				

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.			
c Total lobbying expenditures	529 , 667.	304,396.	387 , 253.	611,392.	1,832,708.			
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures	52,599.	46,038.	39,548.	41,350.	179,535.			

Schedule C (Form 990 or 990-EZ) 2016 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Far	r oach "Vos." rosponso on linos 1a through 1i bolow, provide in Part IV a dotailed		a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a b c	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?			
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?			
f g	Grants to other organizations for lobbying purposes?			
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
J 2a b	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912			
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	section

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total.		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

COPY -	NOT	FOR	FILING
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(FOTH 950) Complete if Part IV, line 6, 7 Department of the Treasury Internal Revenue Service Information about Schedul			ental Financial Sta the organization answered "Yes 8, 9, 10, 11a, 11b, 11c, 11d, 11 ▶ Attach to Form 990. e D (Form 990) and its instruction	V/form990. Open to Public Inspection			
	e of the organization	TON FILMO		Em	nployer identification number		
		tions Maintaining Donor Advi	sed Funds or Other Simil	ar Funds or Acc			
Гa					ound.		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and					
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		it end of year					
5	Did the organizati	ion inform all donors and donor	advisors in writing that the	assets held in do	onor advised		
	funds are the orga	nization's property, subject to the	organization's exclusive lega	al control?	Yes No		
6	-	on inform all grantees, donors, a	-	-			
	•	purposes and not for the bene					
		issible private benefit?			Yes No		
Pa		tion Easements.	"Voc" on Form 000 Part IV	V line 7			
1		e if the organization answered servation easements held by the					
•		n of land for public use (e.g., rec			historically important land area		
		of natural habitat			certified historic structure		
		n of open space	· · · ·				
2		through 2d if the organization he	eld a qualified conservation c	contribution in the f	form of a conservation		
		ast day of the tax year.	·		Held at the End of the Tax Year		
а		onservation easements		2a			
b		tricted by conservation easements					
с		vation easements on a certified					
d	Number of conser	rvation easements included in (c) acquired after 8/17/06, and	d not on a			
		isted in the National Register					
3		rvation easements modified, trar	sferred, released, extinguish	ed, or terminated	by the organization during the		
	tax year ►						
4		where property subject to conse			la a call'a call a f		
5		ation have a written policy reg					
6		hours devoted to monitoring, inspec			Yes No		
0		nours devoted to monitoring, inspec	ting, nanoling of violations, and	emorcing conserva	mon easements during the year		
7	Amount of expens	es incurred in monitoring, inspect	ting, handling of violations, an	d enforcing conser	rvation easements during the year		
-	►\$	• •	, ang, nananng er neratiene, an				
8		vation easement reported on line 2	2(d) above satisfy the requiren	nents of section 17	70(h)(4)(B)(i)		
)(4)(B)(ii)?					
9		be how the organization reports					
		d include, if applicable, the text o	•	ation's financial sta	atements that describes the		
		ounting for conservation easeme					
Pa		tions Maintaining Collections e if the organization answered			nilar Assets.		
1a	If the organization works of art, hist public service, pro	n elected, as permitted under SF orical treasures, or other simila vide, in Part XIII, the text of the fo	AS 116 (ASC 958), not to a ar assets held for public ex potnote to its financial statem	report in its reven chibition, education tents that describe	nue statement and balance sheet n, or research in furtherance of s these items.		
b	works of art, hist public service, pro	orical treasures, or other similar vide the following amounts relation	ar assets held for public ex ng to these items:	hibition, education	ue statement and balance sheet n, or research in furtherance of		
	(i) Revenue inclue	ded in Form 990, Part VIII, line 1			▶\$		
	(ii) Assets include	d 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 S	FAS 116 (ASC 958) relating t	to these items:	Ν.		
a h	Revenue included	IN Form 990, Part VIII, line 1			▶\$		
b For F	Paperwork Reduction	Form 990, Part X	· Form 990.		Schedule D (Form 990) 2016		

Schee	dule D (Form 990) 2016								Page 2
Par	t III Organizations Maintainir	ng Collections of	Art, Historica	I Treasu	es, or Ot	ther Simila	ar Asse	ts (cont	inued)
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):								
а	Public exhibition	· J)-	d Lo:	an or exch	ange progra	ams			
b	Scholarly research		e Otl		ange pregre				
c	Preservation for future gene	rations							
4	Provide a description of the organ		and explain ho	w they fu	rther the o	raanization'	s exemn	t nurnose	in Part
-	XIII.			w they fu		gamzation	5 exemp	t puipost	
5	During the year, did the organization	on solicit or receive d	Ionations of art, I	nistorical tr	easures, or	other simila	ar		
	assets to be sold to raise funds rath		ained as part of t	ne organiz	ation's colle	ection?	<u> </u>	Yes	No
Par	t IV Escrow and Custodial Ar Complete if the organizat 990, Part X, line 21.		s" on Form 990	, Part IV,	line 9, or r	eported an	ı amoun	t on Forr	n
1a	Is the organization an agent, truste	e custodian or othe	er intermediary fo	or contribu	tions or oth	er assets no	t		
	included on Form 990, Part X?		-				Г	Yes	No
b	If "Yes," explain the arrangement in						L		
-						А	mount		
с	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				16 1f				
	Did the organization include an am	ount on Form 990.	Part X. line 21. f	or escrow		l account lia	bility?	Yes	No
	If "Yes," explain the arrangement in								
	t V Endowment Funds.								
	Complete if the organizat	ion answered "Yes	on Form 990	Part IV,	ine 10.				
		(a) Current year	(b) Prior year		o years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	21,239,673.	23,115,53	1. 24,	402,664	. 21,900	0,417.	20,3	34,987.
	Contributions		11,50		5,000		5,500.		52,000.
b			,		,				,
С	Net investment earnings, gains,	2,180,891.	-903,40	7. –	377,724	. 3,38	7,209.	2,1	16,994.
لم	and losses		,		,	,	-	,	
d	Grants or scholarships								
е	Other expenditures for facilities	974,053.	983,95	1.	914,409	960,462.		903,564.	
	and programs	,	,	-	,				
f	Administrative expenses	22,446,511.	21,239,67	3. 23.	115,531	24,402	2,664.	21.9	00,417.
g	End of year balance						,	, -	
2 a	Provide the estimated percentage Board designated or quasi-endown	nent 🕨 21.9100		rg, colum	r (a)) neiù a	5.			
b	Permanent endowment 65.2								
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a	•							
3a	Are there endowment funds not in	the possession of th	ne organization t	hat are hel	d and adm	inistered for	the		
	organization by:								es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	•	•		{?			3b	
4	Describe in Part XIII the intended u		tion's endowmen	t funds.					
Par	t VI Land, Buildings, and Equi Complete if the organiza	ipment. tion answered "Ve	s" on Form 99() Part IV	lino 11a 9	See Form	990 Pai	rt X lino	10
	Description of property	(a) Cost or (invest	other basis (b) C	ost or other ba (other)	asis (c) Ad	ccumulated preciation		d) Book valu	
1a	Land								
b	Buildings	[7,417,1		569 , 392.		-	7,786.
С	Leasehold improvements			L , 975 , 13		463,685.			1,431.
d	Equipment			3,372,32	29. 2,	955 , 961.		41	6,368.
e	Other								
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, col	umn (B), lii	ne 10c.)	<u></u> .►			5,585.
							Sched	ule D (Forn	n 990) 2016

JSA 6E1269 1.000 70448T 649R

Investments - Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value (1)(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on 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" on 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) DEFERRED BUILDING RENT 398,954. (3) SERP PLAN 160,630 (4)(5) (6)(7)(8)

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 559, 584.

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 D (Form 990) 2016

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Schedul	e D (Form 990) 2016			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered "Yes" on Form 990, Part IV, line 1		۱.	
1	Total revenue, gains, and other support per audited financial statements		1	55,436,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	1,741,391.		
b	Donated services and use of facilities	410,076.		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	-856,576.		
е	Add lines 2a through 2d		2e	1,294,891.
3	Subtract line 2e from line 1		3	54,141,648.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b	-150,409.		
c	Add lines 4a and 4b		4c	-150,409.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	53,991,239.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1	56,594,844.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	410,076.		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)	150,409.		
	Add lines 2a through 2d		2e	560,485.
3	Subtract line 2e from line 1		3	56,034,359.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
-	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		5	56,034,359.
Part	XIII Supplemental Information.			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	nes 1b and 2b; Pa	rt V, lii	ne 4; Part X, line
2; Pari	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional inform	nation.	

SEE PAGE 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2016

FORM 990, SCHEDULE D, PART V, LINE 4 INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS THE PRIMARY PURPOSE OF THE ENDOWMENT IS TO PROVIDE GENERAL OPERATING FUNDING TO OUR OPERATIONS.

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

THE OUNCE AND BOUNCE DC HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASE) ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS, AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED. ADDITIONALLY, THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES OR CONSOLIDATED STATEMENTS OF FINANCIAL POSITION.

FORM 990, SCHEDULE D, PART XI, LINE 2D OTHER CHANGES IN NET ASSETS BOOK/TAX DIFFERENCE IN LP......\$(856,576)

Schedule D (Form 990) 2016							
Part XIII Supplemental Information (continued)							
FORM 990, SCHEDULE D, PART XI, LINE 4B							
OTHER REVENUE LISTED ON RETURN AND NOT ON FINANCIALS							
FUNDRAISING EXPENSES\$(150,409)							

FORM 990, SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES LISTED ON FINANCIALS AND NOT ON RETURN

FUNDRAISING EXPENSES.....\$ 150,409

		COPY - I	NOT FO	OR FIL	ING		
SCHEDULE G	Supplemen	ntal Information F	legarding	g Fundrai	ising or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if t	he organization answer organization entered i	ed "Yes" on more than \$	Form 990, F 5.000 on Fo	Part IV, lines 17, 18, or orm 990-EZ, line 6a.	19, or if the	2016
Department of the Treasury				or Form 990			Open to Public
Internal Revenue Service	Information at	oout Schedule G (Form	990 or 990-E	Z) and its in	structions is at www.ii	-	Inspection
Name of the organization OUNCE OF PREVEN	TION FUND					Employer identification	on number
	ing Activities. Con	nplete if the orga	nization a	answered	"Yes" on Form		17.
	0-EZ filers are not						
	r the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicita		е			non-government g		
	d email solicitations	f			government grants ising events	S	
d Phone solic		g			ising events		
I	ation have a written o	r oral agreement w	vith any ind	dividual (ir	ncluding officers, d	lirectors, trustees,	
or key employee	es listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No
	10 highest paid indi least \$5,000 by the		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
compensated at	least \$5,000 by the	organization.					
(i) Name and add or entity (fi		(ii) Activity	custody c	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
-							
3							
4							
5							
6							
7							
•							
8							
9							
10							
T							
	which the organiza			to solicit	contributions or	has been notified	it is exempt from
registration or lie							it is exempt nom

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 6E1281 1.000 70448T 649R

Schedule G (Form 990 or 990-EZ) 2016

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

			(a) Event #1 ANNUAL LUNCHEON	(b) Event #2 BLOCK PARTY	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,315,347.	7,400.		1,322,747.
ш		Less: Contributions	1,277,347.	7,300.		1,284,647.
	3	Gross income (line 1 minus line 2)	38,000.	100.		38,100.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	43,680.	535.		44,215.
Direct Expenses	7	Food and beverages	48,303.	2,177.		50,480.
Dire	8	Entertainment				
	9	Other direct expenses	52,834.	2,880.		55,714.
	11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	0 from line 3, column (d)	<u></u>	150,409. -112,309.
Ра	ΓLΙ	Gaming. Complete if the orgative than \$15,000 on Form 990-E		es" on Form 990, Pa	rt IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	9Yes% No	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	>	
9 a t	ls	nter the state(s) in which the organizat the organization licensed to conduct o "No," explain:				_ Yes No
		/ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe	nded or terminated durir	ng the tax year?	Yes No

Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE I (Form 990)	Go	overnme	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		омв №. 1545-0047 20 16 Ореп to Public
Internal Revenue Service	Informa	tion about S	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identific	ation number
Governments, and Individuals in the United States Department of the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Department of the organization maintain records to substantiate the amount of the grants or assistance, the grantees" eligibility for the grants or assistance, and the selection orderia used to award the grants or assistance? To Part IV the organization's proceedures for monitoring the use of grant tunks in the United States. Part IV for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. One Rest Dearts and Assistance is 0 part in the received more than \$5,000. Part II can be duplicated if additional space is needed. One Rest Dearts and Other Assistance to Domestic Organization's proceedures for monitoring the use of grant tunks in the United States. One Rest Dearts and Other Assistance to Domestic Organization's proceedures of organization's proceedures of monitoring the use of grant tunks in the United States. One Rest Dearts and Assistance is a duplicated if additional space is needed. One Rest Dearts and Assistance is 0 part in the rest of assistance is 0 part in the rest of additional space is needed. One Re			28					
Part I General I	nformation on Grants an	d Assistanc	е					
1 Does the organiz	zation maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crit	eria used to award the gran	ts or assistand	xe?					X Yes No
2 Describe in Part	IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
990, Part	IV, line 21, for any recip	ient that rec	ceived more the	an \$5,000. Part II (d) Amount of cash	can be duplicat	ed if additional space	(g) Description of	es" on Form (h) Purpose of grant or assistance
	<u> </u>			0		othery		
			E01 (C) (2)	400.826				COMM DACED FAMILY CE
		23-7188130	301(C)(3)	409,030.				COMM BASED FAMILI SE
			501 (0) (0)	421 704				
		36-2170821	301(C)(3)	431,704.				COMM BASED FAMILI SE
		27 0716057	E01 (C) (2)	407 005				COMM DACED FAMILY CE
		37-0718037	301(C)(3)	407,095.				COMM BASED FAMILI SE
		27-0912995	501(C)(2)	126 699				COMM BASED FAMILY SE
		37-0913983	501(0)(3)	120,099.				COMM BASED FAMILI SE
		36-2937848	501(C)(3)	205 394				COMM BASED FAMILY SE
		30 2937040	501(0)(3)	203,354.				COPIN DAGED FAMILIT DE
		36-2643791	501 (C) (3)	534,958				COMM BASED FAMILY SE
		50 2015751	501(0)(3)					
		23-7316001	501 (C) (3)	102.035				COMM BASED FAMILY SE
				,				
		37-0760015	501 (C) (3)	174,539.				COMM BASED FAMILY SE
		36-2884042	501(C)(3)	568,593.				COMM BASED FAMILY SE
				,				
.		36-6000800	501 (A)	70,113.				COMM BASED FAMILY SE
×/		11-3676983	501(C)(3)	308,083.				COMM BASED FAMILY SE
· · · · ·		36-2109717	501(C)(3)	260,221.				COMM BASED FAMILY SE
2 Enter total numb		government	organizations lis	sted in the line 1 tak				

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)	Go	overnme	n ts, and Ir rganization ans	Assistance t ndividuals in wered "Yes" on F tach to Form 990.	n the United	d States		омв №. 1545-0047 20 16 Ореп to Public
Internal Revenue Service	Informa	tion about Se	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identific	ation number
OUNCE OF PREVEN	TION FUND						36-318632	:8
Part I General I	nformation on Grants and	d Assistanc	е					
	ation maintain records to s							
the selection crite	eria used to award the grant	ts or assistanc	e?					X Yes No
	IV the organization's proceed							
990, Part 1 (a) Name and	d Other Assistance to D IV, line 21, for any recip							es" on Form (h) Purpose of grant or assistance
(1) NEW MOMS								
2825 WEST MCLEAN	CHICAGO, IL 60647	36-3265804	501(C)(3)	174,068.				COMM BASED FAMILY SE
(2) PILSEN-LITTLE VIL								
	AVENUE CHICAGO, IL 60608	36-2836998	501(C)(3)	309,652.				COMM BASED FAMILY SE
(3) ONE HOPE UNITED								1
	AVE LAKE VILLA, IL 60046	36-2181967	501(C)(3)	242,545.				COMM BASED FAMILY SE
(4) THE CHILDREN'S HO								1
	AVE PEORIA, IL 61603	37-0662601	501(C)(3)	484,228.				COMM BASED FAMILY SE
(5) UNITED METHODIST	CHILDREN'S HOME							
	D MT. VERNON, IL 62864	37-0673515	501(C)(3)	465,238.				COMM BASED FAMILY SE
(6) VISITING NURSES A	SSOCIATION							
1245 CORPORATE BO	ULEVARD AURORA, IL 60504	36-2182095	501(C)(3)	126,611.				COMM BASED FAMILY SE
(7) YWCA - HARRIS								
360 N WABASH AVE.	STE 800 CHICAGO, IL 60601	36-2179765	501(C)(3)	203,311.				COMM BASED FAMILY SE
(8) YMCA OF METROPOLI	TAN CHICAGO							
801 N. DEARBORN C	HICAGO, IL 60610	36-2179782	501(C)(3)	110,000.				COMM BASED FAMILY SE
(9) ILLINOIS MASONIC								
2025 WINDSOR DRIV	E OAK BROOK, IL 60523	36-3196629	501(C)(3)	99,550.				COMM BASED FAMILY SE
(10) TEEN PARENT CONNE	CTION							
739 ROOSEVELT RD.	GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	209,647.				COMM BASED FAMILY SE
(11) CHILDREN'S HOME +	AID/CHILDREN'S FOUNDATION							
403 S. STATE STRE	ET BLOOMINGTON, IL 61701	36-2167743	501(C)(3)	206,284.				COMM BASED FAMILY SE
(12) SANGAMON COUNTY D	EPT OF PUBLIC HEALTH							
	, E. SPRINGFIELD, IL 62073	37-6002039	501 (A)	93,500.				COMM BASED FAMILY SE
	er of section 501(c)(3) and er of other organizations lis							

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)	Go	overnme	n ts, and Ir rganization ans	Assistance t Idividuals in Wered "Yes" on F tach to Form 990.	n the United	d States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Informa	tion about Se		1 990) and its instr	uctions is at www	v.irs.aov/form990.		Inspection
Name of the organization	,						Employer identific	-
OUNCE OF PREVEN	ITION FUND						36-318632	
Part General I	nformation on Grants an	d Assistanc	e					-
	zation maintain records to s			e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	eria used to award the gran							X Yes No
2 Describe in Part	IV the organization's proce	dures for mor	nitoring the use	of arant funds in the	e United States.			
990, Part 1 (a) Name and	d Other Assistance to D IV, line 21, for any recip							es" on Form (h) Purpose of grant or assistance
(1) AUNT MARTHA'S YSP	-							
	. CHICAGO HTS., IL 60411	23-7188150	501(C)(3)	1,498,706.				HEAD START/EARLY HEA
(2) CASA CENTRAL								
	RNIA CHICAGO, IL 60622	36-2728618	501(C)(3)	1,831,642.				HEAD START/EARLY HEA
(3) CHILDREN'S HOME +				,,				
	4TH FL CHICAGO, IL 60606	36-2167743	501(C)(3)	1,156,681.				HEAD START/EARLY HEA
(4) ONE HOPE UNITED								
	AVE LAKE VILLA, IL 60046	36-2181967	501(C)(3)	1,667,510.				HEAD START/EARLY HEA
(5) THE CHILDREN'S PL	ACE ASSOCIATION							
	LVD CHICAGO, IL 60622	36-3641017	501(C)(3)	832,335.				HEAD START/EARLY HEA
(6) CENTERS FOR NEW H	ORIZONS							
4150 S. KING DR.	CHICAGO, IL 60653	36-2729721	501(C)(3)	434,040.				HEAD START/EARLY HEA
(7) SCHOLARSHIP AND G	UIDANCE ASSOC., YFS							
11 E. ADAMS, STE	1500 CHICAGO, IL 60603	36-2167916	501(C)(3)	1,026,568.				HEAD START/EARLY HEA
(8) FIRST STEP CHILD	CARE CENTER							
22025 GOVERNORS H	WY RICHTON PARK, IL 60471	36-4241883	501(C)(3)	206,827.				HEAD START/EARLY HEA
(9) MACON-PIATT								
1690 HUDSON DRIVE	DECATUR, IL 62526	37-0985257	501(C)(3)	176,476.				PROGRAM SUPPPORT
(10) SHELTERING ARMS								
385 CENTENNIAL OL	YMPIC PARK DR	58-0566236	501(C)(3)	333,333.				PROGRAM SUPPORT
(11) CENTER FOR AMERIC	AN PROGRESS							
1333 H STREET NW	FL 1 WASHINGTON, DC 20005	30-0126510	501(C)(3)	311,000.				PROGRAM SUPPORT
(12) PA PARTNERSHIPS								
116 PINE STREET			501(C)(3)	50,000.				PROGRAM SUPPORT
	er of section 501(c)(3) and er of other organizations lis							

Schedule I (Form 990) (2016)

			Assistance t			-	OMB No. 1545-0047
			ndividuals in swered "Yes" on F				2016
		-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service	tion about Se	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identi	fication number
OUNCE OF PREVENTION FUND						36-3186	328
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to su			-	-			
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D		•					Yes" on Form
990, Part IV, line 21, for any recip	ent that rec	eived more the	an \$5,000. Part II	can be duplicat	ed if additional spa	ce is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN ALLIANCE							
718 6TH AVENUE SOUTH SEATTLE, WA 98104	91-0982879	501(C)(3)	50,000.				PROGRAM SUPPORT
(2) COUNCIL FOR A STRONGER AMERICA							
1212 NEW YORK AVE. NW SUITE 300	13-3840271	501(C)(3)	125,000.				PROGRAM SUPPORT
(3) BIPARTISAN POLICY CENTER							
1225 I STREET NW STE 1000	73-1628382	501(C)(3)	100,000.				PROGRAM SUPPORT
(4) NATIONAL ALLIANCE FOR PUBLIC CHARTER SCHOOL	_						
1101 15TH STREET NW STE 1010	30-0274709	501(C)(3)	40,000.				PROGRAM SUPPORT
_(5)	-						
(6)	_						
_(7)	_						
(8)	_						
(9)							
(10)	_						
(11)	_						
(12)	_						
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tat			I	35.
3 Enter total number of other organizations list	-	-					

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)					Page 2
Part III Grants and Other Assistance to Domes Part III can be duplicated if additional spa	tic Individual	s. Complete if t	he organization	answered "Yes" on Fo	orm 990, Part IV, line 22.
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Amount of recipients (d) Amount of cash grant (e) Method of valuation (book, FWV, appraisal, other) (f) Description of non-cash assistance 1 <td< th=""></td<>					
2					
3					
4					
5					
6					
7					
information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any ot	her additional
FORM 990, SCHEDULE I, PART I, LINE 2					
PROCEDURES FOR MONITORING THE USE OF G	RANT FUNDS	IN THE U.S.			
THE OUNCE MONITORS THE USE OF GRANT FU	NDS THROUG	H ESTABLISHE	D PROCEDURES	5	
WRITTEN IN OUR AGREEMENTS WITH SITES.	THROUGHOUT	THE FISCAL	YEAR, THE		
OUNCE STAFF ROUTINELY MONITORS THE ANN	UAL BUDGET	S, QUARTERLY	EXPENSE		
REPORTS, AND PROGRESS REPORTS FROM SIT	ES. CLOSE	MONITORING O	F THEIR		
FINANCIAL REPORTS ENSURES THAT PROGRAM	FUNDS ARE	EFFICIENTLY	EXPENDED.		
ANNUAL FISCAL AND PROGRAM REPORTS ARE	REVIEWED A	ND APPROVED	BY THE OUNCH	E	
FISCAL AND PROGRAM STAFF.					

COPY -	NOT	FOR	FILING
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SCHE	EDULE J	Comper	sation Information	0	MB No.	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		ഗി	16	
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23	3.	ZU	10	
	ent of the Treasury		Attach to Form 990.	L L	open to		
	Revenue Service	Information about Schedule J (Fo	orm 990) and its instructions is at <i>www.irs.gov/</i> i	Employer identificatio		ectio	n
	0	ENTION FUND		36-3186328			
Part		is Regarding Compensation			·		
i ait						Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form			
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
	Tax inde	mnification and gross-up payments	Health or social club dues or initiation	n fees			
	Discretio	onary spending account	Personal services (such as, maid, ch	auffeur, chef)			
b	If any of the	haves on line 1a are checked did th	ne organization follow a written policy re	aardina navment			
	or reimburse	ment or provision of all of the ex	openses described above? If "No," com	plete Part III to			
	explain	• • • • • • • • • • • • • • • • • • • •		•••••	1b		
			to reimbursing or allowing expenses				
			D/Executive Director, regarding the items	checked on line			
				• • • • • • • • •	2		
3			nization used to establish the compensation				
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P				
		isation committee	Written employment contract				
		dent compensation consultant	X Compensation survey or study				
		0 of other organizations	X Approval by the board or compensa	tion committee			
4		·	Part VII, Section A, line 1a, with respect to				
	organization of	or a related organization:	Fait vii, Section A, line Ta, with respect to				
			ayment?		4a		Х
b	Participate in,	or receive payment from, a suppleme	ental nonqualified retirement plan?		4b	Х	
С	Participate in,	or receive payment from, an equity-ba	ased compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	-		rganizations must complete lines 5-9.				
5	•		, line 1a, did the organization pay or accrue	any			
-		n contingent on the revenues of:			5.0		X
					5a 5b		X
		e 5a or 5b, describe in Part III.			50		
			, line 1a, did the organization pay or accrue	anv			
	•	n contingent on the net earnings of:	, into ra, did the organization pay of doordo	any			
	•	.			6a		Х
					6b		Х
	-	e 6a or 6b, describe in Part III.					
			on A, line 1a, did the organization prov	ide any nonfixed			
			escribe in Part III		7		Х
	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract that	at was subject			
		•	Regulations section 53.4958-4(a)(3)? If				
					8		Х
9			low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(C)?			9		

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MS. SARAH BRADLEY	(i)	331,088.	0.	0.	9,933.	200.	341,221.	0.
1 ^{COO}	(ii)	0.	0.	0.	Ο.	0.	0.	0.
MS. CLAIRE DUNHAM	(i)	177,236.	0.	0.	5,317.	5,236.	187,789.	0.
2 ^{SENIOR VICE PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
MS. KRISTIN PERRY	(i)	267,403.	0.	0.	8,022.	19,661.	295,086.	0.
3 ^{SENIOR VICE PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
MS. SARAH RITTLING	(i)	204,772.	0.	0.	6,143.	21,760.	232,675.	0.
4 NATIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
MR. ELLIOTT REGENSTEIN	(i)	272,943.	0.	0.	8,188.	13,000.	294,131.	0.
5 ^{SENIOR VICE PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
MS. CYNTHIA STRINGFELL(6 ^{SENIOR VICE PRESIDENT}	(i)	176,170.	0.	0.	5,285.	6,301.	187,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MR. ELIAS ROSARIO	(i)	179,898.	0.	0.	5,397.	9,173.	194,468.	0.
7 ^{VICE PRESIDENT - THRU 12/2016}	(ii)	0.	0.	0.	0.	0.	0.	0.
MS. SUSAN BEN	(i)	172,876.	0.	0.	5,186.	8,722.	186,784.	0.
8 ^{SENIOR VICE PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
MS. ANN KIRWAN	(i)	173,934.	0.	0.	5,218.	2,252.	181,404.	0.
9 ^{VICE PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
MS. ANITA PURI	(i)	218,248.	0.	0.	6,547.	1,062.	225,857.	0.
10 ^{CHIEF MARKETING OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
MR. ANTHONY RADEN	(i)	169,776.	0.	0.	5,093.	13,040.	187,909.	0.
11 ^{SENIOR VICE PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
MS. BARBARA HOFFMAN	(i)	147,741.	0.	0.	4,432.	0.	152,173.	
12 ^{VICE PRESIDENT}	(ii)	0.	0.	0.				
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2016

JSA

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization OUNCE OF PREVENTION FUND

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

Employer identification number

FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES

THE OUNCE INSTITUTE:

THE OUNCE INSTITUTE FOCUSES ON PROFESSIONAL DEVELOPMENT FOR EARLY CHILDHOOD TEACHERS AND STAFF THROUGH TRAINING, TECHNICAL ASSISTANCE AND CONSULTATION IN ILLINOIS AND NATIONWIDE. THE OUNCE INSTITUTE SEEKS TO EXPAND THE SCALE, SCOPE AND REACH OF THE ORGANIZATION'S KNOWLEDGE TRANSFER, TRAINING AND CONSULTATION WORK TO A NATIONAL AUDIENCE, WHILE ALSO PREPARING EARLY CHILDHOOD PROFESSIONALS TO IMPLEMENT EFFECTIVE PROGRAMS THAT MEET THE NEEDS OF YOUNG CHILDREN FROM BIRTH TO FIVE. EXPENSES = \$2,948,590GRANTS \$176,476

REVENUE \$144,138 =

FIRST FIVE YEARS FUND:

THROUGH THE FIRST FIVE YEARS FUND, THE OUNCE IS BUILDING SUPPORT FOR INCREASED FEDERAL INVESTMENTS IN HIGH-QUALITY EARLY CHILDHOOD PROGRAMS FOR AT-RISK YOUNG CHILDREN ACROSS THE COUNTRY, WHILE ALSO ELEVATING THE VISIBILITY OF EARLY CHILDHOOD EDUCATION IN THE PUBLIC CONSCIOUSNESS. EXPENSES = \$5,404,789\$676,000 GRANTS =

REVENUE = \$0

Schedule	O (Fo	rm 990 or 990-EZ) 20	16	
Name of th	ne org	anization		
OUNCE	OF	PREVENTION	FUND	

RESEARCH-PRACTICE PARTNERSHIP:

THROUGH ITS RESEARCH-PRACTICE PARTNERSHIP, THE OUNCE EVALUATES AND DOCUMENTS EARLY CHILDHOOD BEST PRACTICES, RETOOLS EXISTING STRATEGIES TO ELEVATE PROGRAM QUALITY, AND CONTRIBUTES FIELD-BUILDING KNOWLEDGE ABOUT THE EFFECTIVENESS OF BIRTH-TO-FIVE INVESTMENTS IN CLOSING THE ACHIEVEMENT GAP AND BREAKING THE CYCLE OF INTERGENERATIONAL POVERTY.

EXPENSES = \$2, 483, 501

GRANTS = \$0

REVENUE = \$0

ILLINOIS POLICY TEAM:

THE OUNCE'S ILLINOIS POLICY TEAM SUPPORTS THE DEVELOPMENT OF A COMPREHENSIVE, HIGH-QUALITY EARLY CHILDHOOD SYSTEM IN ILLINOIS THAT MEETS THE NEEDS OF CHILDREN AND THEIR FAMILIES. THE ILLINOIS POLICY TEAM ADVOCATES FOR PUBLIC POLICIES AND SYSTEMS THAT BENEFIT YOUNG CHILDREN AND THEIR FAMILIES BY: EDUCATING PROGRAM, COMMUNITY AND OPINION LEADERS ABOUT KEY ISSUES IN EARLY CHILDHOOD DEVELOPMENT; PARTICIPATING IN KEY SYSTEMS-BUILDING EFFORTS TO ALIGN EARLY CHILDHOOD WITH OTHER DISCIPLINES; AND MOBILIZING ADVOCATES. THE ILLINOIS POLICY TEAM IS A RENOWNED LEADER ON BIRTH-TO-FIVE ISSUES, AND IN EFFECTIVE POLICY AND SYSTEMS CHANGE ON BEHALF OF YOUNG CHILDREN AND FAMILIES.

EXPENSES = \$1,510,718

GRANTS = \$0

REVNUE = \$0

Schedule () (Fo	rm 990 or 990-EZ) 20	16						
Name of th	e org	anization							
OUNCE OF PREVENTION FUND									

Page 2

ADVANCING CENTER BASED QUALITY:

THE OUNCE IS LEVERAGING ITS MANY YEARS OF EXPERIENCE IN PROVIDING PROFESSIONAL DEVELOPMENT IN COMMUNITY-BASED SETTINGS TO INFORM THE DEVELOPMENT AND IMPLEMENTATION OF A COMPREHENSIVE APPROACH TO WORKING WITH EARLY LEARNING PROGRAM LEADERS TO IMPROVE PROGRAM QUALITY. INCLUDED IN THESE EFFORTS IS THE DEVELOPMENT OF A COMPREHENSIVE SUITE OF TOOLS AND SUPPORTS FOR EARLY LEARNING LEADERS THAT FOCUSES ON LEADERSHIP DEVELOPMENT AND JOB EMBEDDED PROFESSIONAL DEVELOPMENT. EXPENSES = \$3,221,802

GRANTS = \$0

REVENUE = \$0

OTHER:

THE OUNCE'S SPECIAL PROJECTS AND PROGRAM INNOVATION STAFF FOCUS ON THE DEVELOPMENT AND IMPLEMENTATION OF NEW EDUCATION, PROFESSIONAL DEVELOPMENT AND COMMUNICATIONS STRATEGIES AND TECHNOLOGIES TO MEET THE CHANGING NEEDS OF LOW-INCOME CHILDREN FROM BIRTH TO FIVE, AND THEIR FAMILIES, AND TO PROVIDE THEM WITH THE HIGHEST QUALITY AND MOST EFFECTIVE PROGRAMS AND SERVICES. PUBLIC AND PRIVATE FUNDS ENABLE THE OUNCE TO CAPITALIZE ON THE POTENTIAL FOR NEW, MISSION-CRITICAL, RESEARCH-BASED INNOVATIONS TO ACHIEVE MEASURABLE IMPACT FOR THE ORGANIZATION AND THE FIELD, AND TO CREATE MEANINGFUL AND LASTING CHANGE FOR CHILDREN AND FAMILIES IN POVERTY.

EXPENSES = \$4,268,116

GRANTS = \$0

Schedule O (Form 990 or 990-EZ) 2016 Name of the organization OUNCE OF PREVENTION FUND

Employer identification number

REVENUE = \$0

TOTAL OTHER PROGRAM SERVICES EXPENSES = \$19,837,516 TOTAL OTHER PROGRAM SERVICES GRANTS = \$852,476 TOTAL OTHER PROGRAM SERVICES REVENUE = \$144,138

FORM 990, PART VI, LINE 11B

PROCESS THE ORGANIZATION USES TO REVIEW FORM 990

THE FORM 990 IS PREPARED BY A NATIONAL PUBLIC ACCOUNTING FIRM. THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND COMMENTS ON THE DRAFT FORM 990. THE FULL BOARD SUBSEQUENTLY RECEIVES THE DRAFT FORM 990 PRIOR TO ITS ELECTRONIC FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C

ORGANIZATION'S PRACTICES FOR MONITORING CONFLICT OF INTEREST THE DIRECTOR OR KEY EMPLOYEE IS OBLIGATED TO DISCLOSE ANY CONFLICT OF INTEREST. THE EXECUTIVE COMMITTEE REVIEWS AND VOTES ON RECOMMENDATIONS TO THE BOARD REGARDING THE CONFLICT OF INTEREST. THE FULL BOARD TAKES ACTION ON THE RECOMMENDATIONS. THE MINUTES OF THE MEETING ARE DISCLOSED TO THE FULL BOARD MEMBERSHIP.

FORM 990, PART VI, LINE 15A & 15B

PROCESS FOR DETERMINING THE COMPENSATION OF TOP MANAGEMENT OFFICIAL IN PREPARATION FOR THE BUDGET EACH YEAR, THE PERFORMANCE AND COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, REVIEWS AND APPROVES THE PROPOSED COMPENSATION FOR THE OUNCE'S PRESIDENT, COO AND

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Employer identification number

ALL OTHER KEY EMPLOYEES USING CONTEMPORANEOUS DOCUMENTATION WHICH IS MEASURED AGAINST COMPARABLE DATA FROM THE MARKET.

FORM 990, PART VI, LINE 19

ORGANIZATION'S POLICY REGARDING MAKING CERTAIN DOCUMENTS PUBLIC THE ANNUAL REPORT, WHICH INCLUDES AUDITED FINANCIAL STATEMENTS, IS POSTED ON THE OUNCE'S WEBSITE. THE ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990 PART XI LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES. BOOK TO TAX DIFFERENCE IN LP......\$(856,576)

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE NATIONAL POLICY TEAM AND EDUCARE LEARNING NETWORK (ELN) EXTEND THE IMPACT OF THE OUNCE'S EXTENSIVE EARLY CHILDHOOD KNOWLEDGE AND EXPERTISE IN STATES ACROSS THE COUNTRY THROUGH CONSULTATION AND TECHNICAL ASSISTANCE ON PROGRAM, PUBLIC POLICY AND SYSTEMS WORK; RESEARCH AND EVALUATION; ORGANIZATIONAL CAPACITY BUILDING; AND PHILANTHROPIC ENGAGEMENT STRATEGIES. THE ELN IS A MULTI-STATE COLLECTIVE OF EDUCARE SCHOOLS THAT PROVIDES AND PROMOTES HIGH-QUALITY, OUTCOMES-BASED LEARNING ENVIRONMENTS FOR VULNERABLE CHILDREN, BIRTH TO FIVE, AND THEIR FAMILIES. THE ELN ALSO ASSISTS IN THE CULTIVATION OF KEY STAKEHOLDER RELATIONSHIPS IN COMMUNITIES NATIONWIDE THAT ARE INTERESTED IN

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Schedule O (Form 990 or 990-EZ) 2016 Name of the organization OUNCE OF PREVENTION FUND Page **2**

Employer identification number

ATTACHMENT 1 (CONT'D)

DEVELOPING AND OPERATING EDUCARE SCHOOLS THAT BEST SERVE THE

NEEDS OF AT-RISK CHILDREN AND FAMILIES.

FORM 990, PART III, LINE 4D - OTHER	PROGRAM SERVICES		ATTACHMENT 2	
DESCRIPTION		GRANTS	EXPENSES	REVENUE
THE OUNCE INSTITUTE		176,476.	2,948,590.	144,138.
FIRST FIVE YEARS FUND		676,000.	5,404,789.	
RESEARCH-PRACTICE PARTNERSHIP			2,483,501.	
ILLINOIS POLICY TEAM			1,510,718.	
ADVANCING CENTER BASED QUALITY			3,221,802.	
SPECIAL PROJECTS/PROGRAM INNOVATION			4,268,116.	
	TOTALS	852,476.	19,837,516.	144,138.

	ATTACHMEI	NT 3
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NEIMAND COLLABORATIVE 1100 VERMONT AVENUE, NW, SUITE 200 WASHINGTON, DC 20005	IMPACT MARKETING	517,730.
HAMILTON PLACE STRATEGIES 805 15TH ST, NW, 2ND FLOOR WASHINGTON, DC 20005	STRATEGY & ADVOCACY	381,887.
MESSINA GROUP 324 W HURON STREET, SUITE 512 CHICAGO, IL 60654	EMPLOYMENT AGENCY	300,000.
GRP MEDIA 400 N MICHIGAN AVENUE CHICAGO, IL 60611	MEDIA SERVICES	295,203.

Schedule O (Form 990 or 990-EZ) 2016 Name of the organization OUNCE OF PREVENTION FUND

Employer identification number

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

ACE ALL SERVICES MIN ASSOC PO BOX 53249 CHICAGO, IL 60653 DESCRIPTION OF SERVICES COMPENSATION

BUILDING MAINTENANCE

258,719.

Page 2

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL <u>FEES</u>	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
STRATEGY & ADVOCACY	2,236,542.	2,236,542.		
OTHER CONSULTING	1,546,861.	1,256,476.	242,364.	48,021.
TEMPORARY STAFF	677,499.	566,059.	94,765.	16,675.
STIPENDS	486,123.	486,123.		
RESEARCH	428,012.	428,012.		
TECHNOLOGY SERVICES	408,741.		408,741.	
TRAINING	256,381.	256,381.		
FOOD - MEAL SERVICE	174,989.	174,989.		
MARKETING CONSULTING	169,830.	169,830.		
PAYROLL PROCESSING FEES	160,080.		160,080.	
STRATEGIC PLANNING	125,994.	125,994.		
POLICY CONSULTING	86,012.	86,012.		
SOFTWARE CONSULTING	82,625.	82,625.		
TOTALS	6,839,689.	5,869,043.	905,950.	64,696.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Part I

OUNCE OF PREVENTION FUND

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FIRST FIVE YEARS FUND, LLC 36-3186328					
33 W. MONROE, SUITE 2400 CHICAGO, IL 60603	CHILD PROGRAM	DE	5,142,508.	4,286,683.	OUNCE
(2) BOUNCE NETWORK, LLC 27-0294142					
33 W. MONROE, SUITE 2400 CHICAGO, IL 60603	EDUCARE EXP.	DE	Ο.	0.	OUNCE
(3)					
_(4)	_				
(5)	_				
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) BOUNCE DC 27-1349287							
33 W. MONROE, SUITE 2400 CHICAGO, IL 60603	EDUCARE CTR	DC	501(C)(3)	12-I	OUNCE	Х	
(2)	-						
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA



36-3186328

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Name, add	(a) dress, and EIN of d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(I Disprop alloca	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ther?	(k) Percentage ownership
					,			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
<u></u>		1											
(7)													
<u></u>		1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sectio 512(b)(control entity
							Yes N
(2)							+
(3)							+
(4)							+
(5)							
(6)							+
(7)							+
	_						

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	t IV, line 34, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No
	uring the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?			
	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				a 📃	X
b G	ift, grant, or capital contribution to related organization(s)			11	b	X
c G	ift, grant, or capital contribution from related organization(s)			10	2	X
dL	pans or loan guarantees to or for related organization(s)			10	1	X
еL	pans or loan guarantees by related organization(s)			10	•	X
	ividends from related organization(s)				-	X
-	ale of assets to related organization(s)					X
h P	urchase of assets from related organization(s)			11	-	X
1 6	xchange of assets with related organization(s)			1	-	X X
J L	ease of facilities, equipment, or other assets to related organization(s)					
E I	and of facilities, equipment, or other exacts from related ergenization(a)			11		X
	ease of facilities, equipment, or other assets from related organization(s) erformance of services or membership or fundraising solicitations for related organization(s)	• • • • • • • • • • • • •				X
I Г m D	erformance of services or membership or fundraising solicitations by related organization(s)	• • • • • • • • • • • • •		<u>1</u> 1r	-	X
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			· · · · · · · · · · · · · · · · · · ·	-	X
0 9	having of paid employees with related organization(s)			10		X
03				· · · · ·	, 	
n B	eimbursement paid to related organization(s) for expenses			1	.	X
	eimbursement paid by related organization(s) for expenses					X
9.0					1	
r C	ther transfer of cash or property to related organization(s)			1	r	X
s C	ther transfer of cash or property from related organization(s).			1:	s	X
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and transa	action thresho		
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of d amount i		
<u>(1)</u>						
(2)						
(-)						
(3)						
(4)						
(4)						
(5)						
(5)						
(6)						
		I	Sch	edule R (Forr	n 990)) 2016
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Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) Primary activity	(c) Legal domicile (state or foreign country)	or foreign income (related		tion	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		emount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	1
	Primary activity	(state or foreign	(state or toreign income (related, country) unrelated, excluded from tax under	(state or foreign income (related, see country) unrelated, excluded 501 from tax under organiz	(state or foreign income (related, section country) unrelated, excluded 501(c)(3) from tax under organizations?	(state or foreign income (related, section total income country) unrelated, excluded 501(c)(3) from tax under organizations?	(state or foreign income (related, section total income end-of-year country) unrelated, excluded 501(c)(3) assets assets	(state or foreign income (related, section total income end-of-year alloc country) unrelated, excluded 501(c)(3) assets alloc	(state or foreign income (related, section total income end-of-year allocations? country) unrelated, excluded 501(c)(3) assets	(state or foreign income (related, section total income end-of-year allocations? allocations? assets of Schedule K-1 (Form tax under organizations?)	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 man of Schedule K-1 part of mot ax under organizations?	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 managing of Schedule 4.501(c)(3) from tax under organizations? assets (Form 1065)

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.