

Return of Organization Exempt From Income Tax

2018



Under section 501(c)(29) or 1347(c)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as they are made public.

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

Department of the Treasury Internal Revenue Service

Header section A-K containing organization name, address, EIN, and other identifying information.

Main body table with columns for Activities & Revenue, Expenses, and Assets & Liabilities, and rows for various financial metrics.

Part III Signature Block. Under penalty of perjury, declare that the information on this return is true and correct, and you are the best qualified to prepare this return.

Signature area with fields for Sign Here, Preparer's name, Title, and Preparer's signature.

Way the IRS receives this return with the preparer's consent? (see instructions) Yes No

Form 990 (2018)

Part III Statement of Program Service Accomplishments
 (Check if Schedule O contains a response or note to any line in this Part III)

1. Briefly describe the organization's mission:
 Our mission is to impart wisdom with the insights and tools necessary to build the meaningful connections that parents and children need to thrive.
2. Did the organization undertake any significant program service during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.
3. Did the organization cease conducting, or make significant changes to how it conducts, any program services? Yes 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)(29) organizations are required to report the amount of grants and disbursements to others for total expenses, and revenue, if any, for each program service reported.

Code	Expenses \$	21,057 including grants of \$	0 Revenue \$	207,500
4a	Hand in Hand Parenting served 27,772 parents and professionals through in person and online classes, book, consultation, support groups, and workshops. We delivered 61,152 hours of program content to these individuals. We partnered with 7 agencies to deliver these services.			

Code	Expenses \$	19,047 including grants of \$	0 Revenue \$	207,181
4b	Hand in Hand Parenting trained and supported 214 instructors of Parenting by Connection. We distributed 13,408 booklets and 294,027 parenting materials. We sent monthly information and support to 63,460 newsletter subscribers and averaged 49,210 website visits per month.			

Code	Expenses \$	including grants of \$	0 Revenue \$	1
4c				

Code	Expenses \$	including grants of \$	0 Revenue \$	1
4d	Other program services (describe in Schedule O)			
4e	Total program service expenses	402,904		207,500

Part III Checklist of Required Schedules

	Yes	No
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11d	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11e	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11f	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 990 (2014)

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 27 if "Yes," complete Schedule L, Part I (a) (i)?		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VI, 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? If "Yes," complete Schedule L.		<input checked="" type="checkbox"/>
24a Did the organization issue a tax-exempt bond sale with an outstanding principal amount of more than \$100,000 as of the end of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, if "Yes," go to line 25a.	24a	<input checked="" type="checkbox"/>
b Did the organization issue any proceeds of tax-exempt bonds beyond a temporary period exemption?	24b	<input checked="" type="checkbox"/>
c Did the organization furnish an economic assist other than a refunding except at any time during the year to defuse any tax-exempt bonds?	24c	<input checked="" type="checkbox"/>
d Did the organization act as an underwriter of bonds outstanding at any time during the year?	24d	<input checked="" type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did an organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	<input checked="" type="checkbox"/>
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-E? If "Yes," complete Schedule L, Part I.	25b	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 8, or 27 for reportable trust or payment to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant recipient committee member, or to a 50% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	<input checked="" type="checkbox"/>
28 Was the organization or 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):	28a	<input checked="" type="checkbox"/>
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part IV.	28c	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I.	30	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, and cease and desist operations? If "Yes," complete Schedule R, Part I.	31	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II.	32	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, iii, or VI, and Part V, line 7.	34	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<input checked="" type="checkbox"/>
b If "Yes" to the 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	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 3.	36	<input checked="" type="checkbox"/>
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 partner for federal income tax purposes? If "Yes," complete Schedule R, Part V.	37	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule C and provide explanations in Schedule C (or Part V, lines 10 and 19) Note A, Form 990) that are required to complete Schedule C.	38	<input checked="" type="checkbox"/>

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 on Form 990 (or Form 1099-B, if not applicable)	1a	<input checked="" type="checkbox"/>
b Enter the number of Form 990-B included in line 1a. If not applicable.	1b	<input checked="" type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>

Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-2, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a	20	
3	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? (Note: If the sum of lines 13 and 2a is greater than 250, you may be required to e-file (see instructions).)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	If "Yes," has it filed a Form 990-E for this year? If "No," see 99, provide an explanation in Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	If "Yes," enter the name of the foreign country: _____ See instructions for instructions for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited transaction at any time during the tax year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5b	Did any taxable party notify the organization that it was or is a party to a prohibited transaction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6a	If "Yes" to line 5b or 5c, did the organization file Form 990-B?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6b	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization affirmatively disclose to each contributor that such contributions are normally deductible as charitable contributions? (If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Organizations that may receive deductible contributions under section 170(c):		
7a	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 990-B?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7d	If "Yes," indicate the number of Form 990-B filed during the year: _____		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 990 as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 990-B?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds:		
9a	Did the sponsoring organization make any taxable distributions under section 4287?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9b	Did the sponsoring organization make a distribution to a donor, donor advised son, or related person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Section 501(c)(7) organizations: Enter:		
10a	Initial net asset capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations—enter:		
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not enter 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 990-B?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12b	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:		
13a	Is the organization licensed to sell qualified health plans in more than one state? (Note: See the instructions for additional information the organization must report on Schedule O.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13b	Enter the amount of reserves the organization is required to maintain by the state in which the organization is licensed to issue qualified health plans: _____	13b	
13c	Enter the amount of reserves on hand: _____	13c	
14a	Did the organization receive any payments for input forwarding services during the tax year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Is the organization subject to the section 4920 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	If "Yes," see instructions and file Form 4720, Schedule B.		
16	Does the organization an educational institution subject to the section 4958 excise tax on net investment income? If "Yes," complete Form 4720, Schedule C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated final (or only) to an executive committee or similar committee, explain in Schedule O.	1a	
b Enter the number of voting members included in the 1a above who are independent.	1b	
2 Did any officer, director, trustee, or key employee have a family relationship (a business relationship with any other officer, director, trustee, or key employee)?	2	<input checked="" type="checkbox"/>
3 Did the organization designate control over management duties (customarily performed by or under the direction, supervision, or control of officers, directors, or trustees) or key employees to a related person, company, or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization make any significant changes during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint non-officer members of the governing body?	7a	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization (related to, for subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<input checked="" type="checkbox"/>
a The governing body?	8b	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
11a Has the organization provided a complete copy of its Form 990 to directors of its governing body (excluding the form)?	11a	<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review the Form 990.	11b	
12a Did the organization have a written conflict of interest policy? If "Yes," go to line 13.	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparable data, and contemporaneous justification of the determination and decision?	15	<input checked="" type="checkbox"/>
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<input checked="" type="checkbox"/>

Section C. Disclosure

- 17 Use the stages with which a copy of this Form 990 is required to be filed: EA
- 18 Section 5104 requires an organization to make its Forms 1023 (1074 or 1074-A if applicable), 990, and 990-T (Section 501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
- 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 mail, e-mail, and telephone number of the person who possesses the organization's books and records: Hand in Hand Patenting, 555 Woodley Street, 425, Palo Alto, CA 94301, (650) 922-3323

Form 990 (2010)

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

Check if Schedule D contains a response or note to any item in this Part VII: Yes No

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 List all persons for all persons reported to 990 file. 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 (C), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees. (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 3 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 \$10,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that reported, 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; individual officers; key employees; highest compensated employees; and leave such persons.

List geographic box if officer, director, trustee, or highest compensated employee, or former officer, director, or trustee.

(A) Name and Title	(B) Average annual salary for work performed for the organization (include other compensation)	(C) Report compensation in each of the following boxes:					(E) Reportable compensation from the organization (do not include 501(c)(3) MIFG)	(F) Total amount of this compensation from the organization and related organizations
		(i) Salary	(ii) Bonus	(iii) Other compensation	(iv) Pension or annuity	(v) Other compensation		
(1) John Helling Chairman of the Board	2.5	0	✓	+	+	+		
(2) Craig Filadelfo Treasurer	1.0	0	✓	+	+	+		
(3) Ron Malvern Secretary	2.0	0	✓	+	+	+		
(4) Kavolji Gadhil Director	0.5	0	✓	+	+	+		
(5) Teresa Kellner Director	1.0	0	✓	+	+	+		
(6) Yara Director	0.5	0	✓	+	+	+		
(7) Sushrina Nii Director	0.5	0	✓	+	+	+		
(8) Julie Wilhelm Director	0.5	0	✓	+	+	+		
(9) Paddy Wright Program Director	40.0	0	✓	+	+	26,280		
(10) Jill Iskowitz Director of Marketing and Communications	0	0	✓	+	+	18,592		
(11) Paul Russell Director of Finance and Operations	00.0	0	✓	+	+	111,462		
(12)								
(13)								
(14)								

Form 990 (2017)

Part VII Option A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(a) Individual	(b) Average number of hours the individual performed services for the organization (do not include time spent on other organizations)	(c) Position held or title held by the individual during the year					(d) Base salary or compensation from the organization (do not include other compensation)	(e) Fringe benefits received from the organization (do not include other compensation)	(f) Estimated amount of other compensation received from the organization
		President	Director	Trustee	Officer	Key employee			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)							247,304		
1b Sub-total							247,304		
c Total from continuation sheets to Part VII Section A							217,699		
d Total (add lines 1b and 1c)									
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									

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

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 title (do not include address)	(b) Description of services	(c) Compensation

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. 2 Yes No

Form 990 (2015)

Part VIII

Statement of Revenue
 Check if Schedule C contains a response or note to any line in this Part VIII.

			99 Total Revenue	101 Total of Unrelated Business Revenue	102 Total of Unrelated Business Revenue	103 Total of Unrelated Business Revenue	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (excluding those reported on line 12)					
	f	All other contributions, gifts, grants, and similar amounts (including those reported on line 12)	50,000				
	g	Investment income (reported on line 2)		50,000			
	h	Total, Add lines 1a-1f	50,000	50,000			
	Business End						
	2a			621,000	421,737		
Program Service Revenue	b						
	c						
	d						
	e						
	f	All other program service revenue		121,737			
	g	Total, Add lines 2a-2f		121,737			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		24		
		4	Income from investment of tax-exempt bond proceeds				
		5	Royalties				
		6a	Gross rents				
b		Less: real estate expenses					
c		Net rental income or (loss)					
d		Net rental income or (loss) (See Part IV, line 8)					
7a		Gross amount paid to related parties (See Part IV, line 10)					
b		Less: amount of other related party expenses					
c		Gain or (loss)					
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including 5% of contributions reported on line 1a). See Part IV, line 8						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 13						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Business End							
11a							
b							
c							
d	All other revenue						
e	Total, Add lines 11a-11d						
12	Total revenue. See instructions		825,688				

Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) organizations must complete all columns. All other organizations must complete column (A)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Financial product expenses	(C) Management and R-2000 programs	(D) Fundraising expenses
1	Grant and/or assistance to domestic organizations and foreign governments. See Part IV, line 21	0	0	0	0
2	Grant and/or other assistance to domestic individuals. See Part IV, line 22	0	0	0	0
3	Grant and/or other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 23 and 24	0	0	0	0
4	Benefits paid to or for members	0	0	0	0
5	Compensation of current officers, directors, trustees, and key employees	267,834	119,290	72,805	64,669
6	Compensation included above to disqualified persons (as defined under section 4945(d)(2)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Contract fees and wages	170,300	70,000	35,200	6,900
8	Foreign plan assets and annuities (include section 401(k) and 408(a) employer contributions)	0	0	0	0
9	Other employee benefits	40,497	21,400	12,107	6,990
10	Payroll taxes	26,876	15,182	6,807	4,087
11	Fees for services from employees:				
a	Management	104,235	21,125	23,975	10,720
b	Legal	2,200	0	2,200	0
c	Accounting	5,401	0	6,401	0
d	Advertising	0	0	0	0
e	Professional fundraising services. See Part IV, line 7	0	0	0	0
f	Investment management fees	0	0	0	0
g	Class. III or IV gaming services (10% of line 25, column (A) amount, less 1% excess on Schedule C)	191,820	191,820	0	0
12	Advertising and promotion	175,150	85,907	37,794	1,249
13	Office expenses	5,004	1,249	4,108	10,999
14	Information technology	52,105	31,691	15,476	0
15	Hotels/lodging	0	0	0	4,080
16	Meals	15,928	5,043	6,001	0
17	Travel	5,995	5,500	0	0
18	Payments of dues or entertainment expenses to any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	8,173	0	0,173	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	24,504	14,858	0,550	3,096
23	Insurance	0	0	0	0
24	Other expenses. Include expenses for contract costs (list miscellaneous expenses on line 24b, if line 24a amount exceeds 10% of line 25, column (A) amount, list line 24a expenses on Schedule C)	18,103	15,223	0	1,880
a	Printing	3,000	3,000	0	0
b	Program supplies	5,185	0	15,136	1,533
c	Credit Card and Bank Fees	10,921	7,125	1,933	3,941
d	Shipping	6,740	1,000	1,154	157,310
e	All other expenses. List	1,010,132	640,168	202,651	0
25	Total functional expenses. Add lines 1 through 24e				
26	Total expenses. Complete this line only if the organization reported in column (B) part costs from a combined organizational campaign and fundraising solicitation. See instructions following 501(c)(3) 990-7001.				

Form 990 (2015)

Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
		100,000	1	10,000	1
Assets	1	Cash—unrestricted	0	2	0
	2	Securities and temporarily cash investments	0	3	0
	3	Prepaid and grants receivable net	7,731	4	16,707
	4	Accounts receivable, net	0	5	0
	5	Notes and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part III of Schedule D.	0	6	0
	6	Loans and other receivables from other disqualifiable individuals and their family members (do not include in part on 4852(c)(2)(B), and exclude the employee stock ownership agreements of section 501(c)(3) voluntary employees' beneficiary organizations). See instructions. Complete Part III of Schedule D.	0	7	0
	7	Notes and loans receivable net	0	8	3,500
	8	Prepaid expenses and other assets	0	9	0
	9	Prepaid expenses and deferred charges	0	10	0
	10a	Land, buildings, and equipment, cost or other basis. Complete Part III of Schedule D.	10a	10a	21,914
			3,800		0
			25,000	11	0
	b	Less accumulated depreciation	10b	11	0
	11	Investments—publicly traded securities	0	12	0
	12	Investments—other securities. See Part III, line 11.	0	13	0
13	Investments—program-related. See Part III, line 11.	0	14	0	
14	Intangible assets	0	15	0	
15	Other assets. See Part IV, line 11.	177,334	15	87,065	
16	Total assets. Add lines 1 through 15 (total cost line 24).	181	16	477	
Liabilities	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liability	0	20	0
	21	Escrow or custodial account liability. Complete Part III of Schedule D.	0	21	0
	22	Liabilities and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part III of Schedule D.	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and bonds payable to unrelated third parties	0	24	0
	25	Other liabilities (including capital income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part III of Schedule D.	0	25	0
			0	26	477
26	Total liabilities. Add lines 17 through 25.	0	26	477	
Net Assets or Fund Balances	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.	170,689	27	87,285
	28	Unrestricted net assets	0	28	0
	29	Temporarily restricted net assets	0	29	0
	30	Permanently restricted net assets	0	30	0
	31	Organizations that do not follow SFAS 117 (ASC 958); check here <input type="checkbox"/> and complete lines 30 through 34.	0	31	0
	32	Capital stock or trust principal, or current funds	0	32	0
	33	Fund or capital surplus, or land, building, or equipment fund	0	33	0
	34	Retainage contracts, endowment, accumulated income, or other funds	170,689	34	87,285
	35	Total net assets or fund balances.	177,334	35	100,766

Form 990 (2018)

Part VIII Reconciliation of Net Assets

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

Check if Schedule O contains a response or note to any line in this Part VIII.			
1	Total revenue (net as equal Part VIII, column (A), line 12)	1	926,911
2	Total expenses (net as equal Part VIII, column (A), line 27)	2	1,016,132
3	Revenue less expenses. Subtract line 2 from line 1	3	-89,221
4	Net assets or fund balances at beginning of year (net as equal Part VIII, line 33, column (B))	4	176,053
5	Net investment gains (losses) or investments	5	0
6	Unrelated business and use of facilities	6	0
7	Investment expenses	7	0
8	Grant period cost elements	8	0
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. (Print equal Part VIII, line 33, column (B))	10	87,282

Part IX Financial Statements and Reporting

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

- 1 Accounting period used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its period of accounting from a prior year or created "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 i) "Yes" to the 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 retention of an independent accountant?
If the organization changed either its oversight process or retention process during the tax year, explain in Schedule O.
- 2a As a result of a federal award, was the organization required to undergo an audit or audit as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audit? If the organization did not undergo the required audit or audit, explain why in Schedule O and describe any steps taken to undergo such audit.

	Yes	No
1		
2a		
2b		
2c		
3a		
3b		