## **990**

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

For the 2017 calendar year, or tax year beginning January 1 , 2017, and ending , 20 10 C Name of organization Rainier Beach Community Empowerment Coalition D Employer identification number Check if applicable: Doing business as Rainier Beach Action Coalition 203758788 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 3703 S Edmunds Initial return 2069141762 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Seattle, WA 98118 Amended return G Gross receipts \$ Gregory Davis 4143 24th Pl South F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes Vo Seattle, WA 98108 **H(b)** Are all subordinates included? ✓ **Yes** No ✓ 501(c)(3) 4947(a)(1) or If "No," attach a list. (see instructions) 501(c) ( Tax-exempt status: ) (insert no.) Website: ▶ www.rbcoalition.org H(c) Group exemption number ▶ K Form of organization: Corporation Trust Association Other ▶ L Year of formation: M State of legal domicile: Summary Briefly describe the organization's mission or most significant activities: Enhance quality of life of Rainier Beach residents Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . . . . 6 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line 1h) . 8 273168 580552 Revenue Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 273168 580552 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 205912 525323 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 205912 525323 19 Revenue less expenses. Subtract line 18 from line 12 67256 55229 **Beginning of Current Year End of Year** Net Assets or Fund Balances 20 Total assets (Part X, line 16) 71756 56028 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 71756 56028 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of offic Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check | if self-employed Preparer Firm's name Use Only Firm's EIN ▶ May the IRS discuss this return with the preparer shown above? (see instructions) √ Yes No

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
	To enhance quality of life of RB residents by addressing the critical issues that face them
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(O )
4a	(Code: ) (Expenses \$ 61867 including grants of \$ 157409 ) (Revenue \$ 99542 )
	Kresge/FreshLo - to establish a food innovation center, nutrition focused health campaign and community farm stand that engages youth
Ala	(Codes \ \( \sum_{\text{Codes}} \)
4b	(Code: ) (Expenses \$ 60132 including grants of \$ 74000 ) (Revenue \$ 13868 )  Rainier Beach A Beautiful Safe Place for Youth (RB ABSPY) - Youth and neighborhood engagement Corner Greeters, Town Hall events,
	Back2School Bash, Mobile Discovery Center, FreedomNet
	Back2Sci 1001 Basil, Mobile Discovery Cettler, Freedominet
40	(Code: \(\( \)\( \)\( \)\( \)\( \)\( \)\( \)\
4c	(Code: ) (Expenses \$ 45587 including grants of \$ 50000) (Revenue \$ 4413)
	Restorative Justice - implementing restorative practices at local public schools
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 357737 including grants of \$ 299143 ) (Revenue \$ 58594 )
40	Total program service expenses > 525323

Form 9	90 (2017)	ſ	Page 3
Part	IV Checklist of Required Schedules		
		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."		

1	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	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete <i>Schedule C, Part I</i>	2		✓ ✓
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		1
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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>√</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ç	<b>√</b>
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		<b>√</b>
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		<b>√</b>
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		✓
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		✓
-				

Part IV Checklist of Required Schedules (continued	Part IV	Checklist of	f Required	<b>Schedules</b>	(continued
--	---------	--------------	------------	------------------	------------

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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		✓
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√ √
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	26		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	21		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		√ 
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		√ √
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>·</u> ✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√ √
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 2	36		<u>√</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	00		
	Part VI	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
		Г	000	(0047)

10111 990 (201		Page 3
Part V	Statements Regarding Other IRS Filings and Tax Compliance	
	Charlet Cabadala Capataina a vannana avanta ta analisa in this Dart V	

	Check if Schedule O contains a response or note to any line in this Part V			
10	Entenths number and other in Pay 2 of Four 1000 Fator 0 if not and include		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>	100000000000000000000000000000000000000		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
20				
b	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Oh		
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	3b		· ·
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	SD		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	16.		
	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	PERSONALARIA	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
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>√</b>
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 required to file Form 8282?	_		,
4		7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7-		,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<u>√</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>√</b>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		-	
	100			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
D	ii Tes. Has it lifed a potti 720 to tedori these dayments? If "No." provide an explanation in Schedule ()	14h	- 1	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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		<b>√</b>
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		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Did the organization have members or stockholders?	6 7a		✓ ✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		V
а	The governing body?	00	1	
b	Each committee with authority to act on behalf of the governing body?	8a 8b	<b>√</b>	
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			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ada l	<u> </u>
0000	on b. I didied (This decitor b requests information about policies not required by the internal never	ue o	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
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?	11a	1	
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	/	
13	Did the organization have a written whistleblower policy?	13		<b>√</b>
14 15	Did the organization have a written document retention and destruction policy?	14		<b>√</b>
а	The organization's CEO, Executive Director, or top management official	15a	12/5/4/6/5/8	1
b	Other officers or key employees of the organization	15b	_	<b>√</b>
	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		1
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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Washington  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
	✓ 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 interfinancial statements available to the public during the tax year.	erest p	olicy,	and
20	State the name, address, and telephone number of the person who possesses the organization's books and red Gregory Davis, 4143 24th Place South, Seattle, WA 98118; 206.914.1762	ords:	•	

	(2017)	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than of is both or/trus:  Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		tee	ustee			ensated						
(1) Gregory Davis	8	1		1				3792	0	0		
(2) Guyanthony Parramore	1	1						0	0	0		
(3) Steve Bury	1	1						0	0	0		
(4) Rebecca Saldana	1	/										
(5) Monika Matthews	1	1		1				0	0	0		
(6) Ariel Bangs	1	✓						0	0	0		
(7) Cliff Cawthon	1							0	0	0		
(8)												
(9)												
(10)												
(11)												
(12)												
(13)								= -				
(14)												

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ai	nd F	lighe	st C	ompensated E	mployees (c	ontin	ued)		
(A) Name and title			box,	unles er and	Pos neck ss pe	rson	e than of is both or/trust	an tee)	Reportable compensation	(E) Reportable compensation related		(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M		comp fro orga and	pensation the anization trelate in the anization in the a	on ed
(15)														
(16)											$\top$			
(17)											$\top$			
(18)											+			
(19)											+		-	
(20)											+			
(21)											+			
(22)											+			
(23)											1			
											_			
(24)														
(25)														
1b c	Sub-total	VII, Section	 n A					<b>&gt;</b>	3729		-			
d	Total (add lines 1b and 1c)								3729		$\neg$			
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received mo	ore than \$10	0,000	) of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compen	sated	3	Yes	No ✓
4									1					
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indi	vidua			1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													tax
-	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
-														
2	Total number of independent contracto							the	ose listed abo	ove) who				
	received more than \$100,000 of compensa	ation from t	he org	gani	zati	on I	•							

Part VIII		Statement of Revenue				D (1)(III)		
		Check if Schedule O contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
ts ts	1a	Federated campaigns	1a			revenue		512-514
Grants	b	Membership dues	1b					
s, G	С	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
imil	е	Government grants (contributions)	1e	174430				
tion r S	f	All other contributions, gifts, grants,						
Contributions, and Other Sim		and similar amounts not included above	1f	406122				
ontr od O	g	Noncash contributions included in lines 1a-						
	h	Total. Add lines 1a-1f		▶	580522			
nne				Business Code				
eve	2a							
æ	b			-				
Ŋ	С							
လို	d			-				
Iran	e	All other program conting revenue						
Program Service Revenue	f g	All other program service revenue <b>Total.</b> Add lines 2a–2f						
	3	Investment income (including						I
				•				
	4	Income from investment of tax-exer	not bo	ond proceeds ▶				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	-						
	7a	Gross amount from sales of assets other than inventory	es	(ii) Other				
	b	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss)		▶				
nue	8a	Gross income from fundraising						
eve		events (not including \$ of contributions reported on line 10	- <u>-</u>					
Other Reven		See Part IV, line 18						
ot l	b	Less: direct expenses	b					
		Net income or (loss) from fundrai		events . >				
	9a	Gross income from gaming activit						
		See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming		vities				
	10a	Gross sales of inventory, le returns and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales of		entory >				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d	. '	>				
	12	Total revenue. See instructions.		•	580552			

Par	IX Statement of Functional Expenses					
Section	on 501(c)(3) and 501(c)(4) organizations must con					
Check if Schedule O contains a response or note to any line in this Part IX						
	ot include amounts reported on lines 6b, 7b, b, 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					
2	Grants and other assistance to domestic individuals. See Part IV, line 22					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16					
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees					
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					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees):					
а	Management					
b	Legal					
С	Accounting					
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O.)	298784				
12	Advertising and promotion	4411				
13	Office expenses	4392				
14	Information technology					
15	Royalties					
16	Occupancy	12859				
17	Travel	14				
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	415				
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.)					
_	','	2444				
a	Food	3141				
D	Equipment Uniforms	484 3624				
C	Strategic Relationships					
d		11189 185410				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	525323				
25 26	Joint costs. Complete this line only if the	525323				
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	67256	1	55228
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 1000			
	b	Less: accumulated depreciation 10b 800	4500	10c	800
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	71756	16	56028
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	9214	27	6728
Bal	28	Temporarily restricted net assets	3780	28	2801
Net Assets or Fun	29	Permanently restricted net assets	58742	29	46499
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .		32	
	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	71756	34	56028

-				-4	$\sim$
	20	a	0	-1	/
	ш	м	0		-

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			58	30552
2	Total expenses (must equal Part IX, column (A), line 25)			52	25323
3	Revenue less expenses. Subtract line 2 from line 1	3			55229
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
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				
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain ir	1		
_			2a		
<b>2</b> a					<b>√</b>
	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				1
D	Were the organization's financial statements audited by an independent accountant?				
	separate basis, consolidated basis, or both:	ed on a	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	orsiah			
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant				<b>√</b>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.	Piairri	'		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
Ja	the Single Audit Act and OMB Circular A-133?				1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	, , , , , , , , , , , , , , , , , , , ,			n <b>990</b>	(2017)
			. 011		120.1)