Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2(0)1

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

Open to Public

Department of the Treasury

▶ 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. Inspection Internal Revenue Service 2017, and ending 18 October 31 For the 2017 calendar year, or tax year beginning November 1 D Employer identification number C Name of organization My Brother's Keeper, Inc. Check if applicable: 20-0319330 Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change 920-884-1150 \square Initial return 1463 Main Street City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 324,372 Green Bay, WI 54302 Amended return H(a) Is this a group return for subordinates? Yes Vo F Name and address of principal officer: Application pending H(b) Are all subordinates included? Tyes No Harry F. Sydney 1463 Main Street Green Bay, WI 54302 If "No." attach a list. (see instructions)) < (insert no.) 4947(a)(1) or √ 501(c)(3) ___ 501(c) (Tax-exempt status: H(c) Group exemption number ▶ www.mybrotherskeeperinc.net Form of organization: Corporation Trust Association M State of legal domicile: L Year of formation: 2003 WI Part I Summary Briefly describe the organization's mission or most significant activities: My Brother's Keeper is dedicated to providing Straight Talk ~ Sound Direction mentoring services to assist individuals dealing with the hardships of life by helping them live Governance with Integrity, Respect and Standards. Individual and Group mentoring sessions are available serving all boys and men. 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) 23 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 Activities & 5 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 35 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34 Current Year 295,427 263,510 Contributions and grants (Part VIII, line 1h) . . . 8 Revenue 25,630 28,943 Program service revenue (Part VIII, line 2g) 9 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) . . . 44 324,372 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 289,142 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 106,365 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 114,810 81,040 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 184,711 221,175 18 103,197 104,431 Revenue less expenses. Subtract line 18 from line 12 19 End of Year Beginning of Current Year Assets or I Balances 384,726 283,598 Total assets (Part X, line 16) 20 2,350 4,420 Total liabilities (Part X, line 26) . 21 Net/ Fund 382,376 279,178 Net assets or fund balances. Subtract line 21 from line 20 22 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 Date Signature of Sign Here Type or print name and title Preparer's signature Check | if Print/Type preparer's name Paid self-employed PO2 Firm's EIN >82-205 Preparer ACCOUNTING Use Only GREEN BAY PACKERLAND DR 2701 Yes No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

				- 0
m 990				Page 2
art II				П
		a response or note to any line in this Part III		· · · · · <u>U</u>
	Briefly describe the organization's mi		0 1 10: 11	ing comittee
1	Mission of the organization: My Brothe	's Keeper is dedicated to providing Straight Talk	~ Sound Direction mentor	ing services
1	to all boys and men dealing with the ha	rdships of life by heling them live with Integrity,	Respect and Standards. VV	e are committed to
j	providing our clients with the knowledge	ge and skills to make positive decisions and cha	nge their lives. All persons	are welcome
0	regardless of race, creed, color or ethn	ic background. No client is refused services. ignificant program services during the year w	hich were not listed on th	e
2				☐ Yes ☑ No
	If "Yes," describe these new services	s on Schedule O.		
3	Did the organization cease conduc	cting, or make significant changes in how	it conducts, any prograr	n
	services?			☐ Yes ✓ No
	If "Yes," describe these changes on	Schedule O.	1	
	expenses. Section 501(c)(3) and 501	service accomplishments for each of its three (c)(4) organizations are required to report the ny, for each program service reported.	e largest program service amount of grants and al	es, as measured by locations to others,
4-	(Code: \/Expanses \$	45,583 including grants of \$) (Revenue \$	23,893)
	Individual One-on-One Mentoring Seri	nentor, problem areas are discussed and plans a	are made for the individuals	to become
	accountable responsible and to take	control of their lives based on a philosophy crea	ted by Harry F. Sydney call	ed the IRS Code,
	Integrity Respect and Standards, 2018	serving 2,406 mentoring sessions with 603 diffe	erent clients	
	megney, respect and Standards. 25 is			
				4.050)
4b	(Code:) (Expenses \$	9,000 including grants of \$) (Revenue \$	4,250)
	Group Forum Sessions:			
	Group Forum Sessions provided at an	ea schools and Juvenile Detention Center. They	deal with issues affecting	juveniles and neip
	provide the life skills necessary to pro-	p-actively prevent delinquent behavior 2018 - 196	Group Forum Session sen	VING 1,761 murviduais
4.	(O-d-) /Evponsos \$	500 including grants of \$) (Revenue \$	800)
4c	(Code:) (Expenses \$ AODA (Alcohol or Other Drug Use) A			
1000	AODA (Alconol of Other Drug Ose) A	My Brother's Keeper offers AODA assessments	. They are typically a court	ordered procedure,
	but are available to anyone who is co	incorned with the individual's alcohol or drug ab	use. Assessments are a pri	vate and confidential
	and a subject the induidual's lifes	tyle and choices are examined to identify proble	m areas. Strategies are un	ell discussed to help
	the individual determine how to impu	ove the quality of their life. Ongoing sessions to	review progress are deter	mined on an individual
		010 mg damil, or many		
	basis.			

art l'	V Checklist of Required Schedules		Yes	No
	TO 1/ 1/2) 40 47/ 1/41 with any a private formedation)? If "Voc."	-	res	NO
	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	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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		/
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		✓
	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		✓
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 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		1
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	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	148		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?			Ť
t	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.	141	0	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15	<u> </u>	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants of other	10	5	V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services of	1 /	7	٧
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	3	V
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	119	9	

 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b 21 22 23	Yes N	<u>'</u>
 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	20b 21 22 23	\frac{1}{\sqrt{1}}	<u>'</u>
 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21 22 23	1	′
 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	
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		
employees? If "Yes," complete Schedule J		1	
\$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	240		_
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	440	√	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	✓	_
to defease any tax-exempt bonds?	24c	✓	_
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a	√	/ /
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	V	/
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	·	/
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ √
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	,	✓
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	30	,	√ √
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		√
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			✓
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		✓
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		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√ √
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			√
 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, 			
Part VI	37		✓
19? Note. All Form 990 filers are required to complete Schedule O.	38	rm 990	(20

art				
-	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			(4) (1)
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	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	eto.w.	Per y cocustan
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			١,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	Andria.	Maritin .
_	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a	ent in	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		+-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b		1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
40-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	is perconstru	
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
b	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	ı	
а	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
_	The state of the			
	Enter the amount of reserves on hand			
c 14a	Enter the amount of reserves on hand	14a	1	1

ection	Check if Schedule O contains a response or note to any line in this Part VI		• •	√
Jecur	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 23			A STATE
	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	. 54		
	committee, explain in Schedule O.	200		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	40,000		100000000
	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			,
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		V
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		√
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		1
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	20.10		
	the year by the following:			
а	The governing body?	8a	1	
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? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
Jecu	on b. Policies (This Section B requests information about policies not required by the internal reven	000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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	Chear sails
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		
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		
13	Did the organization have a written whistleblower policy?	13	1	
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	-	-
b	Other officers or key employees of the organization	15b	V	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a	\$stan	1
L	the property of the state of the property of t	2		
b	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		10 10 10 10 10 10 10 10 10 10 10 10 10 1
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Wisconsin			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)	s 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)	toract	nolic	w and
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	10,03	Polic	y, and
00	State the name, address, and telephone number of the person who possesses the organization's books and re-	ecord	s: ▶	
20				
-	Madonna A. Sydney 1463 Main Street Green Bay, WI 54302 920-884-1150	Eo	rm 99	0 (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				(C)					
(A)	(B)	(do n		Posit eck n		than o	ne	(D)	(E)	(F)
Name and Title	Average hours per					s both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee		Key employee	Highest compensated employee	ee) Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1) James Demeny	3									
oard President				1				O	0	
(2) Janice Hall	3									
oard Treasurur				1				0	0	
(3) Harry F. Sydney III	50-60								The state of the s	
ounder/Executive Director		1						60,000	0	
4) Steven Ariens	1									
oard Member				1			_	(0	
5) Linda Burich	11	1					-			
oard Secretary				✓			_		0 0	
(6) Joe Cherry	1	1								
Soard Member				1			_	()
(7) Steven Finlay	1									
Board Member				1			_		0 ()
(8) Aaron Kabat	1									
Board Member				1			_	1	0 0)
(9) Kris Kallin	1									
Board Member				1	_		_		0 ()
10) Mike Konecny	11	4								
Board Member			_	1	_		-		0 ()
11) Art Lane	111	-		1						
Board Member		_	_	1	1		+	1	0 (U
12) Luke Lemorande	11	_								_
Board Member		1_	_	1	1_	-	+		0	0
13) James Lewis-Advising Attorney	11									
Board Member			_	1	-	-	+		0	0
14) Michael Raymaker	1111	_		1.						
Board Member				1					0	0 Form 990 (2

(A) Name and title	(B) Average hours per	box, ı	ot che inless	per	more son	than cois both	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of		
	week (list any hours for related organizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	other pensatio om the anization related nization	1
5) Kevin Rohde	1			,								
oard Member			-	√				0	0			
6) Scott Spinler	11			1								
oard Member 7) Brian Stenzel	1		\vdash	•			-	U	0			
pard Member		-		1				0	0			
B) Madonna A. Sydney	45-50			•			\vdash	U	U			
pard Member/Office Manager	1 43-30	1			1			30,000	0			
9) Ken Tedford	1							30,000				
pard Member				1				0	0			
0) Todd Thomas	1											
oard Member				✓				0	0			
1) Dan Winter	1											
oard Member				✓				0	0			
2) Rick Yoder	11											
oard Member				✓			_	0	0			
3) Gary Ziegelbauer	11											
pard Member		-	\vdash	✓			-	0	0			
4)		-										
		-	\vdash		-	-	-					
:5)		-										
1b Sub-total					<u> </u>		-	90,000				
c Total from continuation sheets t		n A	•	•		•	>	30,000				
d Total (add lines 1b and 1c)								90.000				
Total number of individuals (included reportable compensation from the reportable compensation	ling but not limite					abov	e) w	ho received m	ore than \$100,0	00 of		
3 Did the organization list any for employee on line 1a? If "Yes," con							em;	oloyee, or high	nest compensat	ed 3	Yes	No
4 For any individual listed on line 1a							on a	and other com	oensation from t	-		
organization and related organiz	ations greater th	nan \$	150,	000)? [f "Ye	es,"	complete Sci	hedule J for su	ch		
individual			-							4		1
5 Did any person listed on line 1a refor services rendered to the organ	ceive or accrue of ization? If "Yes,"	comp	ensat elete	tior Sc.	n fro hed	m an ule J	y ui for	nrelated organi such person	zation or individ	ual 5		1
ection B. Independent Contractors										20.000		
 Complete this table for your five h compensation from the organizati year. 	ighest compensa on. Report comp	ited ir ensat	idepo ion fo	enc or t	dent the d	cont	rac dar	tors that receiv year ending wi	ed more than \$1 th or within the o	organiza	ਹਾ tion's	tax
(A Name and bus								(B) Description of	services		c) nsation	
												NIA MEN
2 Total number of independent or received more than \$100,000 of co	ontractors (includ	ling b	out n	not	lim	ited :	to t	those listed at	oove) who			

Form **990** (2017)

m 990 (20 art VIII	,		-				Page
	Check if Schedule O contains	a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
නු 1a	Federated campaigns	1a			revenue		512-514
Other Similar Amounts 1 a p c d a t	Membership dues	1b					
A c	Fundraising events	1c	214,752				
<u>a</u> d	Related organizations	1d					
E e	Government grants (contributions)	1e					
b f	All other contributions, gifts, grants,	1			100000000000000000000000000000000000000		
₽ O	and similar amounts not included above		80,675				
and Other Similar Amounts U	Noncash contributions included in lines 1						
	Total. Add lines 1a-1f	• •	Business Code	295,427			
Program Service Kevenue To de e f g	Client Fees			23,893	23,893		
b b				4,250	4,250		
e c	AODA Services			800	800		
d d							
E e							
b f	All other program service rever						
				28,943			
3	Investment income (including and other similar amounts) .						
4	Income from investment of tax-ex		1	2	2		
5	Royalties						
	(i) Re		(ii) Personal				
6a	Gross rents						
b	Less: rental expenses						
C	Rental income or (loss)						
d	(>				
7a		rities	(ii) Other				
	assets other than inventory Less: cost or other basis						
b	and sales expenses .						MATERIAL CONTRACTOR
0							100 PM 100 PM
	` ' ' —						
	That gain or (lood)						
88	Gross income from fundraising	3			Market Marketter		
i Ae	events (not including \$						
Other Revenue	of contributions reported on line						
her	See Part IV, line 18						
_	Less: direct expenses						
	 Net income or (loss) from fund Gross income from gaming act 	_	events .				12.25
36	See Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gam						
10	a Gross sales of inventory,	less					
_	returns and allowances	. a	1				
1	Less: cost of goods sold						
	Net income or (loss) from sale	s of inv					
	Miscellaneous Revenue		Business Code				
11:							+
	0						
	d All other revenue						
	e Total. Add lines 11a-11d		>				
12				324,372			

Form **990** (2017)

1	Check if Schedule O contains a response				
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22				
	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	90,000	45,000	45,000	
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Other salaries and wages	11,167	9,583	1,584	
	Other employee benefits				
10 11	Payroll taxes	5,198		5,198	
а	Management				
b	Legal				
C	Accounting	3,230	3,230		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	(A) amount, list line 11g expenses on Schedule O.)	500	500		
12	Advertising and promotion	11,736	11,736		
13	Office expenses	13,097	2,199	10,898	
14	Information technology	3,126	3,126		
15	Royalties				
16	Occupancy	22,398	22,398	400	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,424	3,225	199	
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	13,739		13,739	
24	Other expenses. Itemize expenses not covered	alleria e de la constant			
	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.)				
		4.000	4 960		
a	Donations applied to client family needs	4,860	4,860		38,700
b	Fundraising expenses	38,700			55,760
C					
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	221,175	105,857	76,618	38,700
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 following SOP 98-2 (ASC 958-720)		122,300		

Pa	rt X	Balance Sheet			, ago 11
	- 10	Check if Schedule O contains a response or note to any line in this Par	tX		
A CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	and the state of t		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	281,582	1	382,707
	2	Savings and temporary cash investments	2,017	2	2,019
	3	Pledges and grants receivable, net	1	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	
7.00	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			
Ш		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			4.0039846466
Assets	_	L L		6	
188	7 8	Notes and loans receivable, net		7	
	9	Inventories for sale or use		8	
		Land, buildings, and equipment: cost or		9	
	104	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	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)	283,599	16	384,726
П	17	Accounts payable and accrued expenses	4,420		2,350
	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			Lander
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
4	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	4,420		2,350
H	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			2,330
es		complete lines 27 through 29, and lines 33 and 34.			
nc	27	Unrestricted net assets	279,179	27	382,376
ale	28	Temporarily restricted net assets		28	
Q E	29	Permanently restricted net assets		29	
E		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds	The second secon	30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Vei	33	Total net assets or fund balances	279,179	33	382,370
	34	Total liabilities and net assets/fund balances	283,599	34	384,726 Form 990 (2017

orm 9	90 (2017)				Pa	ge 12
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1		32	4,372
2	Total expenses (must equal Part IX, column (A), line 25)		2		22	1,175
3	Revenue less expenses. Subtract line 2 from line 1		3		10	3,197
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .		4		27	9,179
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	20000000		
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					
	33, column (B))		10		38	32,376
Par	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					
Andreas of the second of the	If the organization changed its method of accounting from a prior year or checked "Schedule O.	Other," ex	cplain in			
2a	Were the organization's financial statements compiled or reviewed by an independent acc	countant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year	were com	piled or			

☐ Consolidated basis ☐ Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

reviewed on a separate basis, consolidated basis, or both:

separate basis, consolidated basis, or both:

b Were the organization's financial statements audited by an independent accountant?

Separate basis

Separate basis

3b Form 990 (2017)

2b

2c

3a