Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

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

Open to Public

inter		nue Service	Go to www.irs.gov/Formisso for instructions and the latest			mspection
<u>A</u>	For the	e 2018 cale	ndar year, or tax year beginning , 2018, and endi	ng		, 20
В	Check if	f applicable	C Name of organization Success By 6 Coalition of Douglas County		D Employe	er identification number
	Address	s change	Doing business as			74-3130758
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/su	ute	E Telephor	ne number
	Initial re	turn	1900 Delaware		785-842-8719	
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	G Gross re	ceipts \$		
	Applicat	tion pending	F Name and address of principal officer Richard W Minder	H(a) Is this a g	roup return for s	ubordinates? Yes No
		_	Same as above			included? Yes No
<u> </u>	Tax-exe	empt status	✓ 501(c)(3))If "N	lo," attach a	list (see instructions)
J	Website	e· ► wwv	v dcsb6 org	H(c) Group	exemption	number ►
K	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of forma	tion 2004	M State	of legal domicile KS
P	art I	Summ	ary			
	1	Briefly de	escribe the organization's mission or most significant activities To ens	sure that all [Oouglas Co	ounty families of
ce		children u	under the age of 6 have what they need to successfully parent their young	children, thei	eby foster	ing positive parent-
Governance		child rela	tionships and preparing children for success in school and in life			
/eri	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed	of more than	1 25% of	ts net assets.
Ĝ	3	Number	of voting members of the governing body (Part VI, line 1a).		3	10
త	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	10
ties	5	Total nun	nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	2
Activities &	6	Total nun	nber of volunteers (estimate if necessary)		6	10
Ac	7a	Total unr	elated business revenue from Part VIII, polumn_(C), line 12		7a	0
	b	Net unrel	ated business taxable income from Form 990Rtfie 器(VFD).		7b	_0
			-	Prior Y	ear	Current Year
ø	8	Contribut	tions and grants (Part VIII, line 1h) SEP 0 9 2019		835,601	852,656
Revenue	9	Program	service revenue (Part VIII, line 2g)			
ě	10		nt income (Part VIII, column (A), lines 3, 4, and 70)			
Œ	11	Other rev	renue (Part VIII, column (A), lines 5, 6d 8c. 9 (40 50 11)			
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		835,601	852,656
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		-	
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		124,472	101,225
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e) [
ф	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶			
ω	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		717,717	747,388
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		842,189	848,613
	19	Revenue	less expenses. Subtract line 18 from line 12		-6,588	4,043
o se		-		Beginning of Ci	urrent Year	End of Year
sets	20	Total ass	ets (Part X, line 16) [80,770	71,264
t Assid	21	Total liab	ılıtıes (Part X, lıne 26)		87,631	74,082
Net Assets or Fund Balances	22	Net asse	ts or fund balances. Subtract line 21 from line 20		-6,861	-2,818
Pa	art II	Signat	ture Block			
Un	der pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and state	ements, and to	the best of n	ny knowledge and belief it is
tru	e, correc	t, and compl	ete peclaration of prepare (other than officer) is based on all information of which prepare	er has any know	ledge	
	_	Z	R-U W		<u> 8- 3</u>	0-2017
Sig	jn 💮	Sign	alure of officer	Da	ate	
He	re		Siduard w. MINDER			
		Туре	or print name and title			
Pa	id	Print/Ty	pe preparer's name Preparer's signature D	ate	Check	ıf PTIN
	epare	z re			self-emp	
	e On		ame	Fire	n's EIN ▶	
			ddress ▶	Ph	one no	
Ма	y the l		s this return with the preparer shown above? (see instructions) .			🗌 Yes 🗌 No
				No 11282Y		Form 990 (2018)

Check if Schedule O Contains a response or note to any line in this Part III	Part			
To ensures that all Dovales. Counts families of children under that ace of a have what they need to successfully parent their young children. Thereby fostering positive parent-child relationships and preparing children for success, in school and in life. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-622? If "Yes," describe these new services on Schedule O. The organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program sorvice accomplishments for each of its three targest program convices, as measured by expenses. Section 501c(ij0) and 501c(ij0) 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.			or note to any line in this Part III .	· · _ · · · · · · · · · · <u>U</u>
children. Thereby fosterior positive parent child relationships and preparing children for success in school and in life 2	٠,	· ·	en under that age of 6 have what they nee	ed to successfully parent their young
prior Form 1990 or 1990-EZ? If "Yes," describe these we services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Bescribe the organization's program service accomplishments for each of its three largest program convices, as measured by expenses. Section 501(6)(3) and 501(6)(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 \$				
prior Form 1990 or 1990-EZ? If "Yes," describe these we services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Bescribe the organization's program service accomplishments for each of its three largest program convices, as measured by expenses. Section 501(6)(3) and 501(6)(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 \$				
prior Form 1990 or 1990-EZ? If "Yes," describe these we services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Bescribe the organization's program service accomplishments for each of its three largest program convices, as measured by expenses. Section 501(6)(3) and 501(6)(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 \$		Did the organization undertake any cignificant pro	ogram convices during the year which	were not listed on the
If "Ves," describe these new services on Schedule O. Describe these changes on Schedule O. If "Ves," describe these changes on Schedule O. If "Ves," describe these changes on Schedule O. If "Ves," describe these changes on Schedule O. Describe tho organization's program corvice accomplishments for each of its throc largest program corvices, 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 (Cde) (Expenses \$ 804.636 including grants of \$) (Revenue \$ 852.656)	2			
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No				
If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its throe largest program corvicos, 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 \$ 804.636 including grants of \$) (Revenue \$ 852.656) Fostering positive parent-child relationships and preparing children for success in school and life 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Oescribe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	3			nducts, any program
4e Code (Code (Expenses \$ mcluding grants of \$) (Revenue \$) 4c (Code (Expenses \$ mcluding grants of \$) (Revenue \$) 4d (Code (Expenses \$ mcluding grants of \$) (Revenue \$) 4d (Code (Code (Expenses \$ mcluding grants of \$) (Revenue \$) 4d (Code (Code (Expenses \$ mcluding grants of \$) (Revenue \$) 4d (Code (Code (Expenses \$ mcluding grants of \$) (Revenue \$) 4d (Code (Cod		services?		· Yes 🗸 No
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 \$ 804.636 including grants of \$) (Revenue \$ 852,656) Fostering positive parent-child relationships and preparing children for success in school and life 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d (Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		_		
the total expenses, and revenue, if any, for each program service reported. 4a (Code) (Expenses \$ 804.636 including grants of \$) (Revenue \$ 852.656) Fostering positive parent-child relationships and preparing children for success in school and life 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4			
4a (Code) (Expenses \$ 804.636 including grants of \$) (Revenue \$ 852,656) Fostering positive parent-child relationships and preparing children for success in school and life 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				unt of grants and allocations to others,
Fostering positive parent-child relationships and preparing children for success in school and life (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)			3	
Fostering positive parent-child relationships and preparing children for success in school and life (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4a	(Code) (Expenses \$ 804,636 ii	ncluding grants of \$) (Revenue \$ 852,656)
4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		Fostering positive parent-child relationships and pre	paring children for success in school an	d life
4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				•••••
4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4b (Code) (Expenses \$				
4b (Code) (Expenses \$				
4b (Code) (Expenses \$				
4b (Code) (Expenses \$				
4b (Code) (Expenses \$				
4c (Code) (Expenses \$including grants of \$) (Revenue \$) 4c (Code) (Expenses \$including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$including grants of \$) (Revenue \$)				
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code) (Expenses \$ Ir	ncluding grants of \$) (Revenue \$
4c (Code) (Expenses \$including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$including grants of \$) (Revenue \$)				
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)				••••
4c (Code) (Expenses \$				
4c (Code) (Expenses \$including grants of \$) (Revenue \$)				
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4c	(Code) (Expenses \$ Ir	ncluding grants of \$) (Revenue \$
(Expenses \$ including grants of \$) (Revenue \$)		(= = = = = = = = = = = = = = = = = = =		, , , , , , , , , , , , , , , , , , ,
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				•
(Expenses \$ including grants of \$) (Revenue \$)				•••••
(Expenses \$ including grants of \$) (Revenue \$)		······		
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)		••••••		
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)		Other program convece (Describe in Cabadida O.)		
A. Tatalana	40) (Revenue \$)
	4e			,

orm 99	00 (2018)			Page
Part	M Checklist of Required Schedules		1	
			Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	İ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		/
7	Did the organization receive or hold a conservation casement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		ر انځو	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		✓ ✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
13	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	12b 13 14a		√ √
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		-
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .	20a	_	1
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		✓
<u> </u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓	



P	Old the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Old the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	Yes	No
P	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
00 0			✓	
О	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
\$	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b hrough 24d and complete Schedule K If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
c D	Did the organization maintain an escrow account other than a refunding escrow at any time during the year o defease any tax-exempt bonds?	24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a S	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
y	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior rear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
С	Old the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
S	Old the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		√
	Nas 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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
w	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		✓_
	Old the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
C	Old the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
C	Old the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
S	Old the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
0	Nas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
	Oid the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
C	f "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)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
re	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable elated organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
а	Old the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
1	Old 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	38	1	
Part V				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a E	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c D	Old the organization comply with backup withholding rules for reportable payments to vendors and eportable gaming (gambling) winnings to prize winners?	1c	-	

Part '	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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
	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		✓
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, socurities account, or other financial account)?	1a		1
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If 'Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ĺ
	required to file Form 8282?	7c		✓
	If 'Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders	ł		
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	10-	—	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		-
	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			
	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	1		
	Enter the amount of reserves on hand	1.4		
	Did the organization receive any payments for indoor tanning services during the tax year?	11a		/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	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	ļ	<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.			<u> </u> -
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		/
	If "Yes," complete Form 4720, Schedule O.			

T OITH 3.				raye V
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	struct	_
Casti	Check if Schedule O contains a response or note to any line in this Part VI	·	<u> </u>	. 🗸
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10	_	163	1
10	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O	į		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	1
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	$\overline{\checkmark}$	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> .	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
		لـــــا	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	✓	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,- -	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	•	1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	-
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website	· (Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Richard Minder, 1900 Delaware, Lawrence, KS 66046, 785-842-8719	cords	>	
	1000 at 5 Hilliam, 1700 Delaware, Eavitence, NJ 00040, 703-042-0717			

Р	ar	10	7

Form	990	(201	8)

		~
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 will in 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.

☐ Chock this box if neither the organization no	r any relate	d org	anız	atic	n c	ompo	nsa	ited any curren	t officer, directo	r, or trust e e.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one is that		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	요호	Ξ	Ç	<u>~</u>	g.¥	F	from the	related organizations	other compensation
	related	Individual trustee or director	it c	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctal	tion	`	nptc	e cc	-	(W-2/1099-MISC)		organization and related
	line)	trus	al tr		уее	<u>§</u>				organizations
		tee	Institutional trustee			Highest compensated employee				
			ñ			ited				
(1) Cammie Braden	11	,								
<u>Co-Chair</u>		✓								
(2) Jeremy Fite	11									
Co-Chair		✓					<u> </u>			
(3) Matthew Stevens	11									
Treasurer		✓								
(4) Jennifer Cook	11									
Director		✓								
(5) Lindsay Galindo	1									
Director		✓								
(6) Sandy Wainwright	1]								
Director		✓								
(7) Anna Foote	1]								
Director		✓								
(8) Dan Coleman	1									
Director		✓								
(9) Julie Boydston	1									
Director		✓								
(10) Megan Smith	1									
Director		✓								
(11) Rich Minder	1									
Director			✓					56,370		
(12)								·		
(13)										
	<u> </u>									
(14)										
	T	1	1	l	1	ı	i .	I	1	(

Part	VI Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (cor	itinued)
	(C)										
-	- (A) (B) Position (do not check more than						e than (one	(D)	(E)	(F)
	Name and title	Average	box, unless person is both						Reportable	Reportable	Estimated
		hours per week (list any	 	er and	_	lirect	or/trus	<u> </u>	compensation	compensation fro related	m amount of other
		hours for	Individual trustee or director	Ins	Officer	ē	em Hig	Former	the	organizations	compensation .
		related	lirec	i t	Ę	Key employee	hest	mer	organization	(W-2/1099-MISC	
		organizations below dotted	or all	on:		l bi	e co		(W-2/1099-MISC)		organization and related
		line)	rus	<u> </u>		yee	mg				organizations
			ee	Institutional trustee			Highest compensated employee				
				Œ			e e				
(15)											
										l	
(16)											
(17)											
(18)											
(19)											
(20)											
(21)										İ	
									•		
(22)			Į						1		
								<u> </u>			
(23)			İ]		
								<u> </u>			
(24)											
(25)						l					
						<u> </u>					
1 b	Sub-total							>	56,370		
С	Total from continuation sheets to Part	VII, Sectio	n A				•		0		
d	Total (add lines 1b and 1c) .		•				•	<u> </u>	56,370		
2	Total number of individuals (including but		to th	ose	list	ed:	above	e) w	ho received m	ore than \$100,	000 of
	reportable compensation from the organ	ızatıon ►									
											Yes No
3	Did the organization list any former of							emp	loyee, or high	est compensa	ated
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ındı	vid	ıal			•	. 3 🗸
4	For any individual listed on line 1a, is the	sum of re	portal	ole d	con	nper	nsatio	n a	nd other comp	ensation from	the
	organization and related organizations	greater th	an \$1	50,	000	12 1	f "Ye	s, "	complete Sch	nedule J for s	
	ındıvıdual				•						. 4 🗸
5	Did any person listed on line 1a receive of									zation or individual	
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedu	ıle J f	or s	such person		5 ✓
Section	on B. Independent Contractors								-		
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more than \$	100,000 of
	compensation from the organization Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within the	organization's tax
	year							,			
	(A)	1							(B)		(C)
	Name and business add								Description of s	ervices	Compensation
								<u> </u>			
										_	
								$oxed{oxed}$			
								<u> </u>			
								L			
2	Total number of independent contractor	-	-					o th	ose listed ab	ove) who	
	received more than \$100,000 of company		· h a a	~~~	+					17	

Part VIII		Statement of Revenue									
		Check if Schedule O co	_								
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts nts	1a	Federated campaigns	1a					-			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b								
s, G	С	Fundraising events .	. 1c								
ar	d	Related organizations	. 1d								
ž, Ī	e	Government grants (contribu		803,113							
tior S S	f	All other contributions, gifts,									
혈粪		and similar amounts not included		49,543							
d dr	g	Noncash contributions included in	lines 1a-1f S								
	h	Total. Add lines 1a-1f		>	852,656						
Program Service Revenue				Business Code							
e e	2a										
ě	b					<u> </u>					
ξ̈	C										
Se	d										
дш	е										
ğ	f	All other program service	revenue .								
	g	Total. Add lines 2a-2f .		•							
	3	Investment income (incl and other similar amounts									
			•	•							
	4	Income from investment of t	tax-exempt bo	nd proceeds P	_			·-			
	5	Royalties	(ı) Real	(II) Personal							
	60	Gross rents	ii) i icai	(ii) / Cisonal		į					
	6a b	Less. rental expenses									
	C	Rental income or (loss)									
	d	Net rental income or (loss)	I								
	7a	}) Securities	(II) Other							
	l la	assets other than inventory	,								
	ь	Less cost or other basis									
		and sales expenses									
	С	Gain or (loss)									
	d	Net gain or (loss)		▶							
Revenue	8a	Gross income from fundra events (not including \$	aising								
æ		of contributions reported or	n line 1c)					1			
ē		See Part IV, line 18	· · a								
Other	b	Less direct expenses	. b[
		Net income or (loss) from		events . ►							
	9a	Gross income from gaming	g activities					_			
		See Part IV, line 19	а								
			b								
		Net income or (loss) from		/ities ▶							
	10a	Gross sales of invent	- 1								
			· · a								
		Less. cost of goods sold	. b								
	С	Net income or (loss) from									
		Miscellaneous Reveni	ue	Business Code							
	11a						 				
	b										
	C	All alls									
	d	All other revenue .	Ĺ								
	e 12	Total. Add lines 11a-11d Total revenue. See instru		· · • • • • • • • • • • • • • • • • • •							
	14	rotar revenue. See instru	ICHOHS	<u> </u>	852,656	i					

	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con			s must complete colu	mn (A)
	Check if Schedule O contains a respon	, 		· · ·	<u> </u>
	ot include amounts reported on lines 6b, 7b, o, 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	684,627	684,627		
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,834	15,834		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	10,000	10,000		
4 5	Benefits paid to or for members	56,370	34,183	19,093	3,094
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 8	Other salaries and wages	28,081	17,028	9,511	1,542
9	Other employee benefits	10,593	6,423	3,588	582
10	Payroll taxes	6,182	3,749	2,094	339
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting	7,506		7,506	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees .				
9	Other (If line 11g amount exceeds 10% of line 25 column (A) amount, list line 11g expenses on Schedule O)	23,628	23,628		
12	Advertising and promotion				
13	Office expenses	7,998	6,035	1,056	907
14	Information technology			<u> </u>	
15	Royalties			an	
16	Occupancy	5,527	3,352	1,872	303
17	Travel	357	357		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,,,,			
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	129		129	
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.)				
а	Staff Training & Education	1,749	1,749		
b		· · · · · ·			
С					
d					
e	All other expenses Misc	32	32		
25	Total functional expenses. Add lines 1 through 24e		32	-	
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)	848,613	796,997	44,849	6,767
		0.0,0.0		,	

Form 990 (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash-non-interest-bearing . . . 17,089 2,763 2 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 68,501 63,681 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 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 instructions). Complete Part II of Schedule L 6 Assets 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10c **b** Less accumulated depreciation 10b 11 11 Investments - publicly traded securities Investments—other securities See Part IV, line 11 12 12 Investments-program-related See Part IV, line 11. 13 13 14 14 15 15 Other assets See Part IV, line 11 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 80,770 71,264 17 17 Accounts payable and accrued expenses 87,631 74,082 18 18 Grants payable . . 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities . . 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 87,631 74,082 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets -6,861 -2,818 28 28 Temporarily restricted net assets . . 29 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . 32 32 Retained earnings, endowment, accumulated income, or other funds 33 <u>-6,861</u> 33 -2.818 34 Total liabilities and net assets/fund balances 80,770 71.264

-	4	•
Page		4

Parl	XY Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. </u>
1 、	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>.</u>	8	52,656
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	48 <u>,</u> 613
3	Revenue less expenses. Subtract line 2 from line 1	3			4,043
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			-6,861
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10			-2 818
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			<u>. </u>
				Yes	No
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," expl	aın ır	ו ו		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	led or	r		
	reviewed on a separate basis, consolidated basis, or both.		ļ		
	Separate basis Consolidated basis Both consolidated and separate basis				لـــــــــــــــــــــــــــــــــــــ
b	Were the organization's financial statements audited by an independent accountant?	•	2b	✓	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	1		
	separate basis, consolidated basis, or both		ŀ		
	Separate basis Consolidated basis Both consolidated and separate basis				ļl
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			,	
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	ļ
	If the organization changed either its oversight process or selection process during the tax year, expl	iain in	1		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	L L		,
	the Single Audit Act and OMB Circular A-133?	٠	3a		-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	JI(S.		000	10015
			For	n 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

20**18**

Open to Public Inspection

Employer identification number

Success by 6 Coalition of Douglas County 74-3130758 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, c its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

supported organization

Ochical	ne // (1 0 m) 000 0, 000 EL/ 2010						raye z
Part							
	(Complete only if you checked the				-	•	alify under
Coot	Part III. If the organization fails to	o quality unde	er the tests lis	ited below, pl	ease comple	te Part III.)	
	ion A. Public Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
Caler 1	Gifts, grants, contributions, and	(a) 2014	(0) 2015	(c) 2016	(a) 2017_	(e) 2016	(i) Total
•	membership fees received (Do not						
	include any "unusual grants")	1,224,471	1,106,927	1,036,977	835,601	852,656	5,056,632
2	Tax revenues levied for the	1,224,471	1,100,727	1,030,777	055,001		5,050,052
	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	1,224,471	1,106,927	1,036,977	835,601	852,656	5,056,632
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)						
6	Public support. Subtract line 5 from line 4						505/2030
Secti	on B. Total Support	'		,	· · · · · · · · · · · · · · · · · · ·		~~~~~~
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,224,471	1,106,927	1,036,977	835,601	852,656	5,056,632
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources		_				_
9	Net income from unrelated business	2	0	0	0	0	2
9	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.)						
11	Total support. Add lines 7 through 10			·			5,056,634
12	Gross receipts from related activities, etc				[12	
13	First five years. If the Form 990 is for the	_	's first, secon	d, third, fourth,	, or fifth tax ye	ear as a sectio	n 501(c)(3)
Cooti	organization, check this box and stop he		· · · · · · · · · · · · · · · · · · ·	• • •	· · ·	• • • •	
14	on C. Computation of Public Support Public support percentage for 2018 (line 6)			1 column (fl)		14	99 99 %
15	Public support percentage for 2016 (line to Public support percentage from 2017 Sch		•	1, COMMIN (1))	• • • •	15	99 99 %
16a	331/3% support test—2018. If the organi				ا 33 d line 14 is		
	box and stop here. The organization qua				•		▶ ✓
b	331/3% support test-2017. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 33¹/3% or m	
	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		. ▶ 🗆
17a	10%-facts-and-circumstances test - 26	018. If the orga	ınızatıon dıd n	ot check a box	on line 13, 16	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "	tacts-and-circi		st. The organiz			supported
	organization						
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization in Part VI how the organization in						
	Explain in Fair viriow the Organization for	neers the lact	3-and-circuitis	ומווטכט נכטנ.	ine organizatil	on quannes as	a publicly

Private foundation. If the organization did not check a box on linc 13, 16a, 16b, 17a, or 17b, check this box and see

Part						d & a	A David II
	(Complete only if you checked the						rder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, piease co	omplete Part	II.)	
	on A. Public Support		T			1 1 2 2 2 2	
Calen	dar 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		112		/		
	organization's benefit and either paid to			/	ĺ		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						. —
	received from other than disqualified		/				
	persons that exceed the greater of \$5,000		/				
	or 1% of the amount on line 13 for the year		/				
С	Add lines 7a and 7b		<u>/</u>				
8	Public support. (Subtract line 7c from						
	line 6)						
	on B. Total Support	/ / / / / / / / / / / / / / / / / / / /	1 1 2015	43.0046	(-1) 0017	(-) 0010	(A) Total
	dar 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	1					
L	Unrelated business taxable income (less				-		
b	section 511 taxes) from businesses						
	acquired after June 30, 1975				1		
_	Add lines 10a and 10b						
_	Net income from unrelated business						
11	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	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						. ▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	je				
15	Public support/percentage for 2018 (line			13, column (f))	. ,	15	%
16	Public support percentage from 2017 Scl		-	·	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment/income percentage for 2018 (line 10c, colur	nn (f), dıvıded l	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests - 2018. If the organ						
	17 is not more than 331/3% check this box	-					
b	331/3%/support tests—2017. If the organiz						
	line 18/is not more than 331/3%, check this	=	=				
20	Private foundation. If the organization de	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions 🕨 🔲

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.)

Sect	ion A. All Supporting Organizations			7
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
3а		2 3a		
b		3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	and the second s	5a		
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?	5b	_	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	ь		
. 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9a		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9b 9c		
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			
b	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

Part	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116		<u> </u>
Secu	on B. Type I Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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	2		
<u>Secti</u>	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustoos during the tax year also a majority of the directors			i 1
	or trustees of each of the organization's supported organization(s)? 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)	<u> </u>		ئــــا
Socti	on D. All Type III Supporting Organizations			
Section	on b. 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 menth of the		100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax.			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the]
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			<u> </u>
1	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ı		[
	supported organizations played in this regard.			
Casti	on E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netru	ctions	
' a	The organization satisfied the Activities Test. Complete line 2 below	,5(, 0		•/
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
c	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		<u> </u>	<u> </u>
	that these activities constituted substantially all of its activities.	2a	<u> </u>	-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	l		
	activities but for the organization's involvement.			
2	-	20	<u> </u>	
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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)
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 Nct value of non-exempt use assets (subtract line 4 from line 3)	5		-
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporti	ng organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets	· -	<u> </u>	
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.		<u> </u>	
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion 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			
С	From 2015			
d	From 2016			
е	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	1		ļ
b	Applied to 2018 distributable amount			
С	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			
а	Excess from 2014			
b	Excess from 2015 .			
С	Excess from 2016 .			
d	Excess from 2017			
<u>е</u>	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 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

	ı
©	
1	I
0	
Ø.	
	ŀ

OMB No 1545-0047

Open to Public

Employer identification number

Success by 6 Coalition of Douglas County Part Reported Information on Grants and Assistance	nty Grants and	Assistance					74-3130758
1 Does the organization maintain records to substantiate the an	records to sub	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	k
the selection criteria used to award the grants of assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ward the grants a ation's procedur	or assistance? es for monitoring	the use of grant fu	nds in the United	States		√ res
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do	mestic Organiz	ations and Dom	lestic Governm can be duplica	ents. Complete if	the organization ansvipace is needed.	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
(1) Bert Nash	48-0775739	<u>ب</u>	5.628				
(2) Children's Learning Center	48-0765767		696'L				
(3) Lawrence Douglas County Healt			51,941				
(4) Little Jayhawkers Daycare	27-0261687		5,718				
(5) Positive Bright Start	48-0912460	ო	458,567				
(6) Princeton Children's Center	20-1529362		5,329				
(7) St John the Evangelist Catholic	48-0930227	ო	145,635				
(8) USD 497 Lawrence Public Scho		Gov	38,207				
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	vernment organiza	tions listed in the l	ine 1 table			ω α
Pap	ee the Instruction	s for Form 990.		ő	Cat No 50055P		Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance Direct support for families in need Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 15,834 (c) Amount of cash grant (b) Number of recipients 29 Assistance to various individuals all < \$5,000 (a) Type of grant or assistance Part IV Part III ო ß N 4 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Success by 6 Coalition of Douglas County	74-3130758
Part VI, Section B, Line 11b	
Board reviews Form 990 prior to filing. Once the 990 has been approved the Executive Director submits to the IRS	
Part VI, Section B, Line 12B and 12C	
Part VI, Section B, Line 12B and 12C	
Board members review matters of decision prior to any votes. Members with a conflict recuse themselves from the issue	
Part VI, Section B, Line 15b	•••••
Board performed extensive review of compensation levels for comparable positions to determine the a	ppropriate compensation level
of the Executive Director. Any change to compensation is reviewed and approved by the Board.	
Part VI, Section C, Line 19	
Any governing documents, COI policy, and/or financial statements will be made available to the public upon request	
	•••••
	·······
	•
······································	
•	