# **OUNCE OF PREVENTION FUND** Form 990 for the Year Ended June 30, 2018 Public Disclosure Copy

# **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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

OMB No. 1545-0047

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

07/01 , 2017, and ending

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

Open to Public Inspection

06/30,2018

R	Chaok if	applicable:	C Name of organization		D Employer identifi	cation number				
			OUNCE OF PREVENTION FUND							
Σ	Add	lress nge	Doing Business As	36-318632	36-3186328					
	Nan	ne change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er .				
Г	Initi	al return	33 W. MONROE	(312) 922-3	3863					
	Teri	minaled	City or town, state or province, country, and ZIP or foreign postal code							
	Ame	ended	CHICAGO, IL 60603	G Gross receipts \$	58,877,097.					
	App	lication	F Name and address of principal officer: DIANA RAUNER		H(a) Is this a group retu					
-	pen	ding	SAME AS C ABOVE		subordinates?  H(b) Are all subordinates i					
ī	Tax-e	xempt sta	atus: X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) c	or 527		st (see instructions)				
J			THEOUNCE.ORG	51   527	H(c) Group exemption n					
K			ization: X Corporation Trust Association Other	I Voor of	formation: 1982 M State					
	art I	_	nmary	■ rear or	formation: 1902 Mr State	or legal domicile: 11				
·	1		describe the organization's mission or most significant activities: THE OU	INCE OF E	DETENDION DIND	CIVEC				
au	1		DREN IN POVERTY THE BEST CHANCE FOR SUCCESS I			G1 AE2				
Activities & Governance		BY A	ADVOCATING FOR AND PROVIDING THE HIGHEST QUALI	TO CARE	AND EDUCATION					
Ĕ	2									
Š	3	Mussk	this box if the organization discontinued its operations or dispose	d of more than	1 25% of its net assets.	2.0				
∞5	1	Numbe	er of voting members of the governing body (Part VI, line 1a)			38.				
es	4	Numbe	er of independent voting members of the governing body (Part VI, line 1b)		4	38.				
ž	5		number of individuals employed in calendar year 2017 (Part V, line 2a)			331,				
Ę	6		umber of volunteers (estimate if necessary)		6	240.				
•	l la	Total u	nrelated business revenue from Part VIII, column (C), line 12			0.				
-	b	Net un	related business taxable income from Form 990-T, line 34			73,004.				
	١.			-	Prior Year	Current Year				
흠	8	Contrib	outions and grants (Part VIII, line 1h)	51,288,454.	53,573,845.					
Revenue	9	Progra	m service revenue (Part VIII, line 2g).  nent income (Part VIII, column (A), lines 3, 4, and 7d)  COPY PUBLIC IN	361,767.	770,158.					
Ŗ	10	IIIVOOLII	2,272,784.	1,802,432.						
_	11	Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,234.	-95,463.				
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		53,991,239.	56,050,972.				
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)		16,164,022.	18,889,025.				
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)		0.	0,				
es	15	Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		24,671,966.	25,490,529.				
Expenses	16a	Profess	sional fundraising fees (Part IX, column (A), line 11e)		0.	0,.				
ă	b	Total fu	undraising expenses (Part IX, column (D), line 25) ▶ 2,168,187.			2 2 2 2				
ш	17	Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,198,371.	16,138,195.				
	18	Total ex	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		56,034,359.	60,517,749.				
	19		ue less expenses. Subtract line 18 from line 12		-2,043,120.	-4,466,777.				
ces					Beginning of Current Year	End of Year				
sets	20	Total as	ssets (Part X, line 16)		74,737,517.	73,507,470.				
t Assets id Balanc	21	Total lia	abilities (Part X, line 26)		7,995,023.	10,959,222.				
	22	Net ass	ets or fund balances. Subtract line 21 from line 20,		66,742,494.	62,548,248.				
	rt II		nature Block							
Unc	ler per	nalties of	perjury, Leclare that I have examined this return, including accompanying schedule	es and stateme	nts, and to the best of my k	nowledge and belief, it is				
true	, corre	ct, and co	omplete Declaration of preparer (other than officer) is based on all information of which	h preparer has a	any knowledge.					
			Milmanyanes		5-10	, 19				
Sig		S	ignature of officer		Date					
Hei	e	D	IANA RAUNER PRESID	ENT						
		T	ype or print name and title							
		Print/Ty	/pe preparer's name Preparer's signature	Date	Check if P	TIN				
aid		BRIDGE'	T T ROCHE Die Stort T Prus	5/9/19	Crieck II	P00666837				
	arer	Firm's n	ame   GRANT THORNTON LLP	YYII		6055558				
Jse	Only		171 1	60601	21.0	-856-0200				
Лaу	the IF		uss this return with the preparer shown above? (see instructions)	00001	Phone no. 312					
			eduction Act Notice, see the separate instructions.			Yes No				
			and the many one wife departmential motivation			Form <b>990</b> (2017)				

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-1709

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.

Automati	c 6-Month Extension of Time. Only subm	it original	(no copies needed)				
	tions required to file an income tax return other	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	The state of the s	)-C filers) nartnerships	RF	MICs	and trusts
	form 7004 to request an extension of time to f			o mora), partiferanipa	, , , , _		, and trusts
	·			Enter filer's identifylr	ng m	ımber	see instructions
Tune or	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	umb	er (EII	V) or
Type or							
print	OUNCE OF PREVENTION FUND			36-318632	8		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	Coolar Security Hamber					
filing your	33 W. MONROE ST. 2400						
return, See instructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	Idress, see instructions.				
	CHICAGO, IL 60603						W11
Enter the F	leturn Code for the return that this application	is for (file	a separate application fo	r each return)			0 1
Application	1	Return	Application				Return
is For		Code	Is For				Code
(800) -0.12	or Form 990-EZ	01	Form 990-T (corporati	on)			07
Form 990-E		02	Form 1041-A				08
	(individual)	03	Form 4720 (other than	n individual)			09
Form 990-F	W. W. Lee Brown Co.	04	Form 5227				10
	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11
Form 990-	(trust other than above)	06	Form 8870				12
× =	MARK BECKER		02/10/14/19/				
• The boo	ks are in the care of ▶ 33 W. MONROE ST	. 2400 (	CHICAGO, IL 6060	} 			
	ne No. ▶ 312 922-3863	E-0 :	Fax No. ▶ 312 346	-2981 			
<ul> <li>If the org</li> </ul>	anization does not have an office or place of	business ir	the United States, chec	k this box			
If this is	for a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (	GEN)	_		this is
for the who	le group, check this box	fitis for pa	art of the group, check the	nis box		and a	attach
	e names and EINs of all members the extensi		05/15				
	est an automatic 6-month extension of time ur			$\frac{9}{2}$ _, to file the exempt	org	janiza	ation return
for the	organization named above. The extension is	for the org	anization's return for:				
. —	[						
	calendar year 20 or tax year beginning 07/0	9		0.5.40.0			
Λ	tax year beginning07/0	1_, 20_1	$^\prime$ _, and ending	06/30_,	20	18	•
0 15.45 - 4				. —			
	ax year entered in line 1 is for less than 12 m	ontas, caed	ck reason: Initial re	turn Final returr	1		
	Change in accounting period	00 T 4700	) COCOt th- t				
	application is for Forms 990-BL, 990-PF, 99	90-1, 4720	), or 6069, enter the t	entative tax, less any			0
	undable credits. See instructions.	4700	- 0000		3a	\$	0.
	application is for Forms 990-PF, 990-T,			fundable credits and			0
	ated tax payments made. Include any prior year			ECIDO	3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include pronic Federal Tax Payment System). See instruc		ent with this form, if req	uireu, by using EFTPS			0
			(t) with this Econo 2002	F 0452 50 15	3c		0
nstructions.	u are going to make an electronic funds withdrawal	(airect debi	ı) with this Form 8868, see	e Form 8453-EO and Form	188	19-EO	for payment
	Act and Paperwork Reduction Act Notice, see instr	untion -			_	000	0.00
or i livacy	and rapelwork Neudollon Act Notice, See Instr	uctions,			r-orn	1 000	8 (Rev. 1-2017)

orm 990 (20		Pag
Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
I Briefly o	escribe the organization's mission:	
	JNCE OF PREVENTION FUND GIVES CHILDREN IN POVERTY THE BEST	
	FOR SUCCESS IN SCHOOL AND IN LIFE BY ADVOCATING FOR AND	
	DING THE HIGHEST QUALITY CARE AND EDUCATION FROM BIRTH TO	
AGE F		
Did the	organization undertake any significant program services during the year which were not listed on the	
prior Fo	rm 990 or 990-EZ?	Yes X
	describe these new services on Schedule O.	
services	organization cease conducting, or make significant changes in how it conducts, any program?	
	describe these changes on Schedule O.	
expense	e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported.	es, as measured allocations to othe
(Code:	) (Expenses \$18,852,216. including grants of \$8,169,156. ) (Revenue \$	14,828)
	NCE PROVIDES HIGH-QUALITY EARLY CHILDHOOD SERVICES FOR	
	COME CHILDREN, BIRTH TO AGE FIVE, AND THEIR FAMILIES AS WELL	
AS SEI	VICES TO PREGNANT WOMEN, THROUGH A MULTI-SITE NETWORK OF	
EARLY	HEAD START AND HEAD START DIRECTLY-OPERATED PROGRAMS, AND	
PARTNE	R AND DELEGATE AGENCIES, IN HIGH-NEEDS COMMUNITIES	
	HOUT CHICAGO AND SURROUNDING SUBURBS. IN FISCAL YEAR 2018,	
	NCE DIRECTLY OPERATED TWO PROGRAMS AT THE EDUCARE CHICAGO	
	, AND ONE PROGRAM AT THE HAYES CENTER, AND SUBCONTRACTED	
	IGHT AGENCIES AT 12 GEOGRAPHICALLY- AND RACIALLY-DIVERSE	
_	SERVING MORE THAN 1,400 YOUNG CHILDREN, PREGNANT WOMEN AND	
	FAMILIES.	
(Code:	) (Expenses \$ 11,489,249. including grants of \$ 9,393,074. ) (Revenue \$	
	NCE'S ILLINOIS BIRTH TO THREE INSTITUTE (IBTI) ANNUALLY	15,310 )
-	S APPROXIMATELY 2,000 AT-RISK YOUNG CHILDREN, PREGNANT	
	AND THEIR FAMILIES THROUGH OUR STATEWIDE NETWORK OF HOME	
	NG AND DOULA SERVICES. IBTI CONDUCTS SPECIALIZED TRAINING	
	CHNICAL ASSISTANCE FOR 200 EARLY CHILDHOOD PROFESSIONALS	
WORKIN	G IN 29 COMMUNITY AGENCIES ACROSS CHICAGO AND THROUGHOUT	
ILLINC	IS,	
-		
(Code: _	) (Expenses \$ 5,129,315. including grants of \$ ) (Revenue \$	24,140. )
ATTA	CHMENT 1	
-		
-		
-		
	ogram services (Describe in Schedule O.) ATTACHMENT 2	
(Expense	s\$ 17,807,895. including grants of \$ 1,326,795. ) (Revenue \$ 715,880. )	
Fotal pro	gram service expenses ► 53,278,675.	

Par	t IV Checklist of Required Schedules			-5-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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 I	3		Х
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			Λ
Ü	complete Schedule D, Part III			Х
9		8		^
J	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			.,
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		,,	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	100		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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 VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 .	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
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		Х
18	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		Х

Form 9	90 (2017)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1 1	v	
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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	-22		- 11
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
þ	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	_	-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25		Х
ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
_	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
••	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		-	
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		7.53
	Schedule L, Part IV.	28ь		Χ
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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,	, l		v
32	Part I	31		X
JE	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	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	
35 a	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			
2=	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,	_		V
38	Part VI	37		X
55	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
		_	$\overline{}$	2017)

	-
_	- 6

Check if Schedule O contains a response or note to any line in this Part V  Yes  The Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ar	t V Statements Regarding Other IRS Filings and Tax Compliance			Pa
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with nakebup withholding rules for reportable payments to vendors and reportable gaming (gambling) within payer vendors of the vendors of the payer		Check if Schedule O contains a response or note to any line in this Part V			
Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax  331  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to -6th (See instructions).  Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Note. If the sum of lines 1 and foreign country: If "Yes," has if the Ga Form 990-17 for this year If "No" to line 3b, provide an explanation in Schedule 0.  3b Note. If the sum of lines 1 and foreign country: If "Yes," has if the Ga Form 990-17 for this year If "No" to line 3b, provide an explanation in Schedule 0.  3a Note. If the sum of the foreign country: If the sum of the foreign country: If the sum of the foreign country: If "Yes," the sum of the foreign country: If yes, and the propriet of the foreign country: If yes, and the propriet is the year of the foreign country: If yes, and the year of the foreign country: If yes, and the year of year of the year of ye		81 8	,	Yes	T
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Lefter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 333  Statements, filed for the calendar year ending with or within the year covered by this return. 2a 333  If a least one is reported on line 2a, did the organization file all required deferal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the yeal returns of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year of the year? If "No" to line 3b, provide an exploration in Schedule 0.  3b	l a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			T
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Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  2 331 If at least one is reported on line 2a, did the organization file all required to e-file (see instructions).  Did the organization have unrelated business gross income of \$1,000 or more during the year?.  Did the organization have unrelated business gross income of \$1,000 or more during the year?.  3a 1 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  1 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  3b 2 X 1 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  3c 4 any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c 2 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c 2 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c 2 See instructions for filing requirements for Fince 8886-T7.  5d 3 Types of the organization include with expression 114 are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions of filing the contributions and services provided to the payor?  1 If "Yes," indicate the number of Forms 8282 filed duri			1c		
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gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  If "Yess," did the organization notify the donor of the value of the goods or services provided?  7a			Va		i
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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?  If "Yes," idid the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  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, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-02.  Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-02.  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?  Sponsoring organization make any taxable distributions under section 4966?  Babliothe sponsoring organization make a distribution to a donor, donor advisor, or related person?  Babliothe sponsoring organization make a distribution to a donor, donor advisor, or related person?  Babliothe sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from embers or shareholders.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(12) organizations. Enter:  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  11a  The Version of the definition of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  If "Yes," enter the amount of reserv			ao		
and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  7a					
If "Yes," idid the organization notify the donor of the value of the goods or services provided?				.,	
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year		and services provided to the payor?		13	L
required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year			7b	Х	
If "Yes," indicate the number of Forms 8282 filed during the year					
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  78  The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  79  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  Sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders.  Cross income from members or shareholders.  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(2) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  12a  Note. See the instructions for additional information the organization must report on Schedule O.  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  13a  Note. See the instructions for additional information the organization must report on Schedule O.  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  13b  13c  The provide an explanation in Schedule O.  14a  If		required to file Form 8282?	7c		
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	1	If "Yes," indicate the number of Forms 8282 filed during the year			
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			3		I
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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			. 54		1
the organization is licensed to issue qualified health plans				3.5	
Enter the amount of reserves on hand				34	
Did the organization receive any payments for indoor tanning services during the tax year?					1
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				- 1	1
	ſ	Jid the organization receive any payments for indoor tanning services during the tax year?		_	-
				- 1	1

Form	990 (2017) OUNCE OF PREVENTION FUND 36-318	6328	5	Page 6
Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	v, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ii	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	8		
	If there are material differences in voting rights among members of the governing body, or	6	1	
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		.,
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
a	The governing body?	8a	X	_
Ь	Each committee with authority to act on behalf of the governing body?	8b	Λ	_
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? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		1	Λ
000	ion by the internal Nevenue	Coue	Yes	No
100	Did the arganization have legal chanters, branches, or efflicted?	10a		Х
	Did the organization have local chapters, branches, or affiliates?	100		
i.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
11 a	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.		11	J
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	-
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	5 8	2	
а	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	12		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
C 4"	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL,			
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 those available. Check all that each	501(0	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website V Upon request Other (explain in Schedule O)			
40				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record GOSIA DOMÍNIAK 33 W. MONROE, SUITE 1200 CHICAGO, IL 60603	ls: 🕨		

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### 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.

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individu	unle	Pos heck ss pe	erson direct	e than contrust Highest compensated employee	an tee)	( <b>D</b> )  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
(1)MS. BILLIE WRIGHT ADAMS, M.D.	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(2)MR. CURT R. BAILEY	1.00	27			-			0.	0.	
DIRECTOR/CHAIR	0.	Х		х				0.	0.	0.
(3)MS. SUSAN BAIRD	1.00	- 1.		11				0.	- 0.	0.
DIRECTOR/VICE CHAIR	0.	Х		Х				0.	0.	0.
(4)MR. DAVID CASPER	1.00								0.	
DIRECTOR	0.	Х						0.	0.	0.
(5)MS. MAWIYAH COATES	1.00									
DIRECTOR	0.	Х		1				0.	0.	0.
(6)MS. NANCY CARRINGTON CROWN	1.00									
DIRECTOR - AS OF 12/2017	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.	X						0.	0.	0
(9)MS. MARY N. DILLION	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)MS. MARILYN FIELDS	1.00									
DIRECTOR	0	Х						0.	0.	0.
(11)MS. MARQUIA FIELDS	1.00				П					
DIRECTOR	0.	Х						0	0.	0.
(12)MS. LULA M. FORD	1.00									-
DIRECTOR	0,.	Х						0.	0 .	0.
(13)MR. BILL FRIEND	1.00									
DIRECTOR	0,	Х						0.	0.	0.
(14)MR. TOM GIMBEL	1.00									
DIRECTOR	0.	Х	Ш					0 ;	0.	0.

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Page 8

Part Vi	Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ted Employees	continued)
	(A) Name and title	(B)  Average hours per week (list any	box,	unle	Po: heck	erson	e than is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	$\overline{}$	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	. KEITH KILEY GOLDSTEIN RECTOR/BOARD SECRETARY	1.00	Х		Х				0.	0.	
16) MR DII	. DAVID HELFAND RECTOR	1.00	Х		**				0.	0.	0
	. ALAN KING RECTOR	1.00	Х						0.	0.	0
	. TIMOTHY J. LANDON RECTOR	1.00	Х						0.	0.	0
	. CHARLES MATTHEWS RECTOR - AS OF 09/2017	1.00	Х						0.	0.	0
	. VIRGINIA F. OVIEDO RECTOR	1.00	Х						0.	0.	0
	FRANCESSCA PHILLIPS	1.00	Х						0.	0.	0
	ABEL NAVARRETT POLSKY, M.D.	1.00	Х						0.	0.	0
	RAUL I. RAYMUNDO RECTOR	1.00	Х						0.	0.	0
and the said one was detailed	RICHARD E. ROTHKOPF	1.00	Х						0.	0.	0
	CARI SACKS RECTOR	1.00	Х						0.	0.	0
d Total	from continuation sheets to Part VII, S (add lines 1b and 1c)				· •			<b>A A A</b>	0. 2,101,901. 2,101,901.	0. 0. 0.	0 346,246 346,246
repor	number of individuals (including but not table compensation from the organization the organization list any <b>former</b> offic oyee on line 1a? If "Yes," complete Schedu	er, directo	48 r. or	tru	ste	 e. k	cev e	om:	lovee, or highest	compensated	Yes No
orgar <i>indivi</i>	any individual listed on line 1a, is the s nization and related organizations greated and control of the state of the stat	eater than	\$15	0,00	00?	lf · ∗ ·	"Yes	," c	complete Schedul	e J for such	4 X
for se	any person listed on line 1a receive or ervices rendered to the organization? If "Ye	accrue cor es," complet	npens e Sch	atic edu	on f <i>le J</i>	rom for	any such	unr pers	elated organization	on or individual	5 X
1 Comp	B. Independent Contractors  Dete this table for your five highest come in the organization. Report contractions are seen as the contraction of the	pensated in ompensatio	depe on for	nde the	nt c	cont end	ractor ar yea	rs th	nat received more nding with or with	than \$100,000 c in the organizatio	of n's tax
	(A) Name and business add	ress							(B) Description of ser	vices C	(C) Compensation
ATTAC	HMENT 3										
2 Total more	number of independent contractors (in than \$100,000 in compensation from the	cluding but organizati	t not on ▶	lim	ited			e lis	sted above) who	received	

			-
С	200	200	-1

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B)  Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than is both tor/trus	an	(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	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) MR. MANUAL SANCHEZ DIRECTOR	1.00	Х						0.	0.	
27) MS. DIANA SANDS DIRECTOR/BOARD TREASURER	1.00	Х		Х				0.	0.	
28) MS. JEAN SCHLEMMER DIRECTOR	1.00	Х						0.	0.	
29) MS. CATHERINE M. SIEGEL DIRECTOR	1.00	X								
30) MS. LINDA K. SMITH DIRECTOR - AS OF 03/2018	1.00							0.	0.	
31) MR. HARRISON I. STEANS	1.00	Х				į.		0.	0.	
DIRECTOR - DECEASED 02/2019 32) MS. ANNE L. TOUHY	1.00	Х						0.	0.	
DIRECTOR 33) MS. SAM YAGAN	1.00	Х						0.	0,	(
DIRECTOR 34) MS. HELEN ZELL	1.00	Х						0.	0.	
DIRECTOR 35) MS. MARY HASTEN	1.00	X						0.	0.	
DIRECTOR  36) MS. ELOISE CORNELIUS  DIRECTOR - THRU 05/2018	1.00	Х						0,	0;	
Total from continuation sheets to Part VII, S     d Total (add lines 1b and 1c)      Total number of individuals (including but not reportable compensation from the organization)	limited to the		iste	d at	oove	e) who	re	ceived more than	\$100,000 of	
<ul> <li>3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede</li> <li>4 For any individual listed on line 1a, is the statement of the st</li></ul>	<i>ule J for suc</i> sum of rep	<i>h indi</i> ortab	ividu le c	<i>ıal</i> om∣	 pen	 satior	 n an		ation from the	Yes N
organization and related organizations greindividual	eater than	\$15 · · ·	0,00	00?	If	"Yes	," c	complete Schedul	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor es," complet	npens e Sch	satio edui	on f <i>le J</i>	rom for	any such	unr pers	elated organization	on or individual	5 X
Complete this table for your five highest common compensation from the organization. Report compensation.	pensated in ompensation	ndepe on for	nde the	nt c	cont end	racto ar ye:	rs th	nat received more nding with or with	than \$100,000 c in the organizatio	of n's tax
( <b>A)</b> Name and business add	ress							( <b>B</b> ) Description of se	rvices (	(C) Compensation
2 Total number of independent contractors (in				ited	l to	thos	e lis	sted above) who	received	
more than \$100,000 in compensation from the PSA (E1055 1.000	e organizati	on 🕨							lui A	Form <b>990</b> (201
70448T 649R								0176514		PAGE 1

Page 8

Part VII Section A. Officers, Directors, True	ustees, Ke	y En	ıplo	oye	es,	and	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er an	Pos heck ss pe	erson direct	e than o	an tee)	(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	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) MR. DERRICK DUKES, JR. DIRECTOR	1.00	Х						0.		
38) MS. ASHLEY MILLS DIRECTOR - THRU 12/2017	1.00	X						0.	0.	(
39) MR. PAUL METZGER DIRECTOR	1.00	Х						0.	0.	(
40) MS. BERNICE WEISSBOURD DIRECTOR	1.00	Х						0.	0.	
41) MS. DIANA RAUNER PRESIDENT	37.50			Х				0.	0.	
42) MR. MATTHEW DAVIS  COO - THRU 03/2018	37.50			21	Х			261,728.	0.	54,890
43) MS. DONNA M. IWANSKI VICE PRESIDENT, FINANCE	37.50				Х			184,987.	0.	8,764
14) MS. CLAIRE DUNHAM SENIOR VICE PRESIDENT	37.50 0.				Х			189,742.	0.	20,164
15) MR. ELLIOT REGENSTEIN SENIOR VICE PRESIDENT	37.50 0.				Х			273,074.	0.	51,86
6) MS. KRISTIN PERRY EXECUTIVE DIRECTOR, FFYF	37.50 0.				Х			270,920.	0.	55,638
47) MR. ANTHONY S. RADEN SENIOR VICE PRESIDENT	37.50 0.					Х		171,912.	0.	49,924
total (add lines 1b and 1c)  Total number of individuals (including but not I reportable compensation from the organization	ection A .		iste	• •		raia Tili	re	ceived more than S	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu.	er, directo	r, or	tru	ste	e, k	сеу е	mp	loyee, or highest	compensated	Yes N
For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of rep eater than	ortab \$15	le c 0,00	om 00?	pen <i>If</i>	satior "Yes	ar ," o	nd other compens	ation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor s,"complet	npens e Sch	satio edu	on f <i>le J</i>	rom for	any such	unr pers	elated organization	on or individual	5 X
<ol> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest components of the organization. Report of year.</li> </ol>	pensated in ompensation	ndepe on for	nde the	nt d	ont end	racto ar yea	rs th	nat received more nding with or with	than \$100,000 o in the organizatio	f n's tax
<b>(A)</b> Name and business addr	ress							( <b>B</b> ) Description of se	vices C	(C) ompensation
Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	thos	e lis	sted above) who	received	

(A)					s, and				
Name and title	(B) Average hours per week (list any hours for	box,	not ch unless er and	s pers a dir	ion nore tha son is bo ector/tr	th an ustee)	( <b>D</b> )  Reportable compensation from the	(E) Reportable compensation from related organizations	( <b>F</b> ) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former Highest company and	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
8) MS. SARAH RITTLING NATIONAL DIRECTOR, FFYF	37.50 0.				Х		213,794.	0.	26,84
9) MS. CYNTHIA JACKSON EXECUTIVE DIRECTOR, ELN	37.50				X		191,985.	0.	18,1
0) MS. SUSAN BEN VICE PRESIDENT, IT	37.50 0.				Х		181,843.	0.	12,3
l) MS. DEBRA P. WAGNER VICE PRESIDENT	37.50			Ī	Х		161,916.	0.	47,6
b Sub-total c Total from continuation sheets to Part VII, Sed d Total (add lines 1b and 1c)  Total number of individuals (including but not line reportable compensation from the organization	ction A mited to the		isted			no re	ceived more than	\$100,000 of	
Did the organization list any former office employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a is the su	le J for suc	h indi	vidua	a/ .		• •		i i karana a tara	Yes 3
organization and related organizations greated individual	ater than	\$15	0,000	0?	If "Ye	es," (	complete Schedul	le J for such	4 X
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes ection B. Independent Contractors	s," complete	npens e Sch	atior edule	n fro	om an o <i>r suc</i>	y uni n <i>per</i> :	related organizations	on or individual	5
Complete this table for your five highest comp compensation from the organization. Report co year.	ensated in mpensatio	depe	nden the o	it co	ntract ndar y	ors t	hat received more ending with or with	than \$100,000 c in the organizatio	of n's tax
(A) Name and business addre	ess						( <b>B</b> ) Description of se	rvices C	(C) Compensation
Total number of independent contractors (incomore than \$100,000 in compensation from the	cluding but	t not	limit	ed	to the	se li	sted above) who	received Family	, success

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) (C) (D) Total revenue Unrelated Related or Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1b 1,274,201. 1c Related organizations . . . . . . . . . 1d 33,822,639. Government grants (contributions) 1e All other contributions, gifts, grants, 18,477,005 and similar amounts not included above 🐨 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f . . . . . . . <u>, 1999 (</u> 53,573,845 Program Service Revenue **Business Code** TRAINING REVENUE 611710 534,917. 534,917 2a NATIONAL CONFERENCE Ь 611710 177,401. 177,401 CONSULTING REVENUE 611710 44,415. 44,415 FAMILY AID 624100 13,425. 13,425 All other program service revenue Total. Add lines 2a-2f . . . 770,158. 3 Investment income (including dividends, interest, and other similar amounts). . . . . . . . . . . . . . . . . ▶ 1,540,662. 1,540,662. 0. Income from investment of tax-exempt bond proceeds . > 5 0 (i) Real (ii) Personal 6a Gross rents . . . . . . . b Less: rental expenses . . . c Rental income or (loss) . . Net rental income or (loss) . 0 (ii) Other (i) Securities 7a Gross amount from sales of 2,914,942 assets other than inventory Less: cost or other basis 2,653,172. and sales expenses . . . . 261,770. Gain or (loss) . . . . . . 261,770 261,770. Gross income from fundraising Revenue events (not including \$ \_\_\_\_1,274,201. of contributions reported on line 1c). Other 57,745. See Part IV, line 18 . . . . . . . . . a 172,953. b Less: direct expenses . . . . . . . b c Net income or (loss) from fundraising events.....▶ -115,208 -115.208 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . a b Less: direct expenses . . . . . . . b Net income or (loss) from gaming activities. 0 10a Gross sales of inventory, less returns and allowances . . . . . . . . a Less: cost of goods sold . . . . . . . . b ь Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** MISCELLANEOUS REVENUE 900099 19,745 11a 19,745 b All other revenue . . . . . 19,745 Total. Add lines 11a-11d 56,050,972. 770.158 1,706,969. JSA

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PAGE 13

# Part IX Statement of Functional Expenses

_			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	18,889,025.	18,889,025.	V. 10	- 1
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.		e Alberta C	* 1 U V B
5	Compensation of current officers, directors,	2 540 074	1 771 000	226 226	
	trustees, and key employees	2,548,074.	1,771,298,	776,776.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0.	12.546.000	0.610.056	
7	Other salaries and wages	18,324,022.	13,546,882.	3,643,856.	1,133,284.
8	Pension plan accruals and contributions (include	4.50 04.0	005.450		
	section 401(k) and 403(b) employer contributions)	462,812.	336,150.	101,142.	25,520.
9	Other employee benefits	2,754,684.	2,018,387.	553,265.	183,032.
10	Payroll taxes	1,400,937.	1,017,531.	306,157.	77,249.
11					
а	Management	0.			
	Legal	97,984.	49,507.	47,950.	527.
c	Accounting	115,860.		115,860.	
d	Lobbying	418,133.	418,133.		
е	Professional fundraising services. See Part IV, line 17.	0.	The second		
f	Investment management fees	71,225.		71,225.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) ATCH 4	7,408,127.	5,094,160.	2,112,799.	201,168.
12	Advertising and promotion	21,050.	21,050.		
13	Office expenses	1,447,435.	1,213,742.	179,926.	53,767.
14	Information technology	959,390.	116,643.	819,541.	23,206.
15	Royalties	0.			
16	Occupancy	1,994,032.	1,456,543.	417,541.	119,948.
17	Travel	1,196,178.	1,044,105.	140,911.	11,162.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	1,080,228.	684,733.	395,495.	
20	Interest	6,359.		6,359.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	567,883.	304,846.	263,037.	
23	Insurance	77,759.	27,016.	50,743.	
24	Other expenses Itemize expenses not covered	1 2 7 1 1	The Tree of	\$ 1 - 52 4	
	above (List miscellaneous expenses in line 24e. If	1 1 ° V2		42 4	
	line 24e amount exceeds 10% of line 25, column			38 C	
	(A) amount, list line 24e expenses on Schedule O.)			2 2 2 2 30	4 A C 2 2 2
-	INDIRECT COSTS	222 512	4,771,786.	-5,076,366.	304,580
b	SUBSCRIPTION AND DUES	230,610.	146,756.	72,191.	11,663
C	· [				
d	•				
е	All other expenses	445,942.	350,382.	72,479.	23,081.
	Total functional expenses. Add lines 1 through 24e	60,517,749.	53,278,675.	5,070,887.	2,168,187.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	0.			

JSA 7E1052 1,000

# Part X Balance Sheet

		(A) Beginning of year		( <b>B)</b> End of year
1	Cash - non-interest-bearing	11,460.	1	12,144
2	Savings and temporary cash investments	8,314,927.	2	13,834,871
3	Pledges and grants receivable, net	26,021,538.	3	17,617,745
4	Accounts receivable, net	8,266,675.	4	8,852,348
5	Loans and other receivables from current and former officers, directors,	STATE OF		W -12
	trustees, key employees, and highest compensated employees.		0.5	
		0.	5	0
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		.0	49 SH N
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L	0.	6	0
7 8 8	Notes and loans receivable, net	0.	7	0
8   8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	481,181.	9	971,557
10:	Land, buildings, and equipment: cost or		N 36	
	other basis. Complete Part VI of Schedule D 10a 14,045,441.		U.S.	
1 1	Less: accumulated depreciation 10b 6,499,626.	6,775,585.	10c	7,545,815
11	Investments - publicly traded securities	23,107,141.	11	22,913,980
12	Investments - other securities. See Part IV, line 11	1,759,010.	12	1,759,010
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	0.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	74,737,517.	16	73,507,470
17	Accounts payable and accrued expenses.	7,070,908.	17	8,844,185
18	Grants payable	0.	18	0
19	Deferred revenue	364,531.	19	373,515
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D [	0.	21	0
22	Loans and other payables to current and former officers, directors,		1 81	V S H
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	559,584.		1,741,522
26	Total liabilities. Add lines 17 through 25	7,995,023.	26	10,959,222
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.		s. 1.	TENTE TO
27 28 29 30 31 32 33	Unrestricted net assets	16,129,231.	27	20,044,831
28	Temporarily restricted net assets	35,750,483.	28	27,850,668
29	Permanently restricted net assets	14,862,780.	29	14,652,749
	Organizations that do not follow SFAS 117 (ASC 958), check here	F -x 21,		V 2 2 2 2
	complete lines 30 through 34.	" 181	1000	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances	66,742,494.	33	62,548,248.
34	Total liabilities and net assets/fund balances	74,737,517.	34	73,507,470

_	90 (2017)				Pa	ge 12
Part						
_	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				972.
2	Total expenses (must equal Part IX, column (A), line 25)	2				749.
3	Revenue less expenses. Subtract line 2 from line 1	3				777.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				494.
5	Net unrealized gains (losses) on investments	5		3	318,	376.
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			45,	845.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		62,5	48,	248.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII				0.00	Щ
					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	xplair	ı in			1
	Schedule O.				10	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			1
	reviewed on a separate basis, consolidated basis, or both:				10	1
	Separate basis Consolidated basis Both consolidated and separate basis				v.	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a		1111	
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for			_	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	explair	ı in			
_	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in	2-	Х	
L	the Single Audit Act and OMB Circular A-133?			3a	Λ	-
0	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		tne	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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

_	art I	Reason for Public Ch						S
	org	anization is not a private for		,			,	
1		A church, convention of ch						
2		A school described in sect						
3		A hospital or a cooperative						
4		A medical research organ	ization operated in	conjunction with a ho	spital de	escribed	in section 170(b)(1)(A	)(iii). Enter the
		hospital's name, city, and s						
5		An organization operated		a college or univers	ity owne	d or op	erated by a governm	ental unit described in
		section 170(b)(1)(A)(iv). (	' '					
6	$\vdash$	A federal, state, or local g						
7	X	An organization that norm	ally receives a su	bstantial part of its s	upport fi	rom a go	overnmental unit or fr	om the general public
	described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust describ	•			,		
9		An agricultural research or						
		or university or a non-land-	grant college of a	griculture (see instruc	tions). E	nter the	name, city, and state of	of the college or
	-	university:						
10		An organization that norma receipts from activities rela	ated to its exempt	functions - subject to	certain e	exception	ns. and (2) no more tha	an 331/3 % of its
		support from gross investr acquired by the organization	nent income and u on after June 30 1	Inrelated business tax	(able inc	ome (les Complete	s section 511 tax) from	businesses
11		An organization organized						
12		An organization organized						carry out the nurnoses
		of one or more publicly su						
		Check the box in lines 12a	through 12d that d	lescribes the type of s	upportin	a organi	zation and complete li	nes 12e 12f and 12g
а		Type I. A supporting org						
		the supported organization						
		supporting organization.				ajority o	i the directors of truste	ses of the
Ь		Type II. A supporting org				n with its	s supported organizati	on(a) by having
_		control or management						
		_ organization(s). You mus			tile sali	ie bersoi	is that control or mar	lage the supported
С		Type III functionally inte			atad in a	onnoctic	on with and functions	lly intograted with
·	_	_ its supported organization						ily integrated with,
d		Type III non-functionally						tod organization(s)
•	_	that is not functionally int						
		requirement (see instruct						u an attentiveness
e		Check this box if the orga						II Turne III
_	_	functionally integrated, or						п, туре п
f	Ent	er the number of supported				Jiyaniza		
q		vide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			, ,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
					163	140		
(A)								
(B)								
(C)								
(D)								
E)								
Γota	ı		4 5 TO	7	s ide	100		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 7E1210 1.000

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.) Part II

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,408,975.	68,537,399.	62,988,463.	51,288,454	53,573,845	284,797,136.
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	48,408,975	68,537,399.	62,988,463	51,288,454.	53,573,845.	284,797,136
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)			1.0			33,667,604.
6	Public support. Subtract line 5 from line 4						251,129,532.
Sec	tion B. Total Support						251,129,332.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	48,408,975.	68,537,399.	62,988,463	51,288,454	53,573,845.	284,797,136
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,041,101.	1,025,899.	1,104,531;	1,021,293.	1,540,662.	5,733,486.
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.) . AT:CH. 1		42,450.	42,300.	436,272.	77,490.	598,512
11	Total support. Add lines 7 through 10						291,129,134.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,250,954.
13	First five years. If the Form 990 is for organization, check this box and stop here.	or the organizati	on's first, secon	d, third, fourth.	or fifth tax ve	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Supp						
14	Public support percentage for 2017 (lin					14	86.26%
15	Public support percentage from 2016 S						85.31%
16a	331/3% support test - 2017. If the org						
	box and <b>stop here.</b> The organization qu	alifies as a publ	licly supported o	organization			▶ <u>X</u>
D	331/3% support test - 2016. If the org						
47-	this box and <b>stop here.</b> The organizatio						
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets the organization	meets the "fac ne "facts-and-ci	ts-and-circumstarcumstarcumstances" te	ances" test, che st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly su	xplain in upported ►
Ь	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organizatio supported organization.	nization meets n meets the "fa	the "facts-and- acts-and-circum	-circumstances" stances" test. 1	test, check tł The organizatio	nis box and <b>sto</b> n qualifies as a	publicly
18	Private foundation. If the organization instructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	

# 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.)

Cale:	tion A. Public Support	4 4		1	I		
4	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
•	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						
	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 В	Add lines 7a and 7b						
0	300		3 73 3			14.7	
ací	line 6.)						
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		(4) 2010	(6) 2014	(6) 2010	(4) 2010	(e) 2017	(i) rotal
9   N a	Amounts from line 6						
IV a	payments received on securities loans,			4			
	rents, royalties, and income from similar						
	sources						
Ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
2	whether or not the business is regularly carried on						
	whether or not the business is regularly carried on						
	whether or not the business is regularly carried on						
	whether or not the business is regularly carried on						
	whether or not the business is regularly carried on						
3	whether or not the business is regularly carried on	or the organiza	ion's first, seco	nd. third. fourth	or fifth tax ve	ear as a section	501(c)(3)
3	whether or not the business is regularly carried on						
3	whether or not the business is regularly carried on	****	**************************************				
3 4 ect	whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is forganization, check this box and stop here.  ion C. Computation of Public Supp	ort Percenta	ge		***** * ***** *		
3 4 ect	whether or not the business is regularly carried on	ort Percenta column (f) divide	<b>ge</b> ed by line 13, colur	nn (f))	**** * **** *	15	%
3 4 ect 5 6	whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here.  ion C. Computation of Public Supp  Public support percentage for 2017 (line 8, Public support percentage from 2016 Schere.	ort Percenta column (f) divide dule A, Part III, lin	ge d by line 13, colur e 15	nn (f))	**** * **** *		%
3 4 ect 5 6	whether or not the business is regularly carried on	column (f) divide dule A, Part III, lin	ge ad by line 13, colur e 15	nn (f))		15	▶ □
3 4 ect 5 6 ect	whether or not the business is regularly carried on	column (f) dividedule A, Part III, lin	ge and by line 13, colur be 15	nn (f))		15 16	% 9/ 9/
3 4 6ect 5 6 6ect 7	whether or not the business is regularly carried on	column (f) dividedule A, Part III, lin Income Perce 10c, column (t) chedule A, Part	ge  d by line 13, colur e 15 entage f) divided by line 1	nn (f))		15 16 17 18	% % %
3 4 6ect 5 6 6 7 8 9 9 a	whether or not the business is regularly carried on	column (f) divided dule A, Part III, lin Income Perce 10c, column (ichedule A, Part anization did no	ge  d by line 13, colur e 15 entage f) divided by line 1 III, line 17 ot check the box	3, column (f))	I line 15 is more	15   16   17   18   e than 331/3 %, a	% % % % % % % % % % % % % % % % % % %
3 4 6ect 5 6 6ect 7 8 9 9	whether or not the business is regularly carried on	column (f) dividedule A, Part III, lin Income Perce 10c, column (f) chedule A, Part anization did not box and stop	ge ad by line 13, colur e 15 entage f) divided by line 1 lil, line 17 of check the box here. The orga	ann (f))	I line 15 is more	15 16 17 18 e than 331/3 %, a supported organi	% % % % and line zation . ▶
3 4 6ect 5 6 6ect 7 8 9 9 b	whether or not the business is regularly carried on	column (f) divided dule A, Part III, lin Income Perce 10c, column (for chedule A, Part anization did not so box and stopnization did not	ge  d by line 13, colur e 15 eentage f) divided by line 1 III, line 17 ot check the box of here. The orga check a box on l	an (f))	I line 15 is more as a publicly a, and line 16 is	15	% % % and line zation . ▶  3 %, and
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	whether or not the business is regularly carried on	column (f) divided dule A, Part III, lin Income Perce 10c, column (f) chedule A, Part anization did not box and stopnization did not this box and stopnization	ge  d by line 13, colur e 15 entage f) divided by line 1 III, line 17 ot check the box here. The orga check a box on l op here. The orga	an (f))	I line 15 is more as a publicly a, and line 16 is	15 16 17 18 e than 331/3 %, a supported organia more than 331/3 supported organia su	% % % and line zation . ▶  3 %, and zation ▶
ect 5 6 ect 7 8 9 a	whether or not the business is regularly carried on	column (f) divided dule A, Part III, lin Income Perce 10c, column (f) chedule A, Part anization did not box and stopnization did not this box and stopnization	ge  d by line 13, colur e 15 entage f) divided by line 1 III, line 17 ot check the box here. The orga check a box on l op here. The orga	an (f))	I line 15 is more as a publicly a, and line 16 is as a publicly check this bo	15 16 17 18 e than 331/3 %, a supported organia more than 331/3 supported organia su	% % % and line zation . ►  8 %, and zation ►  uctions ►

#### 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.)

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
Ь	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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с	- V	
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		X O D
Ь	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?	5b 5c	200	18 10
С 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
U	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.		1 31-)	
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).	7	10 Ta	
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).	8	H	
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 <b>Part VI</b> .	9a	/ha	
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 <b>Part VI</b> .	9b	EMA	
С	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 <b>Part VI.</b>	9c	112	SAI
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.	10a	N - Ny E	
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.)	10b		v 5

**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? 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.
- Parent of Supported Organizations. Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017

Page 6

1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Section B - Minimum Asset Amount (A) 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 cash balances 1 b Average monthly cash balances 1 c d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3.		ain in Part VI). <b>See</b> ons A through E.
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Section B - Minimum Asset Amount 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 1 b Average monthly value of securities 1 b Average monthly value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 dd 2 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 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Precoveries of prior-year distributions 7 Redinimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum asset amount for prior year (from Section A, line 8, Column A) 4 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3.	\) Prior Year	(B) Current Year
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Fortion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Section B - Minimum Asset Amount (A) 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 1 b Average monthly value of securities 1 c d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1 fine 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 4 Enter greater of line 2 or line 3.		(optional)
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instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly cash balances  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  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.  4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by .035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.	A) Prior Year	(B) Current Year (optional)
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3.		
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3.		187 - 12
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 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). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3.		
d Total (add lines 1a, 1b, and 1c)  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.  4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by .035.  7 Recoveries of prior-year distributions  7 8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.		
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).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by .035.  7 Recoveries of prior-year distributions  7 8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.		
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).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by .035.  7 Recoveries of prior-year distributions  7 8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.		
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Remains Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3.		1 30 T 8 T 8
3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by .035.  7 Recoveries of prior-year distributions  7 8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by .035.  7 Recoveries of prior-year distributions  7 8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by .035.  7 Recoveries of prior-year distributions  7 8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.		
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  1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Henter greater of line 2 or line 3.		
7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3.		
8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.		
Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3.		
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		Current Year
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 4		
4 Enter greater of line 2 or line 3.		
	100	
5 Income tax imposed in prior year 5	5.0	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	. "	0
emergency temporary reduction (see instructions).  6  Check here if the current year is the organization's first as a non-functionally integrated Two	0 - 1 - 1	

Schedule A (Form 990 or 990-EZ) 2017

Page 7

Par	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)					
Sec	ion D - Distributions			Current Year				
_ 1	Amounts paid to supported organizations to accomplish e							
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	6 Other distributions (describe in Part VI). See instructions.							
7	100000000000000000000000000000000000000							
8	Distributions to attentive supported organizations to which							
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
2:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
_1_	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017							
	(reasonable cause required-explain in Part VI). See	N. 18 18 18 18 18 18 18 18 18 18 18 18 18						
	instructions.							
3	Excess distributions carryover, if any, to 2017							
а	ALC: A ST. A							
b	From 2013	MASS STATE						
c	From 2014							
d	From 2015							
e	From 2016							
f_	Total of lines 3a through e							
g	Applied to underdistributions of prior years	ROW THE B						
h_	Applied to 2017 distributable amount		# YE' - V					
	Carryover from 2012 not applied (see instructions)			-70 6-21				
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		- 1 Year 1	# F 1				
4	Distributions for 2017 from		1 - 1 - 1 - 1 - 1 N					
	Section D, line 7: \$							
a	Applied to underdistributions of prior years	A 50 1 2 30						
b	Applied to 2017 distributable amount		i Yell'					
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if	4.4						
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.			3 3 1 1 1 1				
6	Remaining underdistributions for 2017. Subtract lines 3h		en N N					
	and 4b from line 1. For result greater than zero, explain in		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Part VI. See instructions.							
7	Excess distributions carryover to 2018, Add lines 3j		Vax Val Name					
	and 4c.							
8	Breakdown of line 7:			16				
<u>a</u>	Excess from 2013			Taylor St. 1				
ь	Excess from 2014	Fr = 1' - 1' Sr Nest	Twant it	× 1 - 1, 1				
C	Excess from 2015							
d	Excess from 2016	THE RELEASE TO SECTION		N. Sec. 1993				
e	Excess from 2017							

Page 8

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.)

					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	4E				
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
FUNDRAISING		42,450	42,300	436,272	57,745.	578,767.
MISCELLANEOUS REVENUE					19,745.	19,745.
TOTALS		42,450.	42,300.	436,272.	77,490.	598,512.

#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

**Employer identification number** 

OUNCE OF PREVENTION FUND 36-3186328 Organization type (check one): Filers of: Sections Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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** X 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 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).

JSA

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

Employer identification number 36-3186328

Part I	Contributors (see instructions). Use duplicate copies of I	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,065,117.	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		\$11,519,263.	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
33		\$4,544,383.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$4,000,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$3,959,955.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$3,713,499.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization OUNCE OF PREVENTION FUND

Employer Identification number 36-3186328

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u></u>	\$	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.)

Employer identification number

36-3186328

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is ne	eded.
(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
8		\$	
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization OUNCE OF PREVENTION FUND

Employer identification number 36-3186328

Part III	Exclusively religious, charitable, etc., contributions to organizations described in	n section 501(c)(7), (8), or
	(10) that total more than \$1,000 for the year from any one contributor. Comple	
	the following line entry. For organizations completing Part III, enter the total of exclu	isively religious, charitable, etc
	contributions of \$1,000 or less for the year. (Enter this information once. See instr	uctions.) ▶\$
	Use duplicate copies of Part III if additional enace is peeded	,

(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		-		
		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee
102				
=				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held
		-		
:=		.,		
		(e) Transfer of	gift	
	Transferee's name, address, ar	d ZIP + 4	Relations	hip of transferor to transferee
-				
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of giff	:	(d) Description of how gift is held
-				_
		(e) Transfer of g	vift	
		(e) Transier of t	, int	
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee
_				
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
n				
-				
		(e) Transfer of g	ift	
	Transferee's name, address, an	d ZIP + 4	Relationsl	nip of transferor to transferee
	,			
-				
100				
:A				Schedule B (Form 990, 990-EZ, or 990-PF) (2017

70448T 649R

## **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

Tax)	(see separate instructions), the Section 501(c)(4), (5), or (6) or		y ruxy (See Separate )	national of Form 550-	LL, Fait V, line 350 (Flox
-	ne of organization	gamzasions. Complete Fait III.		Employer life	ntification number
	VCE OF PREVENTION FU	UNID		36-318	
		organization is exempt under	costion E01/s) ar		
1		organization's direct and indirect			
•	definition of "political camp		political campaign a	ctivities in Part IV. (see ii	nstructions for
2				<b>.</b>	
3	Voluntary hours for a like	expenditures (see instructions)			
	rt I-B Complete if the	l campaign activities (see instruction organization is exempt under	continu E04(a)(2)		
1	Enter the amount of any or	cise tax incurred by the organization	section sortion 405	- h	
2	Enter the amount of any ox	cise tax incurred by the organization n	on under section 495	ion 4055	
3	If the organization incurred	a section 4955 tax, did it file Form	nanagers under sect	ion 4955 ▶ \$	
_	Was a correction mode?	a section 4955 tax, uto it file Form	14720 for this year?		Yes No
70 h	If "Yes," describe in Part IV.				Yes No
		organization is exempt under	section 501(c), ex	cent section 501(c)(3	N
1		expended by the filing organization			<i>y</i>
		· · · · · · · · · · · · · · · · · · ·			
2		ng organization's funds contribute			
_		iles			
3		enditures. Add lines 1 and 2. E			
5		• • • • • • • • • • • • • • • • • • •			
4	Did the filing organization fi	le Form 1120-POL for this year?		1. TO	Yes No
5	Enter the names, addresses	s and employer identification num	ber (EIN) of all section	on 527 political organiz	ations to which the filing
	organization made paymen	ts. For each organization listed, e	nter the amount paid	from the filing organiz	ation's funds. Also enter
	the amount of political con	tributions received that were pror	nptly and directly de	livered to a separate po	olitical organization, such
_	as a separate segregated fu	nd or a political action committee	(PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization, If
					none, enter -0
(1)					
` '					
(2)					
` '					
(3)					
<b>\</b> /			1		
(4)					
/			1		
(5)					
,-/			1		
(6)					
, - ,					

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

_	The state of the s	OF PREVENTION FUND	36-31	.86328 Page
P	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A	Check ▶ if the filing organization be address, EIN, expenses,	ach affiliated group memb	er's name,	
В	Check ▶ if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
12	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	39,814.	
k	Total lobbying expenditures to influence	426,259.		
c	Total lobbying expenditures (add lines 1	466,073.		
	Other exempt purpose expenditures	60,051,676.		
	Total exempt purpose expenditures (ad	60,517,749		
f	Lobbying nontaxable amount. Enter the			
	_columns.	1,000,000.		
	If the amount on line 1e, column (a) or (b) is	1 2-4/5	1.8 %	
	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.	11 27 1	
	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.		a vi ga a
g	Grassroots nontaxable amount (enter 2	250,000.		
		ess, enter -0	0.	0.
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0	0.	0
j		on either line 1h or line 1i, did the organiza	tion file Form 4720	
_				Yes X No
		437 4		

## 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 Expend	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))				W X J A	6,000,000.
c Total lobbying expenditures	304,396.	387,253.	611,392.	466,073.	1,769,114.
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	46,038.	39,548.	41,350.	39,814.	166,750.

1 During the year, did the filling 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 Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? B Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Coffer activities in line 1c cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912. If "Yes," enter the amount of any tax incurred under section 4912. If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(5), or section 501(c)(6).  Year III-A  Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Year III-B  Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Solid the org	For	(election under section 501(h)).	(	a)		(b)		
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 11  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912.  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section  501(c)(6).  Yer  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Dues, assessments and similar amounts from members  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, i answered "Yes."  Dues, assessments and similar amounts from members  Carryover from last year.  2a  Carryover from last year.  5a Carryover from last year.  5b Carryover from last year.  5c Carryover from last year.  5c Carryover from l		each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	unt	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.  c Media advertisements?.  d Mailings to members, legislators, or the public?.  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?.  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?.  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?.  b if "Yes," enter the amount of any tax incurred under section 4912.  d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?.  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Vere substantially all (90% or more) dues received nondeductible by members?  Did the organization agree to carry over lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members  Carryover from last year.  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).  a Current year.  2 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure next year?  5 Aggregate amount of lobbying and political expenditures (see instruc		legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	× 1	F.,		, i		13
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i lif "Yes," enter the amount of any tax incurred under section 4912 (If "Yes," enter the amount of any tax incurred under section 4912 (If "Yes," enter the amount of any tax incurred by organization managers under section 4912 (If "Yes," enter the amount of any tax incurred by organization managers under section 4912 (If "He filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 603(e)(1)(A) notices of nondeductible section 162(e) dues.  Aggregate amount reported in section 603(e)(1)(A) notices of nondeductible section 162(e) dues.  Aggregate amount reported in section 603(e)(1)(A) notices of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions		Paid staff or management /include companyation in expenses reported on lines 1.5 through 102						
d Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912 .  If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Vere substantially all (90% or more) dues received nondeductible by members?  2 Did the organization agree to carry over lobbying expenditures of \$2,000 or less?  2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  3 Dues, assessments and similar amounts from members  Dues, assessments and similar amounts from members  Aggregate amount reported in section 503(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount of lobbying and political expenditures (see instructions)  5 Data II-A (affiliated group list); Part II-A, line 5; Part II-A (affiliated group list); Part II-A, lines 5								
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  J Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912.  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  If the filling organization incurred a section 4912 tax, did if life Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Vere substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  2 Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  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).  2 Current year  Corrover from last year.  2 Cat ordal  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount of lobbying and political expenditures (see instructions)  5 Eart 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	_	Mailings to members, legislators, or the public?						
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1: 2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Ye: 1 Were substantially all (90% or more) dues received nondeductible by members?		Publications, or published or broadcast statements?						
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b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 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, i answered "Yes."  Dues, assessments and similar amounts from members  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year.  Corrent year.  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?  Taxable amount of lobbying and political expenditures (see instructions)  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	j							
c 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?					2,			
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).   Yes								
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).    Yes								
Solicy (6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 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, i answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year. Carryover from last ye								Æ,
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  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, i answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year.  Current year.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  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?  Taxable amount of lobbying and political expenditures (see instructions)  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	Par		c)(5)	, or :	section	l.		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  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, i answered "Yes."  1 Dues, assessments and similar amounts from members							Yes	Ne
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  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, i answered "Yes."  1 Dues, assessments and similar amounts from members	1	Were substantially all (90% or more) dues received nondeductible by members?	2 40			1		
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, i answered "Yes."  1 Dues, assessments and similar amounts from members	2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	101 1010 112 1210			2		
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, i answered "Yes."  1 Dues, assessments and similar amounts from members			n the	prior	year?	3		
political expenses for which the section 527(f) tax was paid).  a Current year		Dues, assessments and similar amounts from members			1			
b Carryover from last year		political expenses for which the section 527(f) tax was paid).			8,8			
Total								
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues								
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?  Taxable amount of lobbying and political expenditures (see instructions)  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						_		_
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  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					3			_
and political expenditure next year?					-3			
5 Taxable amount of lobbying and political expenditures (see instructions)			bbyir	ng	4			
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	5	and political expenditure next year?	• •				_	
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			• •	• • •	3		-	_
2 (see instructions), and Farties, line 1. Also, complete this part for any additional information.	<b>5</b> <b>Par</b> Provid	Taxable amount of lobbying and political expenditures (see instructions)	grou	up list	5	I-A, tir	ies	1
	_							_
					-			
								_

Schedule C (Form 990 or 990-EZ) 2017

Page 4

Part IV Supplemental Information (continued)

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** OUNCE OF PREVENTION FUND 36-3186328 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2017

	edule D (Form 990) 2017							Page 2
Pa	rt III Organizations Maintainin							
3	Using the organization's acquisitio		other records, chec	k any of the	e following that	are a signif	icant use	e of its
	collection items (check all that appl	y):						
a				or exchange	programs			
b			e Other					
ı.C								
4	Provide a description of the organ	ization's collections	s and explain how	they further	the organization	n's exempt	purpose	in Part
_	XIII.							
5	During the year, did the organizatio						- 7	
	assets to be sold to raise funds rath		ained as part of the	organization	s collection?		Yes	No
Pa	rt IV Escrow and Custodial Ar		" F 000 D				_	
	Complete if the organizati	on answered "Yes	s" on Form 990, P	art IV, line	9, or reported a	an amount o	on Form	
_	990, Part X, line 21.							
1 a	Is the organization an agent, truste						7 7	
	included on Form 990, Part X?	<u> </u>	• • • • • • • • • • • • • • • • •		* *** * * * * *		∫ Yes [	No
b	If "Yes," explain the arrangement in	Part XIII and comp	olete the following tal	ole:				
	B					Amount		
c	Beginning balance	10101 1 10101 1 1010		<u>1c</u>				
d	· · · · · · · · · · · · · · · · · · ·	ASSES O BOOK A BOOK		1d				
e	Distributions during the year	direct a mass a mass		<u>1e</u>				
f n-	Ending balance	PROFESSOR CO.	a di terret di terret di ter	1f				
2a	3						Yes	No
	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the explanation	has been p	rovided on Part X			
Pa	rt V Endowment Funds. Complete if the organization	on anguared "Vec	" on Form 000 D	- und 1\/ 13 /	10			
-	Complete ii the organizatii							
	-	(a) Current year 22, 446, 511.	(b) Prior year	(c) Two yea			(e) Four yea	
1a	9 9 ,	22,440,511	21,239,673.	23,115		02,664.		0,417.
Ь	Contributions			11	,500.	5,000.	/	5,500.
C	Net investment earnings, gains,	1 100 745	0 100 001	002	407	77 704	2 20	
	and losses	1,199,745.	2,180,891.	-903	,4073	77,724.	3,38	7,209.
d	Grants or scholarships							
e	Other expenditures for facilities	000 734	074 053	000	0.51	14 400	0.5	
	and programs	909,734.	974,053.	983	,951. 9	14,409	96	0,462
f	Administrative expenses	22 726 522	20 446 511	01 020	672 02 1	15 501	0.4.4.0	0.664
g	End of year balance	22,736,522.	22,446,511.	21,239		15,531.	24,40	2,664.
2	Provide the estimated percentage of	of the current year o	end balance (line 1g,	column (a))	held as:			
a	Board designated or quasi-endowme		_%					
Ь	Permanent endowment   64.4							
C	Temporarily restricted endowment		222/					
2.	The percentages on lines 2a, 2b, ar							
эa	Are there endowment funds not in the	ne possession of th	e organization that	are held and	d administered to	ir the	Va	- I N-
	organization by:					Ĩ	Yes	-
	(i) unrelated organizations						3a(i)	X
_	(ii) related organizations						3a(ii)	X
-	If "Yes" on line 3a(ii), are the related						3Ь	1
4	Describe in Part XIII the intended us t VI Land, Buildings, and Equip	ses of the organizat	ion's endowment fur	ids.				
Fall	Complete if the organizati	on answered "Yes	s" on Form 990. P	art IV. line	11a. See Form	990. Part	Cline 10	)
	Description of property	(a) Cost or	other basis (b) Cost o	r olher basis	(c) Accumulated		Book value	
1a	Land	(invest	ment) (ol	her)	depreciation			
b	Land		7.4	60 170	2 701 071	-	1 (77	207
	Leasehold improvements			69,178.	2,791,871		4,677,	
d				63,896.	567,653		2,396,	
	Equipment			84,187.	3,102,072			115.
		(a)		28,180.	38,030			150.
ota	I. Add lines 1a through 1e. (Column (	u) must equal Form	า รรบ, Part X, column	(B), line 10	c.)	1	7,545,	815.

Schedule D (Form 990) 2017

(b) Book value	Part IV, line 11b. See Form 990, F	
	Cost or end-of-year market	
ed "Yes" on Form 990, F	Part IV, line 11c. See Form 990, P	art X, line 13.
(b) Book value	(c) Method of valuation	n:
	Cost of end-of-year market	value
4	LONG TO SERVICE STATE OF THE PARTY OF THE PA	8
d "Yes" on Form 990, F	Part IV, line 11d. See Form 990, P	art X, line 15.
escription		(b) Book value
		( )
line 15.)	verse e mem e prem a ereca a 🕨	
d "Yes" on Form 990, F	Part IV, line 11e or 11f, See Form	990. Part X.
		,,
(b) Book value		
	Table and any a	
1,390,04	3.	
	(b) Book value  d "Yes" on Form 990, Frescription  line 15.)	d "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 11d. See Form 990, Part IV, line 90, Part IV,

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 X 761270 1,000 70448T 649R

1,741,522.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

### Part XIII Supplemental Information (continued)

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 OF PREVENTION FUND HAS RECEIVED A FAVORABLE DETERMINATION

LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT IT IS 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

(FASB) 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.....\$ (45,845)

### Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE LISTED ON RETURN AND NOT ON FINANCIALS

FUNDRAISING EXPENSES......\$(172,953)

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

OTHER EXPENSES LISTED ON FINANCIALS AND NOT ON RETURN

FUNDRAISING EXPENSES.........\$ 172,953

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization					Employer Identificati	on number
OUNCE OF PREVENTION FUND					36-3186328	
Part I Fundraising Activities. Co				"Yes" on Form	990, Part IV, line	17.
Form 990-EZ filers are no						
1 Indicate whether the organization ra	iised funds through					
a Mail solicitations	e			non-government (	•	
h Internet and email solicitations	f			government grant	s	
Phone solicitations	ć	g L Spe	cial fundra	ising events		
d In-person solicitations						
2a Did the organization have a written or key employees listed in Form 99	or oral agreement	with any in	dividual (in	cluding officers, o	directors, trustees,	Yes No
<b>b</b> If "Yes," list the 10 highest paid inc	dividuals or entities	s (fundraise	ers) pursua	nt to agreements	under which the	
compensated at least \$5,000 by the	organization.	(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g	ander which the	randyalbor to to bo
At Nome and address of individual		(iii) Did fur	ndraiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
			outions?		col. (i)	organization
al .		Yes	No			
1						
2		-				
_						
3						
4						*
5						
6						
•						
7						
8						
9						
40						
10						
Total						
3 List all states in which the organiza	ation is registered	or licensed	to solicit	contributions or	has been notified	it is exempt from
registration or licensing.	J					in to exempt mem
						***
		_				

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
· are ii	
	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.

		gross receipts greater than \$5,0	00.			
			(a) Event #1 ANNUAL LUNCHEON	(b) Event #2 BLOCK PARTY	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,282,044.	33,862.	16,040.	1,331,946
œ	2	Less: Contributions	1,242,694.	22,982.	8,525.	1,274,201
-	,	line 2)	39,350.	10,880.	7,515.	57,745
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	49,164.	9,990.	2,142.	61,296
ct Exp	7	Food and beverages	51,061.	7,412.	5,511.	63,984
Dire	8	Entertainment				
	9	Other direct expenses	41,809.	5,639.	225.	47,673
Pa	11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1  Gaming. Complete if the orgathan \$15,000 on Form 990-E	0 from line 3, column (d anization answered "Y	)		172,953 -115,208 orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
$\Box$	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes% No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			
	8	Net gaming income summary. Subtra	ct line 7 from line 1, colu	ımn (d)	a arayana anana 🕨	
9 a b	ls	nter the state(s) in which the organizati the organization licensed to conduct g 'No," explain:		of these states?	R REP R RIGH R 1889	. Yes No
		ere any of the organization's gaming li 'Yes," explain:	censes revoked, susper	nded, or terminated durir	ng the tax year?	. Yes No

Sched	dule G (Form 990 or <b>990-EZ</b> ) 2017		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		70
	records:		
	Name ▶		
	Name ►		
	Address ►		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
		Yes	7
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	res _	NO
	amount of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
·	in 163, onter hame and address of the third party.		
	Name ▶		
	Name ►		
	Address		
	Address ▶		
16	Gaming manager information:		
	Taning manager morniadon.		
	Name ▶		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	165	140
	or spent in the organization's own exempt activities during the tax year > \$		
Part		w) and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform	v <i>j</i> , anu nation	
	(see instructions).	IIGUOII	
	. ,	_	

Schedule G (Form 990 or 990-EZ) 2017

Department of the Treasury Name of the organization Internal Revenue Service

OUNCE OF PREVENTION FUND

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public 2017

OMB No. 1545-0047

Inspection Employer identification number

36-3186328

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► Go to www.irs.gov/Form990 for the latest information.

× 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 华 光 改图记录 医 改图记录 光 经现代 经 医原形状 表 经收款 作 the selection criteria used to award the grants or assistance? Part 1 General Information on Grants and Assistance

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States,

(a) Name and address of organization     or government	( <b>p</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,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AUNT MARTHA'S YSP							
233 W. JOE ORR RD. CHICAGO HIS., IL 60411	23-7188150	501(C)(3)	565,727.				HS/EHS & COMM BASED
(2) CHILD ABUSE COUNCIL							
525 WEST 16TH ST. MOLINE, IL 61265	36-2937848	501(C)(3)	216,877.				COMM BASED FAMILY SE
(3) CASA CENTRAL							
1343 NORTH CALIFORNIA CHICAGO, IL 60622	36-2728618	501(C)(3)	1,989,328.				HEAD START/EARLY HEA
(4) CATHOLIC CHARITIES							
641 W. LAKE ST., STE 306 CHICAGO, IL 60661	36-2170821	501(C)(3)	671,357.				COMM BASED FAMILY SE
(5) CENTER FOR CHILDREN'S SERVICES							
702 NORTH LOGAN AVENUE DANVILLE, IL 61832	37-0716057	501(C)(3)	266,537.				COMM BASED FAMILY SE
(6) CHILDREN'S DEVELOPMENT CENTER							
650 NORTH MAIN STREET ROCKFORD, IL 61103	36-2643791	501(C)(3)	584,733.				COMM BASED FAMILY SE
(7) CHILDREN'S HOME + AID/CHILDREN'S FOUNDATION							
403 S. STATE STREET BLOOMINGTON, IL 61701	36-2167743	501(C)(3)	1,416,888.				HS/EHS & COMM BASED
(8) CHRISTOPHER HOUSE							
2507 N. GREENVIEW CHICAGO, IL 60614	23-7316001	501(C)(3)	105,876.				COMM BASED FAMILY SE
(9) THE CHILDREN'S HOME							
2130 N KNOXVILLE AVE PEORIA, IL 61603	37-0662601	501(C)(3)	1,021,503.				COMM BASED FAMILY SE
(10) COMPREHENSIVE MH CTR.							
3911 STATE STREET EAST ST. LOUIS, IL 62205	37-0760015	501(C)(3)	313,806				COMM BASED FAMILY SE
(11) CENTERS FOR NEW HORIZONS							
4150 S. KING DR. CHICAGO, IL 60653	36-2729721	501(C)(3)	470,697				HEAD START/EARLY HEA
(12) THE CHILDREN'S PLACE ASSOCIATION							
3059 W. AUGUSTA BLVD CHICAGO, IL 60622	36-3641017	(5) (7) (7)	7 9 8 5 7 7				START BAKEO

Enter total number of other organizations listed in the line 1 table.

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Schedule I (Form 990) (2017)

PAGE 43

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2017	Open to Public

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number	36-3186328

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s to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tance?	cedures for monitoring the use of grant funds in the United States.
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General Information on Grants and Assistance

OUNCE OF PREVENTION FUND

Part !

Department of the Treasury Internal Revenue Service Name of the organization Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(a) Name and address of organization     or government	( <b>p</b> ) EIN	(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) FAYETTE COUNTY HEALTH DEPT.							
509 WEST EDWARDS STREET VANDALIA, IL 62471	36-6000800	501 (A)	99,075.				COMM BASED FAMILY SE
(2) FAMILY FOCUS, INC							
310 S.PEORIA ST.STE 401 CHICAGO, IL 60607	36-2884042	501(C)(3)	1,238,956,				TOWN RACED FAMILY OF
(3) FIRST STEP CHILD CARE CENTER							
22025 GOVERNORS HWY RICHTON PARK, IL 60471	36-4241883	501(C)(3)	702,741.				HEAD STABETY HEA
(4) VISITING NURSES ASSOCIATION							
1245 CORPORATE BOULEVARD AURORA, IL 60504	36-2182095	501(C)(3)	237,268.				COMM BASED FAMILY SE
(5) YWCA - HARRIS							
360 N WABASH AVE.STE 800 CHICAGO, IL 60601	36-2179765	501(C)(3)	306,944.				COMM. BASED FAMILY SE
(6) ILLINOIS MASONIC							
2025 WINDSOR DRIVE OAK BROOK, IL 60523	36-3196629	501(C)(3)	99,550.				COMM. BASED FAMILY SE
(7) METROPOLITAN FAMILY SERVICES							
1 N. DEARBORN, SUITE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	235,058.				COMM PASED FAMILY SE
(8) MACON-PIAIT							
1690 HUDSON DRIVE DECATUR, IL 62526	37-0985257	501 (C) (3)	391,478.				TROGRAM SUPPORT
(9) MARILLAC SOCIAL CENTER							
212 SOUTH FRANCISCO CHICAGO, IL 60612	36-2109717	501(C)(3)	291,991.				COMM BASED FAMILY SE
(10) NEW MOMS							
2825 WEST MCLEAN CHICAGO, IL 60647	36-3265804	501(C)(3)	481,760.				COMM BASED FAMILY SE
(11) ONE HOPE UNITED							
215 N. MILWAUKEE AVE LAKE VILLA, IL 60046	36-2181967	501(C)(3)	1,970,128.				HS/EHS & COMM BASED
(12) OREGON DEPT OF EDUCATION							
255 CAPITOL ST NE SALEM, OR 97310	93-6001954	501(C)(3)	154.312-				Buckette Minder

3 Enter total number of other organizations listed in the line 1 table.

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PAGE 44

Schedule I (Form 990) (2017)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2017

> Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Open to Public Inspection

> OUNCE OF PREVENTION FUND Name of the organization

Part 1 General Information on Grants and Assistance

Employer identification number 36-3186328

× Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? . . . . . .

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

Part II

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ient that rec	eived more tha	an \$5,000. Part II	can be duplicat	ed if additional spac	e is needed.	
1 (a) Name and address of organization or government	( <b>p</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,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PUBLIC HEALTH FOUNDATION OF NW IL							
10 WEST LINDEN STREET FREEPORT, IL 61032	11-3676983	501 (C) (3)	566,078.				COMM BASED FAMILY SE
(2) PILSEN-LITTLE VILLAGE							
2319 SOUTH DAMEN AVENUE CHICAGO, IL 60608	36-2836998	501 (C) (3)	375,808				GOMM BASED FAMILY SE
(3) SANGAMON COUNTY DEPT OF PUBLIC HEALTH							
2833 S. GRANT AVE, E. SPRINGFIELD, IL 62073	37-6002039	501 (A)	215,334				COMM BASED FAMILY SE
(4) SCHOLARSHIP AND GUIDANCE ASSOC., YFS							
11 E. ADAMS, STE 1500 CHICAGO, IL 60603	36-2167916	501(C)(3)	1,056,976				HEAD START/EARLY HEA
(5) TENNESSEE DEPT OF EDUCATION							
710 JAMES ROBERISON, NASHVILLE, TN 37243	63-6001445	501(C)(3)	448,006.				PROGRAM STIPPORT
(6) TEEN PARENT CONNECTION							
739 ROOSEVELT RD. GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	416,199.				COMM BASED FAMILY SE
(7) UNITED METHODIST CHILDREN'S HOME							
2023 RICHVIEW ROAD MT. VERNON, IL 62864	37-0673515	501(C)(3)	598,885.				COMM BASED FAMILY SE
(8) YMCA OF METROPOLITAN CHICAGO							
801 N. DEARBORN CHICAGO, IL 60610	36-2179782	501 (C) (3)	32,293.				COMM BASED FAMILY SE
(9) PUGET SOUND EDUCATIONAL							
800 S. OAKSDALE SW RENTON, WA 98057	91-0851413	501(C)(3)	10,000				PROGRAM SUPPORT
(10) CLAYTON EARLY LEARNING INST.							
3751 MLK BLVD DENVER, CO 80205	84-0432238	501(C)(3)	10,000				PROGRAM SUPPRORT
(11) CENTER FOR AMERICAN PROGRESS							
1333 H STREET NW FL 1 WASHINGTON, DC 20005	30-0126510	501(C)(3)	168,000.				PROGRAM SUPPORT
(12) BIPARTISAN POLICY CENTER							
1225 I ST NW #1000, WASHINGTON DC, 20005	73-1628382	501(C)(3)	75,000				Facetile weapone

3 Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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PAGE 45

Schedule I (Form 990) (2017)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047	2017
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Open to Public 1 O U

Employer identification number 36-3186328 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, ▶ Go to www.irs.gov/Form990 for the latest information. Part | General Information on Grants and Assistance OUNCE OF PREVENTION FUND Name of the organization

	)	מישונים ליום מושל מישים ביות מושל מישונים ליום מישונים ליום מישונים מושלים ווים מושונים ליום מישונים ווים מושלים ווים מושלים ווים מישונים מישונים ווים מישונים מישונים ווים מישונים מישונים מישונים מישונים מישונים מישונים ווים מישונים מיש	
=	ne selection c	the selection criteria used to award the grants or assistance?	0
7	escribe in Pa	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part	Grants :	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	1
	990, Pa	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional snace is needed	

(4) REPUBLICAN MAIN STREET PART  325 7TH ST NW #610, WASHINGTON DC, 20004  (2) PARTNERSHIP FOR THE 21ST CENTURY  1 MASSACHUSETTS AVE, NW WASHINGTON DC 20001  (4)  (5)  (6)  (7)		
325 TTH ST NW #610, WASHINGTON DC, 20004 S9-1828852 501(C)(3)  PARTNERSHIP FOR THE 21ST CENTURY  1 MASSACHUSETTS AVE, NW WASHINGTON DC 20001 16-1621376 501(C)(3)		
PARTWERSHIP FOR THE 21ST CENTURX  1 MASSACHUSETIS AVE, NW WASHINGTON DC 20001 16-1621376 501(C)(3)		PROGRAM SUPPORT
1 MASSACHUSETTS AVE, NW WASHINGTON DC 20001 16-1621376 501(C)(3)		
(5) (6) (7)		PROGRAM SUPPORT
(4) (5) (6) (7)		
(5)		
(7)		
(7)		
60		
(6)		
(10)		
(11)		
(12)		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		36.
3 Enter total number of other organizations listed in the line 1 table		2.

JSA 7E1288 1.000 7O448T 649R

Schedule I (Form 990) (2017)

Part III

Page 2

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.

information. FORM 990, SCHEDULE I, PART I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.

THE OUNCE MONITORS THE USE OF GRANT FUNDS THROUGH ESTABLISHED PROCEDURES

WRITTEN IN OUR AGREEMENTS WITH SITES. THROUGHOUT THE FISCAL YEAR, THE

OUNCE STAFF ROUTINELY MONITORS THE ANNUAL BUDGETS, QUARTERLY EXPENSE

REPORTS, AND PROGRESS REPORTS FROM SITES. CLOSE MONITORING OF THEIR

FINANCIAL REPORTS ENSURES THAT PROGRAM FUNDS ARE EFFICIENTLY EXPENDED.

ANNUAL FISCAL AND PROGRAM REPORTS ARE REVIEWED AND APPROVED BY THE OUNCE

FISCAL AND PROGRAM STAFF.

Schedule | (Form 990) (2017)

Department of the Treasury Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

OUNCE OF PREVENTION FUND

Employer identification number 36-3186328

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use	4	in a	
	Travel for companions Payments for business use of personal residence	-10		8.5
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	319		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		The state of	
		BE	Leca	
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			10000
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	22,01		li ani
_	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	E 100		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	PLOS.	Bull	1399
	X Compensation committee Written employment contract		35.8	
	X Independent compensation consultant X Compensation survey or study		and a	
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	<b>4.00</b>		
•	organization or a related organization:			TO F
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		SE L	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1000		
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	5,3		E KA
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	150	1	
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Χ
	If "Yes" on line 6a or 6b, describe in Part III.	5-00	U5 B	353
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	Name and Address of the Owner, where		
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	800		
	Regulations section 53.4958-6(c)?	9		
For Pa	perwork Reduction Act Notice, see the Instructions for Form 990.	le J (Fo	rm 990	1 2017

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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 (ii) 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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	eldevetuol (d)	(E) Total of proper	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
MR. MATTHEW DAVIS	ε	261,728.	0	0	2,457.	52,433.	316,618.	0
1000 - THRU 03/2018	€	.0	.0	0	0	0	0	0
MS. DONNA M. IWANSKI	€	184,987.	0	0	.0	8,764.	193,751.	0
2 LUE PRESIDENT, FINANCE	€	0	0.	0	0	0	0	0
MS. CLAIRE DUNHAM	€	189,742.	0.	0	5,892.	14,272.	209,906.	0
. VICE PRESIDENT	€	0.	0	0	0	0	0	0
MR. ANTHONY S. RADEN	€	171,912.	0	0	5,609.	44,315.	221,836.	0
SENIOR VICE PRESIDENT	€	0.	0	0	0	0	.0	0
MR. ELLIOT REGENSTEIN	€	273,074.	0	0	8,605.	43,256.	324,935.	0
SENIOR VICE PRESIDENT	•	0	0	0	0	0	0	0
MS. KRISTIN PERRY	€	270,920.	0	0	8,652.	46,986.	326,558.	0
TIVE DIRE	€	0.	0.	0	0	0	0	0.
MS. SARAH RITTLING	ε	213,794.	0	0	6,796.	20,053.	240,643.	0
	€	0	0	0	0		0	0
MS. CYNTHIA JACKSON	Ξ	191,985.	.0	.0	5,892.	12,302.	210,179.	0
TIVE DIRE	€	.0	0	0	0	0	0	0
MS. SUSAN BEN	€	181,843.	0	0	5,585.	6,769.	194,197.	0
144	€	.0	0	0	0	0		0
MS. DEBRA P. WAGNER	Θ	161,916.	0	0	5,250.	42,358.	209,524.	0
10 VICE PRESIDENT	€	.0	0	0	0	0	0	0
	€							
11	(E)							
	€							
12	€							
	Θ							
13	€							
	€							
14	€							
	8							
15	€							
	6							
16	Ξ							
							Sch	Schedule J (Form 990) 2017

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Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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Schedule J (Form 990) 2017

### 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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

OUNCE OF PREVENTION FUND

**Employer identification number** 

36-3186328

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 = \$4,262,435

GRANTS = \$391,478

REVENUE = \$273,361

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 = \$4,652,942

GRANTS = \$333,000

REVENUE = \$0

Name of the organization
OUNCE OF PREVENTION FUND

Employer identification number 36-3186328

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 = \$2,560,067

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 = \$1,735,121

GRANTS = \$

REVENUE = \$33,509

Employer identification number 36-3186328

INNOVATIVE SOLUTIONS/TOOLS FOR ADVANCING 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 = \$4,597,330

GRANTS = \$602,317

REVENUE = \$409,010

TOTAL OTHER PROGRAM SERVICES EXPENSES = \$17,807,895

TOTAL OTHER PROGRAM SERVICES GRANTS = \$ 1,326,795

TOTAL OTHER PROGRAM SERVICES REVENUE = \$ 715,880

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, LINES 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

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.....\$(45,845)

Name of the organization
OUNCE OF PREVENTION FUND

Employer identification number 36-3186328

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

DEVELOPING AND OPERATING EDUCARE SCHOOLS THAT BEST SERVE THE

NEEDS OF AT-RISK CHILDREN AND FAMILIES.

	ATTACHMENT 2	
GRANTS	EXPENSES	REVENUE
391,478.	4,262,435.	273,361
333,000.	4,652,942.	
	2,560,067.	
	1,735,121.	33,509.
602,317.	4,597,330.	409,010.
	GRANTS 391,478. 333,000.	GRANTS EXPENSES  391,478. 4,262,435.  333,000. 4,652,942.  2,560,067.  1,735,121.

TOTALS

17,807,895.

1,326,795.

715,880.

Name of the organization	Employer identification number
OUNCE OF PREVENTION FUND	36-3186328
	ATTACHMENT 3

990, PART	VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS	
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HAMILTON PLACE STRATEGIES, LLC 805 15TH STREET, NW 2ND FLOOR WASHINGTON, DC 20005	STRATEGY & ADVOCACY	565,001.
DLA PIPER LLP P.O. BOX 75190 BALTIMORE, MD 21275	STRATEGY & ADVOCACY	252,790.
BATTLE CONSULTING 1000 DARTMOUTH ROAD ALEXANDRIA, VA 22314	STRATEGY & ADVOCACY	206,333.
ACE ALL SERVICES MIN ASSOC P.O. BOX 53249 CHICAGO, IL 60653	BUILDING MAINTENANCE	199,657.
GRAND HYATT WASHINGTON 1000 H STREET NW WASHINGTON, DC 20001	CONFERENCE VENUE	192,000.

### ATTACHMENT 4

### FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
STRATEGY & ADVOCACY	2,190,073.	2,190,073.		
OTHER CONSULTING	962,333.	321,772.	554,078.	86,483.
RESEARCH	784,573.	784,573.		
TEMPORARY STAFF	636,957.	362,590.	244,597	29,770.
DIRECT PROGRAM CONSULTATION	629,474.	629,474.		
STRATEGIC PLANNING	532,975.		448,060.	84,915.
TRAINING	530,084.	530,084.		
MARKETING CONSULTING	402,107.		402,107.	
POLICY CONSULTING	275,594.	275,594.		

Schedule O	(Form	990 (	or 990-	F7\ 2017	

Concedit C (Form Sec Si Sec E2) 2517	Page Z
Name of the organization	Employer identification number
OUNCE OF PREVENTION FUND	36-3186328
	ATTACHMENT 4 (CONT'D)

### FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
TECHNOLOGY SERVICES	246,557.		246,557.	
PAYROLL PROCESSING FEES	139,399.		139,399.	
SOFTWARE CONSULTING	78,001.		78,001.	
TOTALS	7,408,127.	5,094,160.	2,112,799.	201,168.

OUNCE OF PREVENTION FUND

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

36-3186328

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

OUNCE OF PREVENTION FUND

Part I

Open to Publi

OMB No. 1545-0047

Inspection

Employer identification number

36-3186328

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

111	Name, address, and EIN (if applicable) of disregarded entity	licable) of disregarded entity	( <b>b</b> ) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1) FIF	1) FIRST FIVE YEARS FUND, LLC	36-3186328		The state of the s			aunny
33 W.	W. MONROE, SUITE 1200	CHICAGO, IL 60603	CHILD PROGRAM	DE	2,309,970	2,309,970. 1.561.661. OUNCE	OUNCE
(2) BOU	(2) BOUNCE NETWORK, LLC	27-0294142					
33 W.	33 W. MONROE, SUITE 1200	CHICAGO, IL 60603	EDUCARE EXP.	DE	0	0	O. OUNCE
(3)							
(4)							
(2)							
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(9)							
Part II	Identification of Related Tax-I one or more related tax-exemp	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.	ie organizatíon answ	vered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had

(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 contr	(g) Section 512(b)(13) controlled entity?
and the state of t						Yes	Š
(1) BOUNCE DC 27-1349287	187						
33 W. MONROE, SUITE 1200 CHICAGO, IL 60603	EDUCARE CIR	DC	501(C)(3) 12-I	12-I	OUNCE	×	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Page 2 512(b)(13) controlled Yes No (k)
Percentage
ownership (h) Percentage ownership 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. (j) General or managing partner? Yes No 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. end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of (f) Share of total income (h) Disproportionale Yes No (g) Share of end-of-year assets (e)
Type of entity
(C corp., S corp., or trust) (f) Share of total income (d) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign (b) Primary activity (d)
Direct controlling
entity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part Ⅲ Part IV E (2) 3 9 (2) (9) E Ξ (2) (3) 4 2 (9) E

Schedule R (Form 990) 2017

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PAGE

70448T 649R

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Yes

(d) Method of determining 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. **1**P 19 4 E Į, 10 þ 9 ÷ # = 1, 9 10 19 ÷ Reimbursement paid to related organization(s) for expenses. Lease of facilities, equipment, or other assets to related organization(s). Performance of services or membership or fundraising solicitations by related organization(s). Gift, grant, or capital contribution from related organization(s). Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. a Receipt of (ii) interest, (iii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? k Lease of facilities, equipment, or other assets from related organization(s) . . . . . . . . . . . . . . . . Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s). (a) Name of related organization Ε **a b** 

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Schedule R (Form 990) 2017

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# 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.

Sections 512-3(4)	(a) Name, address, and EIN of enlity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	or Percentage
	(1)			sections 512-514)	Yes			Yes	_			9
	(2)											+
	(3)											
	(4)											
	(5)											
	(9)											
	7)											
	(8)											
	(6								+			ļ
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	5)								-			
	3)											
	(6											
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Schedule R (Form 990) 2017

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.