

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OUNCE OF PREVENTION FUND		D Employer identification number 36-3186328
	Doing business as		E Telephone number (312) 922-3863
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	33 W. MONROE, SUITE 1200		G Gross receipts \$ 68,228,399.
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60603		
F Name and address of principal officer: DIANA RAUNER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **THEOUNCE.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1982** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	386
	6 Total number of volunteers (estimate if necessary)	6	37
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	-31,075.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 53,573,845.	Current Year 64,377,745.
	9 Program service revenue (Part VIII, line 2g)	770,158.	661,029.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,802,432.	1,638,568.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-95,463.	-106,014.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,050,972.	66,571,328.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,889,025.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		25,490,529.	29,584,796.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,267,596.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,138,195.	18,339,250.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		60,517,749.	70,063,369.
19 Revenue less expenses. Subtract line 18 from line 12	-4,466,777.	-3,492,041.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 73,507,470.	End of Year 73,674,789.
	21 Total liabilities (Part X, line 26)	10,959,222.	14,208,178.
	22 Net assets or fund balances. Subtract line 21 from line 20	62,548,248.	59,466,611.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	DIANA RAUNER, PRESIDENT Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name REBEKUH ELEY	Preparer's signature	Date
	Firm's name ▶ RSM US LLP Firm's address ▶ 1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606	Firm's EIN ▶ 42-0714325	Check if self-employed <input type="checkbox"/> PTIN P01247672 Phone no. 312-634-3400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE OUNCE OF PREVENTION FUND GIVES CHILDREN IN POVERTY THE BEST CHANCE FOR SUCCESS IN SCHOOL AND IN LIFE BY ADVOCATING FOR AND PROVIDING THE HIGHEST QUALITY CARE AND EDUCATION FROM BIRTH TO AGE FIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 19,299,565. including grants of \$ 8,392,183.) (Revenue \$ 16,585.) THE OUNCE PROVIDES HIGH-QUALITY EARLY CHILDHOOD SERVICES FOR LOW-INCOME CHILDREN, BIRTH TO AGE FIVE, AND THEIR FAMILIES AS WELL AS SERVICES TO PREGNANT WOMEN, THROUGH A MULTI-SITE NETWORK OF EARLY HEAD START AND HEAD START DIRECTLY-OPERATED PROGRAMS, AND PARTNER AND DELEGATE AGENCIES, IN HIGH-NEEDS COMMUNITIES THROUGHOUT CHICAGO AND SURROUNDING SUBURBS. IN FISCAL YEAR 2019, THE OUNCE DIRECTLY OPERATED TWO PROGRAMS AT THE EDUCARE CHICAGO SCHOOL, AND ONE PROGRAM AT THE HAYES CENTER, AND SUBCONTRACTED WITH EIGHT AGENCIES AT 15 GEOGRAPHICALLY- AND RACIALLY-DIVERSE SITES, SERVING MORE THAN 1,300 YOUNG CHILDREN, PREGNANT WOMEN, AND THEIR FAMILIES.

4b (Code:) (Expenses \$ 12,317,877. including grants of \$ 9,868,112.) (Revenue \$ 1,350.) THE OUNCE'S ILLINOIS BIRTH TO THREE INSTITUTE (IBTI) ANNUALLY REACHES APPROXIMATELY 2,000 AT-RISK YOUNG CHILDREN, PREGNANT WOMEN AND THEIR FAMILIES THROUGH OUR STATEWIDE NETWORK OF HOME VISITING AND DOULA SERVICES. IBTI CONDUCTS SPECIALIZED TRAINING AND TECHNICAL ASSISTANCE FOR 200 EARLY CHILDHOOD PROFESSIONALS WORKING IN 28 COMMUNITY AGENCIES ACROSS CHICAGO AND THROUGHOUT ILLINOIS.

4c (Code:) (Expenses \$ 9,183,656. including grants of \$ 2,211,052.) (Revenue \$ 408,228.) SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 19,447,119. including grants of \$ 1,667,976.) (Revenue \$ 234,866.)

4e Total program service expenses 60,248,217.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	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 2a 386		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (37), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. CURT BAILEY CHAIRMAN OF THE BOARD	1.00 0.00	X		X				0.	0.	0.
(2) MS. SUE BAIRD BOARD VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) MR. DAVID CASPER DIRECTOR	1.00 0.00	X						0.	0.	0.
(4) MS. MAWIYAH COATES DIRECTOR	1.00 0.00	X						0.	0.	0.
(5) MS. NANCY CROWN DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) MS. DEBORAH DARO DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) MS. MARY DILLON DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) MS. MARILYN FIELDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) MS. MARQUIA FIELDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) MS. LULA FORD DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) MR. BILL FRIEND DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) MR. TOM GIMBEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) MR. KEITH GOLDSTEIN BOARD SECRETARY	1.00 0.00	X		X				0.	0.	0.
(14) MS. MARY HASTEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) MR. DAVID HELFAND DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) MR. ALAN KING DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) MS. KELLY KING DIBBLE DIRECTOR	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. TIM LANDON DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) MR. CHARLES MATTHEWS DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) MR. PAUL METZGER DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) MS. ISABEL POLSKY DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) MS. VIRGINIA OVIEDO DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) MS. FRANCESCA PHILLIPS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) MR. RAUL RAYMUNDO DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) MR. DICK ROTHKOPF DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) MR. MICHAEL SACHS DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,814,596.	0.	185,424.
d Total (add lines 1b and 1c)								1,814,596.	0.	185,424.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **44**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLUNE CONSTRUCTION CO LP, 10 S. RIVERSIDE PLAZA, SUITE 2200, CHICAGO, IL 60606	CONSTRUCTION OF NEW OFFICE SPACE	2,953,132.
HAMILTON PLACE STRATEGIES, LLC, 805 15TH STREET NW, 2ND FLOOR, WASHINGTON, DC 20005	PUBLIC AFFAIRS CONSULTING SERVICES	422,859.
THORN RUN PARTNERS, LLC, 100 M STREET SE, SUITE 750, WASHINGTON, DC 20003	GOVERNMENT RELATIONS SERVICES	240,000.
CHILDCARE CAREERS, 2000 SIERRA POINT PKWY., SUITE 702, BRISBANE, CA 94005	TEMPORARY STAFFING	239,329.
DLA PIPER LLP PO BOX 75190, BALTIMORE, MD 21275	PROFESSIONAL SERVICES - GOVERNMENT	213,943.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **16**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII		Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. MANNY SANCHEZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) MS. DIANA SANDS BOARD TREASURER	1.00 0.00	X		X				0.	0.	0.
(29) MS. JEAN SCHLEMMER DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) MR. SUK SHAH DIRECTOR (AS OF 10/18)	1.00 0.00	X						0.	0.	0.
(31) MS. KATE SIEGEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) MS. LINDA SMITH DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) MR. HARRISON STEANS DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) MS. ANNE TUOHY DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) MR. BILLIE WRIGHT ADAMS DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) MS. SAM YAGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) MS. HELEN ZELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) MS. DIANA RAUNER PRESIDENT	37.50 1.00			X				0.	0.	0.
(39) MS. JOHANNA VETTER CHIEF ADVANCEMENT OFFICER	37.50 0.00				X			243,223.	0.	1,710.
(40) MS. CLAIRE DUNHAM SENIOR VICE PRESIDENT	37.50 0.00				X			215,321.	0.	19,918.
(41) MS. DONNA IWANSKI CHIEF FINANCIAL OFFICER	37.50 1.00				X			197,373.	0.	21,264.
(42) MS. DAPHNE LOGAN SENIOR VICE PRESIDENT	37.50 0.00				X			166,164.	0.	1,287.
(43) MS. SARAH RITTLING EXECUTIVE DIRECTOR, FFYF	37.50 0.00					X		240,987.	0.	26,703.
(44) MR. CYNTHIA JACKSON EXECUTIVE DIRECTOR, ELN	37.50 0.00					X		215,153.	0.	26,226.
(45) MR. ANTHONY RADEN SENIOR VICE PRESIDENT	37.50 0.00					X		176,759.	0.	41,973.
(46) MS. SUSAN BEN VICE PRESIDENT, IT	37.50 0.00					X		181,731.	0.	26,621.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MS. MARGERY WALLEN VICE PRESIDENT, NP	37.50 0.00				X			177,885.	0.	19,722.
Total to Part VII, Section A, line 1c								1,814,596.		185,424.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,282,319.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	36,200,502.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,894,924.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		64,377,745.				
Program Service Revenue	2 a	NATIONAL CONFERENCE	Business Code	611710	237,103.	237,103.		
	b	TRAINING REVENUE		611710	228,369.	228,369.		
	c	CONSULTING REVENUE		611710	183,612.	183,612.		
	d	FAMILY AID		624100	11,945.	11,945.		
	e						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			661,029.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			108,447.		108,447.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)				1,530,121.		1,530,121.
	8 a	Gross income from fundraising events (not including \$ 1,282,319. of contributions reported on line 1c). See Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising events				-114,093.		-114,093.
	9 a	Gross income from gaming activities. See Part IV, line 19						
Less: direct expenses								
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances							
	Less: cost of goods sold							
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS REVENUE		900099	8,079.		8,079.		
b							
c							
d	All other revenue							
e	Total. Add lines 11a-11d				8,079.			
12	Total revenue. See instructions				66,571,328.	661,029.	0.	
							1,532,554.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	22,139,323.	22,139,323.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,090,067.	1,208,707.	618,088.	263,272.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,944,528.	18,654,266.	2,184,964.	1,105,298.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	549,263.	466,909.	54,689.	27,665.
9 Other employee benefits	3,293,653.	2,799,818.	327,941.	165,894.
10 Payroll taxes	1,707,285.	1,451,303.	169,990.	85,992.
11 Fees for services (non-employees):				
a Management				
b Legal	275,365.		275,365.	
c Accounting	113,762.		113,762.	
d Lobbying	447,419.		447,419.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,521.		69,521.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	7,308,157.	5,797,257.	1,338,886.	172,014.
12 Advertising and promotion	67,575.	66,642.	933.	
13 Office expenses	1,045,222.	820,082.	158,583.	66,557.
14 Information technology	1,421,853.	246,159.	1,126,061.	49,633.
15 Royalties				
16 Occupancy	1,765,804.	1,352,775.	290,070.	122,959.
17 Travel	1,690,843.	1,645,457.	33,954.	11,432.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,745,440.	1,597,019.	41,147.	107,274.
20 Interest	5,418.		5,418.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	788,610.	646,872.	88,912.	52,826.
23 Insurance	47,873.	32,477.	11,605.	3,791.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	446,293.	446,293.		
b SUBSCRIPTION AND DUES	341,707.	246,642.	84,138.	10,927.
c OFFICE FURNITURE	266,425.	168,094.	93,330.	5,001.
d UNRELATED BUSINESS TAX	29,017.	29,017.		
e All other expenses	462,946.	433,105.	12,780.	17,061.
25 Total functional expenses. Add lines 1 through 24e	70,063,369.	60,248,217.	7,547,556.	2,267,596.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	12,144.	1	5,650.	
	2 Savings and temporary cash investments	13,834,871.	2	14,637,018.	
	3 Pledges and grants receivable, net	17,617,745.	3	13,815,088.	
	4 Accounts receivable, net	8,852,348.	4	8,843,624.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	971,557.	9	469,576.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,638,468.			
	b Less: accumulated depreciation	10b 6,547,721.			
	11 Investments - publicly traded securities	7,545,815.	10c	11,090,747.	
	12 Investments - other securities. See Part IV, line 11	22,913,980.	11	23,054,076.	
	13 Investments - program-related. See Part IV, line 11	1,759,010.	12	1,759,010.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	73,507,470.	15			
17 Accounts payable and accrued expenses	8,844,185.	16	73,674,789.		
18 Grants payable		17	8,278,255.		
19 Deferred revenue	373,515.	18			
20 Tax-exempt bond liabilities		19	1,050,075.		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21			
23 Secured mortgages and notes payable to unrelated third parties		22			
24 Unsecured notes and loans payable to unrelated third parties		23			
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	1,741,522.	24			
26 Total liabilities. Add lines 17 through 25	10,959,222.	25	4,879,848.		
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	14,208,178.		
27 Unrestricted net assets	20,044,831.				
28 Temporarily restricted net assets	27,850,668.	27	17,720,182.		
29 Permanently restricted net assets	14,652,749.	28	27,093,680.		
30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		29	14,652,749.		
31 Capital stock or trust principal, or current funds					
32 Paid-in or capital surplus, or land, building, or equipment fund		30			
33 Retained earnings, endowment, accumulated income, or other funds		31			
33 Total net assets or fund balances	62,548,248.	32			
34 Total liabilities and net assets/fund balances	73,507,470.	33	59,466,611.		
		34	73,674,789.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,571,328.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,063,369.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,492,041.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,548,248.
5	Net unrealized gains (losses) on investments	5	410,404.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,466,611.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	68537399.	62988463.	51288454.	53573845.	64377745.	300765906
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	68537399.	62988463.	51288454.	53573845.	64377745.	300765906
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)						41828415.
6 Public support. Subtract line 5 from line 4.						258937491

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	68537399.	62988463.	51288454.	53573845.	64377745.	300765906
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1025899.	1104531.	1021293.	1540662.	108,447.	4800832.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			180,543.	19,745.	8,079.	208,367.
11 Total support. Add lines 7 through 10						305775105
12 Gross receipts from related activities, etc. (see instructions)					12	2,017,846.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	84.68	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	86.26	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 180,543.

2017 AMOUNT: \$ 19,745.

2018 AMOUNT: \$ 8,079.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization OUNCE OF PREVENTION FUND	Employer identification number 36-3186328
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>16,374,008.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>11,837,858.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>6,756,962.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>5,721,848.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>4,553,810.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OUNCE OF PREVENTION FUND	Employer identification number 36-3186328
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>3,277,182.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OUNCE OF PREVENTION FUND	Employer identification number 36-3186328
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization OUNCE OF PREVENTION FUND	Employer identification number 36-3186328
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization OUNCE OF PREVENTION FUND	Employer identification number 36-3186328
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	42,474.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	404,945.													
c	Total lobbying expenditures (add lines 1a and 1b)	447,419.													
d	Other exempt purpose expenditures	69,615,867.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	70,063,286.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	387,253.	611,392.	466,073.	447,419.	1,912,137.
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	39,548.	41,350.	39,814.	42,474.	163,186.

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a 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 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			
d If the filing 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).

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,736,522.	22,446,511.	21,239,673.	23,115,531.	24,402,664.
b Contributions				11,500.	5,000.
c Net investment earnings, gains, and losses	1,031,511.	1,199,745.	2,180,891.	-903,407.	-377,724.
d Grants or scholarships					
e Other expenditures for facilities and programs	898,049.	909,734.	974,053.	983,951.	914,409.
f Administrative expenses					
g End of year balance	22,869,984.	22,736,522.	22,446,511.	21,239,673.	23,115,531.

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

- a Board designated or quasi-endowment 21.91 %
- b Permanent endowment 64.07 %
- c Temporarily restricted endowment 14.02 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		8,048,673.	3,028,618.	5,020,055.
c Leasehold improvements		6,515,326.	909,358.	5,605,968.
d Equipment		2,741,248.	2,495,655.	245,593.
e Other		333,221.	114,090.	219,131.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,090,747.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED BUILDING RENT	4,485,236.
(3) CAPITAL LEASE LIABILITY	210,519.
(4) SERP PLAN	184,093.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,879,848.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	67,724,746.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	410,404.	
b	Donated services and use of facilities	2b	623,907.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	119,107.	
e	Add lines 2a through 2d	2e		1,153,418.
3	Subtract line 2e from line 1		3	66,571,328.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	66,571,328.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	70,850,476.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	623,907.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	163,200.	
e	Add lines 2a through 2d	2e		787,107.
3	Subtract line 2e from line 1		3	70,063,369.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	70,063,369.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE PRIMARY PURPOSE OF THE ENDOWMENT IS TO PROVIDE GENERAL OPERATING FUNDING TO OUR OPERATIONS.

PART X, LINE 2:

THE OUNCE 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

Part XIII Supplemental Information (continued)

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.

THE OUNCE FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF ILLINOIS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BOUNCE DC REVENUE	119,107.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

BOUNCE DC EXPENSES	163,200.
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL LUNCHEON (event type)	OUNCE BASH (event type)	1 (total number)		
Revenue	1	Gross receipts	1,304,664.	17,420.	665.	1,322,749.
	2	Less: Contributions	1,271,014.	11,210.	95.	1,282,319.
	3	Gross income (line 1 minus line 2)	33,650.	6,210.	570.	40,430.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	36,745.	1,983.	570.	39,298.
	7	Food and beverages	47,207.	5,159.		52,366.
	8	Entertainment				
	9	Other direct expenses	62,403.	456.		62,859.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				154,523.
11	Net income summary. Subtract line 10 from line 3, column (d)				-114,093.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer
 Employee
 Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AUNT MARTHA'S YSP 233 W. JOE ORR RD. CHICAGO HTS., IL 60411	23-7188150	501(C)(3)	565,807.	0.			HS/EHS & COMM BASED FAMILY SERVICES
CASA CENTRAL 1343 NORTH CALIFORNIA CHICAGO, IL 60622	36-2728618	501(C)(3)	1,947,807.	0.			HEAD START/EARLY HEAD START PROGRAM
CATHOLIC CHARITIES 641 W. LAKE ST., STE 306 CHICAGO, IL 60661	36-2170821	501(C)(3)	654,995.	0.			COMM BASED FAMILY SERVICES
CENTER FOR CHILDREN'S SERVICES 702 NORTH LOGAN AVENUE DANVILLE, IL 61832	37-0716057	501(C)(3)	319,483.	0.			COMM BASED FAMILY SERVICES
CENTERS FOR NEW HORIZONS 4150 S. KING DR. CHICAGO, IL 60653	36-2729721	501(C)(3)	485,476.	0.			HEAD START/EARLY HEAD START PROGRAM
CHICAGO CHILD CARE SOCIETY 5467 S UNIVERSITY AVE CHICAGO, IL 60615	36-2166998	501(C)(3)	110,719.	0.			COMM BASED FAMILY SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 49.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 5.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ABUSE COUNCIL 525 WEST 16TH ST. MOLINE, IL 61265	36-2937848	501(C)(3)	256,335.	0.			COMM BASED FAMILY SERVICES
CHILDREN'S DEVELOPMENT CENTER 650 NORTH MAIN STREET ROCKFORD, IL 61103	36-2643791	501(C)(3)	562,880.	0.			COMM BASED FAMILY SERVICES
CHILDREN'S HOME + AID/CHILDREN'S SOCIETY OF IL - 125 S WACKER DR. FL. 14 - CHICAGO, IL 60606	36-2167743	501(C)(3)	1,341,543.	0.			HS/EHS & COMM BASED FAMILY SERVICES
CHRISTOPHER HOUSE 2507 N. GREENVIEW CHICAGO, IL 60614	23-7316001	501(C)(3)	123,000.	0.			COMM BASED FAMILY SERVICES
CLAYRTON EARLY LEARNING INSTITUTE 3751 MARTIN LUTHER KING BLVD DENVER, CO 80205	84-0432238	501(C)(3)	60,293.	0.			PROGRAM SUPPORT
COMPREHENSIVE MH CTR. 3911 STATE STREET EAST ST. LOUIS, IL 62205	37-0760015	501(C)(3)	387,983.	0.			COMM BASED FAMILY SERVICES
DBA/EDUCARE OF WASHINGTON DC 640 ANACOSTIA AVE. NE WASHINGTON, DC 20019	27-2481956	501(C)(3)	71,543.	0.			PROGRAM SUPPORT
EDUCARE CHICAGO 5044 S WABASH AVE CHICAGO, IL 60615	36-3186328	501(C)(3)	16,709.	0.			PROGRAM SUPPORT
EDUCARE LINCOLN, NE 1111 N 13TH ST OMAHA, NE 68102	46-0568146	501(C)(3)	41,543.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCARE OF CALIFORNIA, SILICON VALLEY - 1399 SANTEE DRIVE - SAN JOSE, CA 95122	45-5147937	501(C)(3)	41,543.	0.			PROGRAM SUPPORT
EDUCARE OF OMAHA 2123 PAUL STREET OMAHA, NE 68102	80-0015385	501(C)(3)	83,086.	0.			PROGRAM SUPPORT
EDUCARE WEST DUPAGE 851 PEARL ROAD WEST CHICAGO, IL 60185	26-2259307	501(C)(3)	41,543.	0.			PROGRAM SUPPORT
FAMILY FOCUS, INC 310 S. PEORIA ST. STE 401 CHICAGO, IL 60607	36-2884042	501(C)(3)	1,270,865.	0.			COMM BASED FAMILY SERVICES
FAYETTE COUNTY HEALTH DEPT. 509 WEST EDWARDS STREET VANDALIA, IL 62471	36-6000800		94,546.	0.			COMM BASED FAMILY SERVICES
FIRST STEP CHILD CARE CENTER 22025 GOVERNORS HWY RICHTON PARK, IL 60471	36-4241883	501(C)(3)	733,154.	0.			HEAD START/EARLY HEAD START PROGRAM
FOX VALLEY VNA 400 N. HIGHLAND AVE. AURORA, IL 60506	36-2182095	501(C)(3)	214,136.	0.			COMM BASED FAMILY SERVICES
GENESEE INTERMEDIATE 2413 W MAPLE AVE FLINT, MI 48507	38-1714600	N/A	41,543.	0.			PROGRAM SUPPORT
HENRY BOOTH HOUSE 2907 S WABASH STE. 205 CHICAGO, IL 60616	36-2171681	501(C)(3)	120,213.	0.			COMM BASED FAMILY SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS MASONIC 2025 WINDSOR DRIVE OAK BROOK, IL 60523	36-3196629	501(C)(3)	115,600.	0.			COMM BASED FAMILY SERVICES
KENNEBAC VALLEY COMMUNIATION ACTION - 97 WATER STREET - WATERVILLE, ME 04901	01-0277678	501(C)(3)	51,543.	0.			PROGRAM SUPPORT
KINGSLEY HOUSE INC. 1600 CONSTANCE STREET NEW ORLEANS, LA 70130	72-0408940	501(C)(3)	41,543.	0.			PROGRAM SUPPORT
LONG BEACH UNFIED 1515 HUGHES WAY LONG BEACH, CA 90810	95-6001888	N/A	41,543.	0.			PROGRAM SUPPORT
MACON-PIATT 1690 HUDSON DRIVE DECATUR, IL 62526	37-0985257	501(C)(3)	641,586.	0.			PROGRAM SUPPPORT
MARILLAC SOCIAL CENTER 212 SOUTH FRANCISCO CHICAGO, IL 60612	36-2109717	501(C)(3)	260,521.	0.			COMM BASED FAMILY SERVICES
METROPOLITAN FAMILY SERVICES 1 N. DEARBORN, SUITE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	416,000.	0.			COMM BASED FAMILY SERVICES
NEW MOMS 2825 WEST MCLEAN CHICAGO, IL 60647	36-3265804	501(C)(3)	459,777.	0.			COMM BASED FAMILY SERVICES
NEXT DOOR FOUNDATION 2545 N. 29TH STREET MILWAUKEE, WI 53210	39-1162969	501(C)(3)	40,793.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE HOPE UNITED 215 N. MILWAUKEE AVE LAKE VILLA, IL 60046	36-2181967	501(C)(3)	1,979,224.	0.			HS/EHS & COMM BASED FAMILY SERVICES
OREGON DEPT OF EDUCATION 255 CAPITOL ST NE SALEM, OR 97310	93-6001954		750,945.	0.			PROGRAM SUPPORT
PILSEN-LITTLE VILLAGE 2319 SOUTH DAMEN AVENUE CHICAGO, IL 60608	36-2836998	501(C)(3)	394,087.	0.			COMM BASED FAMILY SERVICES
PROJECT EAGLE 444 MINNESOTA AVE, STE. 100 KANSAS CITY, KS 66101	48-1108830	501(C)(3)	41,543.	0.			PROGRAM SUPPORT
PUBLIC HEALTH FOUNDATION OF NW IL 10 WEST LINDEN STREET FREEPORT, IL 61032	11-3676983	501(C)(3)	599,254.	0.			COMM BASED FAMILY SERVICES
PUGET SOUND EDUCATIONAL SERVICES 800 S OAKESDALE AVE., SW RENTON, WA 98057	91-0851413	N/A	81,543.	0.			PROGRAM SUPPORT
SANGAMON COUNTY DEPT OF PUBLIC HEALTH - 2833 S. GRANT AVE, E. - SPRINGFIELD, IL 62073	37-6002039		257,387.	0.			COMM BASED FAMILY SERVICES
SGA YOUTH & FAMILY SERVICES 11 E. ADAMS, STE 1500 CHICAGO, IL 60603	36-2167916	501(C)(3)	1,100,883.	0.			COMM BASED FAMILY SERVICES
SHELTERING ARMS EDUCARE ATLANTA 385 CENTENNIAL OLYMPIC PARK DR NW ATLANTA, GA 30313	58-0566236	501(C)(3)	41,543.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWESTHUMAN DEVELOPMENT ARIZONA 2850 NORTH 24TH STREET PHOENIX, AZ 85008	86-0407179	501(C)(3)	40,793.	0.			PROGRAM SUPPORT
SUNBEAM FAMILY SERVICES INC 1100 NW 14TH STREET OKLAHOMA CITY, OK 73106	73-0590119	501(C)(3)	51,543.	0.			PROGRAM SUPPORT
TEEN PARENT CONNECTION 739 ROOSEVELT RD. GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	377,931.	0.			COMM BASED FAMILY SERVICES
TENNESSEE DEPT OF EDUCATION 710 JAMES ROBERTSON PKWY NASHVILLE, TN 37243	63-6001445		882,666.	0.			PROGRAM SUPPORT
THE CHILDREN'S HOME 2130 N KNOXVILLE AVE PEORIA, IL 61603	37-0662601	501(C)(3)	957,643.	0.			COMM BASED FAMILY SERVICES
THE CHILDREN'S PLACE ASSOCIATION 3059 W. AUGUSTA BLVD CHICAGO, IL 60622	36-3641017	501(C)(3)	1,149,682.	0.			HEAD START/EARLY HEAD START PROGRAM
TULSA EDUCARE INC 2190 S. 67TH EAST AVE. TULSA, OK 74129	20-1232950	501(C)(3)	92,595.	0.			PROGRAM SUPPORT
UNITED METHODIST CHILDREN'S HOME 2023 RICHVIEW ROAD MT. VERNON, IL 62864	37-0673515	501(C)(3)	509,242.	0.			COMM BASED FAMILY SERVICES
UNITED WAY OF MIAMI 3250 SW 3RD AVENUE MIAMI, FL 33129	59-0830840	501(C)(3)	62,062.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE DEPT. OF CHILDREN 1110 JEFFERSON STREET SE OLYMPIA, WA 98501	82-3847397	N/A	577,441.	0.			PROGRAM SUPPORT
WINNEBAGO TRIBE OF NEBRASKA PO BOX 687 WINNEBAGO, NE 68071	47-0489118	N/A	41,543.	0.			PROGRAM SUPPORT
YWCA - HARRIS 360 N WABASH AVE. STE 800 CHICAGO, IL 60601	36-2179765	501(C)(3)	494,122.	0.			COMM BASED FAMILY SERVICES

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part I 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b 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 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 organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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 organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
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 compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. JOHANNA VETTER CHIEF ADVANCEMENT OFFICER	(i)	243,223.	0.	0.	0.	1,710.	244,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. CLAIRE DUNHAM SENIOR VICE PRESIDENT	(i)	215,321.	0.	0.	6,646.	13,272.	235,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MS. DONNA IWANSKI CHIEF FINANCIAL OFFICER	(i)	197,373.	0.	0.	4,630.	16,634.	218,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. DAPHNE LOGAN SENIOR VICE PRESIDENT	(i)	166,164.	0.	0.	0.	1,287.	167,451.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MS. SARAH RITTLING EXECUTIVE DIRECTOR, FFYF	(i)	240,987.	0.	0.	7,600.	19,103.	267,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. CYNTHIA JACKSON EXECUTIVE DIRECTOR, ELN	(i)	215,153.	0.	0.	6,645.	19,581.	241,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MR. ANTHONY RADEN SENIOR VICE PRESIDENT	(i)	176,759.	0.	0.	5,750.	36,223.	218,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MS. SUSAN BEN VICE PRESIDENT, IT	(i)	181,731.	0.	0.	5,724.	20,897.	208,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MS. MARGERY WALLEN VICE PRESIDENT, NP	(i)	177,885.	0.	0.	5,271.	14,451.	197,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

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

THE OUNCE OF PREVENTION FUND GIVES CHILDREN IN POVERTY THE BEST CHANCE
FOR SUCCESS IN SCHOOL AND IN LIFE BY ADVOCATING FOR AND PROVIDING THE
HIGHEST QUALITY CARE AND EDUCATION FROM BIRTH TO AGE FIVE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE QUALITY, SOLUTIONS, AND IMPACT PROGRAMS STRENGTHEN STATE AND
COMMUNITY PROFESSIONAL DEVELOPMENT SYSTEMS AND CONNECT FAMILIES, HOME
VISITING PROFESSIONALS, AND INSTRUCTIONAL LEADERS WITH HIGH QUALITY
PRODUCTS AND SERVICES THROUGH A FRAMEWORK OF STRONG ORGANIZATIONAL
CONDITIONS. THE PARTNERSHIP FOR PRE-K IMPROVEMENT PROJECT INTEGRATES
PROGRAM, POLICY, AND RESEARCH EXPERTISE TO DELIVER CONSULTATION AND
DEVELOP TOOLS, RESOURCES, AND CONNECTIONS. WITH THIS APPROACH, THE
OUNCE PARTNERS WITH EARLY CHILDHOOD SYSTEMS LEADERS, RESEARCHERS, AND
ADVOCATES TO LEARN TOGETHER AND IMPROVE EARLY CHILDHOOD SYSTEMS ACROSS
THE COUNTRY. LEAD LEARN EXCEL IS A MULTI-STATE PROFESSIONAL LEARNING
PROGRAM THAT HELPS EARLY CHILDHOOD EDUCATION LEADERS DEVELOP SKILLS TO
FUEL THE EVERYDAY LEARNING AND CONTINUOUS IMPROVEMENT OF TEACHERS.
ACHIEVE ONDEMAND IS THE OUNCE OF PREVENTION'S ONLINE TRAINING AND
PEER-LEARNING SOLUTION THAT HAS THE POTENTIAL TO EXPONENTIALLY INCREASE
THE POSITIVE IMPACT OF HOME VISITING BY EQUIPPING EARLY CHILDHOOD
PROFESSIONALS WITH THE KNOWLEDGE AND SKILLS THEY NEED TO IMPROVE
OUTCOMES FOR MILLIONS OF FAMILIES AND CHILDREN. ACHIEVE ONDEMAND HAS
PROVIDED OVER 19,000 LEARNING EXPERIENCES TO NEARLY 5,000 HOME VISITING
AND EARLY CHILDHOOD PROFESSIONALS ACROSS THE UNITED STATES, CANADA, AND
INTERNATIONALLY. EARLY EDUCATION ESSENTIALS IS AN EVIDENCE-BASED

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

MEASUREMENT SYSTEM THAT ACTS AS A CATALYST FOR PROGRAM IMPROVEMENT IN
EARLY CHILDHOOD EDUCATION.

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

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 SHARES EXPERTISE WITH EDUCATORS, RESEARCHERS AND
POLICYMAKERS SO THEY CAN STRENGTHEN THEIR OWN COMMUNITIES. AN AVENUE
USED TO SHARE EXPERTISE IS THROUGH EDUCARE BEST PRACTICES TRAINING,
WHICH IS A PROFESSIONAL DEVELOPMENT SERIES THAT PROVIDES PRACTICAL
INSTRUCTION TO MAKE IT EASIER FOR CENTER- AND SCHOOL-BASED PROGRAM
LEADERS, TEACHERS AND FAMILY ENGAGEMENT STAFF TO FOCUS THEIR TIME AND
RESOURCES ON CROSS-CUTTING PRACTICES THAT LEAD TO IMPROVEMENT AT THE
INDIVIDUAL CHILD, CLASSROOM AND PROGRAM LEVELS.

EXPENSES \$ 7,641,215. INCLUDING GRANTS OF \$ 1,026,390. REVENUE \$ 78,980

THE OUNCE INSTITUTE

EXPENSES \$ 4,574,811. INCLUDING GRANTS OF \$ 641,586. REVENUE \$ 82,091.

FIRST FIVE YEARS FUND

EXPENSES \$ 3,691,175. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

ILLINOIS POLICY TEAM

EXPENSES \$ 1,584,138. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58,795.

KNOWLEDGE NAVIGATOR

EXPENSES \$ 925,630. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RESEARCH-PRACTICE PARTNERSHIP

EXPENSES \$ 1,030,150. INCLUDING GRANTS OF \$ 0. REVENUE \$ 15,000.

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

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, SECTION B, LINE 12C:

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, SECTION B, LINE 15:

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.

Name of the organization OUNCE OF PREVENTION FUND	Employer identification number 36-3186328
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FORM 990, PART VI, SECTION C, LINE 19:

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 IX, LINE 11G, OTHER FEES:

PROGRAM AND PROFESSIONAL INNOVATION:

PROGRAM SERVICE EXPENSES	1,081,457.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,081,457.

MARKETING:

PROGRAM SERVICE EXPENSES	492,572.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	492,572.

DIRECT WORK WITH CHILDREN:

PROGRAM SERVICE EXPENSES	763,175.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	763,175.

TRAINING:

PROGRAM SERVICE EXPENSES	340,737.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization OUNCE OF PREVENTION FUND	Employer identification number 36-3186328
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FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	340,737.

POLICY AND SYSTEMS INNOVATION:

PROGRAM SERVICE EXPENSES	1,501,346.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,501,346.

INFRASTRUCTURE SUPPORT:

PROGRAM SERVICE EXPENSES	843,786.
MANAGEMENT AND GENERAL EXPENSES	644,733.
FUNDRAISING EXPENSES	172,014.
TOTAL EXPENSES	1,660,533.

TEMPORARY STAFF:

PROGRAM SERVICE EXPENSES	774,184.
MANAGEMENT AND GENERAL EXPENSES	181,787.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	955,971.

TECHNOLOGY SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	258,775.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	258,775.

PAYROLL PROCESSING FEES:

Name of the organization OUNCE OF PREVENTION FUND	Employer identification number 36-3186328
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PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	171,688.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	171,688.

SOFTWARE CONSULTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	81,903.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	81,903.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,308,157.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FIRST FIVE YEARS FUND LLC - 36-3186328 33 W. MONROE, SUITE 1200 CHICAGO, IL 60603	CHILD PROGRAM	DELAWARE	5,556,789.	3,591,065.	OUNCE
BOUNCE NETWORK LLC - 27-0294142 33 W. MONROE, SUITE 1200 CHICAGO, IL 60603	EDUCARE EXP	DELAWARE	0.	0.	OUNCE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BOUNCE DC - 27-1349287 33 W. MONROE, SUITE 1200 CHICAGO, IL 60603	EDUCARE CTR	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	OUNCE	X	

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

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

