

OUNCE OF PREVENTION FUND

Form 990 for the
Year Ended June 30, 2016

Public Disclosure Copy

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
OUNCE OF PREVENTION FUND

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
33 W. MONROE RM 2400

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60603

F Name and address of principal officer: DIANA RAUNER
33 W. MONROE CHICAGO IL 60603

D Employer identification number
36-3186328

E Telephone number
(312) 922-3863

G Gross receipts \$ 65,472,400.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ THEOUNCE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1982 **M** State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE OUNCE OF PREVENTION FUND GIVES CHILDREN IN POVERTY THE BEST CHANGE FOR SUCCESS IN SCHOOL AND IN LIFE BY ADVOCATING FOR AND PROVIDING THE HIGHEST QUALITY CARE AND EDUCATION

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 32.

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 32.

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 335.

6 Total number of volunteers (estimate if necessary) 6 200.

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h) <u>8</u>	68,537,399.	62,988,463.
	9 Program service revenue (Part VIII, line 2g) <u>9</u>	111,766.	174,974.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>10</u>	5,677,845.	-192,126.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>11</u>	-85,318.	-89,334.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12</u>	74,241,692.	62,881,977.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>13</u>	16,880,328.
14 Benefits paid to or for members (Part IX, column (A), line 4) <u>14</u>		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>15</u>		22,006,263.	22,939,374.
16a Professional fundraising fees (Part IX, column (A), line 11e) <u>16a</u>		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) <u>16b</u>		1,610,936.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>17</u>		17,607,218.	13,327,945.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>18</u>		56,493,809.	52,600,738.
19 Revenue less expenses. Subtract line 18 from line 12 <u>19</u>	17,747,883.	10,281,239.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) <u>20</u>	Beginning of Current Year 65,154,487.	End of Year 77,939,391.
	21 Total liabilities (Part X, line 26) <u>21</u>	8,082,483.	10,038,592.
	22 Net assets or fund balances. Subtract line 21 from line 20. <u>22</u>	57,072,004.	67,900,799.

COPY FOR
PUBLIC INSPECTION

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

DIANA RAUNER PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name BRIDGET T ROCHE Preparer's signature Bridget T Roche Date _____ Check if self-employed PTIN P00666837

Firm's name ▶ GRANT THORNTON LLP Firm's EIN ▶ 36-6055558

Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601 Phone no. 312-856-0200

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. OUNCE OF PREVENTION FUND	Employer identification number (EIN) or 36-3186328
	Number, street, and room or suite no. If a P.O. box, see instructions. 33 W. MONROE, SUITE 2400	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60603	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► MARK BECKER, 33 W MONROE, SUITE 2400 CHICAGO, IL 60603
Telephone No. ► 312 922-3863 Fax No. ► 312 922-3337
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 17.

5 For calendar year _____, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Bridget T Roche Title ► Director Date ► 2/15/2017

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. OUNCE OF PREVENTION FUND	Employer identification number (EIN) or 36-3186328
	Number, street, and room or suite no. If a P.O. box, see instructions. 33 W. MONROE, SUITE 2400	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60603	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► MARK BECKER, 33 W MONROE, SUITE 2400 CHICAGO, IL 60603

Telephone No. ► 312 922-3863 FAX No. ► 312 922-3337

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 or
- tax year beginning 07/01, 2015, and ending 06/30, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 18,378,392. including grants of \$ 8,385,291.) (Revenue \$)

THE OUNCE PROVIDES HIGH-QUALITY EARLY CHILDHOOD SERVICES FOR LOW-INCOME CHILDREN, BIRTH TO AGE FIVE, AND THEIR FAMILIES AS WELL AS SERVICES TO PREGNANT WOMEN, THROUGH A MULTI-SITE NETWORK OF EARLY HEAD START AND HEAD START DIRECTLY-OPERATED PROGRAMS, AND PARTNER AND DELEGATE AGENCIES, IN HIGH-NEEDS COMMUNITIES THROUGHOUT CHICAGO AND SURROUNDING SUBURBS. IN FISCAL YEAR 2016, THE OUNCE DIRECTLY OPERATED TWO PROGRAMS AT THE EDUCARE CHICAGO SCHOOL, AND ONE PROGRAM AT THE HAYES CENTER, AND SUBCONTRACTED WITH EIGHT AGENCIES AT 15 GEOGRAPHICALLY- AND RACIALLY-DIVERSE SITES, SERVING MORE THAN 1,400 YOUNG CHILDREN, PREGNANT WOMEN AND THEIR FAMILIES.

4b (Code:) (Expenses \$ 9,059,580. including grants of \$ 6,881,821.) (Revenue \$)

THE OUNCE'S ILLINOIS BIRTH TO THREE INSTITUTE (IBTI) ANNUALLY REACHES APPROXIMATELY 2,000 AT-RISK YOUNG CHILDREN, PREGNANT WOMEN AND THEIR FAMILIES THROUGH OUR STATEWIDE NETWORK OF HOME VISITING AND DOULA SERVICES. IBTI CONDUCTS SPECIALIZED TRAINING AND TECHNICAL ASSISTANCE FOR 200 EARLY CHILDHOOD PROFESSIONALS WORKING IN 29 COMMUNITY AGENCIES ACROSS CHICAGO AND THROUGHOUT ILLINOIS.

4c (Code:) (Expenses \$ 4,895,429. including grants of \$ 263,848.) (Revenue \$)

ATTACHMENT 1

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 16,729,481. including grants of \$ 802,459.) (Revenue \$ 174,974.)

4e Total program service expenses 49,062,882.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (32), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARK BECKER 33 W MONROE, SUITE 2400 CHICAGO, IL 60603 312-922-3863

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)MS. BILLIE WRIGHT ADAMS, M.D. DIRECTOR	1.00	X					0.	0.	0.	
(2)MR. CURT R. BAILEY DIRECTOR/VICE CHAIR	1.00	X		X			0.	0.	0.	
(3)MS. SUSAN BAIRD DIRECTOR	1.00	X					0.	0.	0.	
(4)MR. DAVID CASPER DIRECTOR	1.00	X					0.	0.	0.	
(5)MS. ELOISE CORNELIUS DIRECTOR	1.00	X					0.	0.	0.	
(6)MS. DEBORAH DARO, PH. D DIRECTOR	1.00	X					0.	0.	0.	
(7)MS. KELLY KING DIBBLE DIRECTOR	1.00	X					0.	0.	0.	
(8)MS. MARY N. DILLION DIRECTOR	1.00	X					0.	0.	0.	
(9)MR. DERRICK DUKES, JR. DIRECTOR	1.00	X					0.	0.	0.	
(10)MS. MARILYN FIELDS DIRECTOR	1.00	X					0.	0.	0.	
(11)MS. MARQUIA FIELDS DIRECTOR	1.00	X					0.	0.	0.	
(12)MS. LULA M. FORD DIRECTOR	1.00	X					0.	0.	0.	
(13)MR. BILL FRIEND DIRECTOR/BOARD TREASURER	2.00	X		X			0.	0.	0.	
(14)MR. TOM GIMBEL DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MS. KEITH KILEY GOLDSTEIN DIRECTOR/BOARD SECRETARY	1.00	X		X				0.	0.	0.
16) MS. CARYN HARRIS DIRECTOR	1.00	X						0.	0.	0.
17) MR. DAVID HELFAND DIRECTOR	1.00	X						0.	0.	0.
18) MS. MARCIA "RUSTY" HELLMAN DIRECTOR	1.00	X						0.	0.	0.
19) MR. ALAN KING DIRECTOR	1.00	X						0.	0.	0.
20) MR. TIMOTHY J. LANDON DIRECTOR	1.00	X						0.	0.	0.
21) MS. VIRGINIA F. OVIEDO DIRECTOR	1.00	X						0.	0.	0.
22) MS. FRANCESCA PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
23) ISABEL NAVARRETT POLSKY, M.D. DIRECTOR	1.00	X						0.	0.	0.
24) MR. RAUL I. RAYMUNDO DIRECTOR	1.00	X						0.	0.	0.
25) MR. RICHARD E. ROTHKOPF DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,000,712.	0.	151,673.
d Total (add lines 1b and 1c)								3,000,712.	0.	151,673.

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 **▶** 46

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 15

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MS. CARI SACKS DIRECTOR	1.00	X					0.	0.	0.	
(27) MR. MANUAL SANCHEZ DIRECTOR	1.00	X					0.	0.	0.	
(28) MS. DIANA SANDS DIRECTOR	1.00	X					0.	0.	0.	
(29) MS. JEAN SCHLEMMER DIRECTOR	1.00	X					0.	0.	0.	
(30) MS. CATHERINE M. SIEGEL DIRECTOR	1.00	X					0.	0.	0.	
(31) MS. ANNE L. TUOHY DIRECTOR/CHAIR	2.00	X		X			0.	0.	0.	
(32) MS. HELEN ZELL DIRECTOR	1.00	X					0.	0.	0.	
(33) MS DIANA RAUNER PRESIDENT	37.50 2.00			X			0.	0.	0.	
(34) MS. SARAH BRADLEY COO	37.50 2.00			X			224,771.	0.	11,074.	
(35) MS. PORTIA KENNEL SENIOR VICE PRESIDENT	37.50				X		386,137.	0.	5,560.	
(36) MS. CLAIRE DUNHAM SENIOR VICE PRESIDENT	37.50				X		198,237.	0.	8,831.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
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 **▶** 46

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MS. KRISTIN PERRY SENIOR VICE PRESIDENT	37.50				X		264,049.	0.	19,220.	
(38) MR. ANTHONY RADEN SENIOR VICE PRESIDENT	37.50				X		173,425.	0.	16,493.	
(39) MR. ELLIOTT REGENSTEIN SENIOR VICE PRESIDENT	37.50				X		269,926.	0.	19,400.	
(40) MS. CYNTHIA STRINGFELLOW SENIOR VICE PRESIDENT	37.50				X		173,274.	0.	6,522.	
(41) MS. ANITA PURI CHIEF MARKETING OFFICER	38.00				X		222,132.	0.	6,154.	
(42) MS. ELIZABETH DAVIS EXECUTIVE DIRECTOR EDUCARE DC	37.50				X		204,361.	0.	14,384.	
(43) MR. ELIAS ROSARIO VICE PRESIDENT	37.50					X	193,443.	0.	12,353.	
(44) MS. BARBARA HOFFMAN VICE PRESIDENT	37.50					X	157,116.	0.	4,482.	
(45) MS. ANN KIRWAN VICE PRESIDENT	37.50					X	166,799.	0.	4,570.	
(46) MS. SUSAN BEN VICE PRESIDENT	37.50					X	176,581.	0.	5,173.	
(47) SARAH RITTLING NATIONAL DIRECTOR	37.50					X	190,461.	0.	17,457.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
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 **▶** 46

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	997,301.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	30,343,371.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,647,791.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			62,988,463.			
Program Service Revenue			Business Code				
	2a TRAINING REVENUE		611710	174,974.	174,974.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			174,974.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			1,104,531.			1,104,531.
	4 Income from investment of tax-exempt bond proceeds ▶			0.			
	5 Royalties ▶			0.			
			(i) Real	(ii) Personal			
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶				0.		
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			1,162,132.				
	b Less: cost or other basis and sales expenses		2,458,789.				
	c Gain or (loss)		-1,296,657.				
	d Net gain or (loss) ▶				-1,296,657.		-1,296,657.
	8a Gross income from fundraising events (not including \$ 997,301. of contributions reported on line 1c). See Part IV, line 18 a				42,300.		
	b Less: direct expenses b				131,634.		
c Net income or (loss) from fundraising events ▶				-89,334.		-89,334.	
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶				0.			
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶				0.			
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				0.			
12 Total revenue. See instructions. ▶				62,881,977.	174,974.		-281,460.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,333,419.	16,333,419.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,963,559.	1,963,559.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	16,829,419.	13,498,103.	2,318,509.	1,012,807.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	465,426.	382,923.	57,420.	25,083.
9 Other employee benefits	2,225,808.	1,828,568.	276,469.	120,771.
10 Payroll taxes	1,455,162.	1,197,214.	179,525.	78,423.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	74,264.	16,474.	54,283.	3,507.
c Accounting	109,621.		109,621.	
d Lobbying	163,018.	163,018.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	68,277.	68,277.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 4	5,822,322.	5,274,589.	525,219.	22,514.
12 Advertising and promotion	40,137.	40,137.		
13 Office expenses	1,137,495.	873,868.	222,597.	41,030.
14 Information technology	570,817.	425,309.	140,206.	5,302.
15 Royalties	0.			
16 Occupancy	1,909,206.	463,419.	1,356,138.	89,649.
17 Travel	969,896.	946,238.	13,800.	9,858.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	759,593.	685,537.	64,067.	9,989.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	652,279.	652,279.		
23 Insurance	78,645.	36,907.	41,738.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>INDIRECT COSTS</u>		3,461,986.	-3,634,673.	172,687.
b <u>SUBSCRIPTIONS AND DUES</u>	150,371.	107,252.	43,119.	
c				
d				
e All other expenses	822,004.	643,806.	158,882.	19,316.
25 Total functional expenses. Add lines 1 through 24e	52,600,738.	49,062,882.	1,926,920.	1,610,936.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,349.	1	10,907.
	2 Savings and temporary cash investments	8,919,034.	2	11,613,649.
	3 Pledges and grants receivable, net	19,130,198.	3	25,694,865.
	4 Accounts receivable, net	5,187,541.	4	9,767,807.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	167,343.	9	237,890.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,150,780.		
	b Less: accumulated depreciation	10b 5,822,475.	6,397,731.	10c 7,328,305.
	11 Investments - publicly traded securities	23,585,281.	11	21,526,958.
	12 Investments - other securities. See Part IV, line 11	1,759,010.	12	1,759,010.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	65,154,487.	16	77,939,391.	
Liabilities	17 Accounts payable and accrued expenses	6,684,069.	17	8,917,099.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	473,948.	19	396,277.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	924,466.	25	725,216.
	26 Total liabilities. Add lines 17 through 25	8,082,483.	26	10,038,592.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,030,241.	27	15,992,014.
	28 Temporarily restricted net assets	27,178,983.	28	37,046,005.
	29 Permanently restricted net assets	14,862,780.	29	14,862,780.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	57,072,004.	33	67,900,799.
	34 Total liabilities and net assets/fund balances	65,154,487.	34	77,939,391.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,881,977.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,600,738.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,281,239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,072,004.
5	Net unrealized gains (losses) on investments	5	-236,790.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	784,346.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,900,799.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,886,636.	48,078,310.	48,408,975.	68,537,399.	62,988,463.	277,899,783.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	49,886,636.	48,078,310.	48,408,975.	68,537,399.	62,988,463.	277,899,783.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						35,518,255.
6 Public support. Subtract line 5 from line 4.						242,381,528.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	49,886,636.	48,078,310.	48,408,975.	68,537,399.	62,988,463.	277,899,783.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	877,562.	1,125,949.	1,041,101.	1,025,899.	1,104,531.	5,175,042.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1				42,450.	42,300.	84,750.
11 Total support. Add lines 7 through 10						283,159,575.
12 Gross receipts from related activities, etc. (see instructions)					12	425,359.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	85.60%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	87.71%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
FUNDRAISING				42,450.	42,300.	84,750.
TOTALS				<u>42,450.</u>	<u>42,300.</u>	<u>84,750.</u>

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization OUNCE OF PREVENTION FUND	Employer identification number 36-3186328
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **OUNCE OF PREVENTION FUND**

Employer identification number
36-3186328

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,094,331.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 11,656,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,766,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,756,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,492,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,950,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **OUNCE OF PREVENTION FUND**

Employer identification number
36-3186328

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 6,190,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,491,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,346,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		39,548.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		347,705.	
c Total lobbying expenditures (add lines 1a and 1b)		387,253.	
d Other exempt purpose expenditures		52,213,485.	
e Total exempt purpose expenditures (add lines 1c and 1d)		52,600,738.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	484,959.	529,667.	304,396.	387,253.	1,706,275.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	53,455.	52,599.	46,038.	39,548.	191,640.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

OUNCE OF PREVENTION FUND

36-3186328

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

Schedule D (Form 990) 2015

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,115,531.	24,402,664.	21,900,417.	20,334,987.	20,220,124.
b Contributions	11,500.	5,000.	75,500.	352,000.	935,576.
c Net investment earnings, gains, and losses	-903,407.	-377,724.	3,387,209.	2,116,994.	-17,408.
d Grants or scholarships					
e Other expenditures for facilities and programs	983,951.	914,409.	960,462.	903,564.	803,305.
f Administrative expenses					
g End of year balance	21,239,673.	23,115,531.	24,402,664.	21,900,417.	20,334,987.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 21.9100 %
 - b** Permanent endowment ▶ 68.9900 %
 - c** Temporarily restricted endowment ▶ 9.1000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		7,308,646.	2,353,181.	4,955,465.
c Leasehold improvements		1,976,323.	360,922.	1,615,401.
d Equipment		3,776,938.	3,081,920.	695,018.
e Other		88,873.	26,452.	62,421.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,328,305.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED BUILDING RENT	437,932.	
(3) SERP PLAN	287,284.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	725,216.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	64,146,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-236,790.	
b	Donated services and use of facilities	2b	584,901.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	784,346.	
e	Add lines 2a through 2d			2e 1,132,457.
3	Subtract line 2e from line 1			3 63,013,611.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-131,634.	
c	Add lines 4a and 4b			4c -131,634.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 62,881,977.

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

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

1	Total expenses and losses per audited financial statements		1	53,317,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	584,901.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	131,634.	
e	Add lines 2a through 2d			2e 716,535.
3	Subtract line 2e from line 1			3 52,600,738.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 52,600,738.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

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

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

THE OUNCE AND BOUNCE DC HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE OUNCE AND BOUNCE DC HAVE NOT ACCRUED ANY PROVISION FOR INCOME TAXES AS THE OUNCE AND BOUNCE DC HAVE HAD NO SIGNIFICANT UNRELATED BUSINESS INCOME. THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES OR CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. THE TAX YEARS ENDED 2013, 2014 AND 2015 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XI, LINE 2D

OTHER CHANGES IN NET ASSETS

BOOK/ TAX DIFFERENCE IN LP.....\$ 784,346

FORM 990, SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES LISTED ON FINANCIALS AND NOT ON RETURN

FUNDRAISING EXPENSES.....\$ 131,634

FORM 990, SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE LISTED ON RETURN AND NOT ON FINANCIALS

FUNDRAISING EXPENSES.....\$ (131,634)

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part I

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNAUL LUNCHEON (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,039,601.		1,039,601.
	2	Less: Contributions	997,301.		997,301.
	3	Gross income (line 1 minus line 2)	42,300.		42,300.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	28,458.		28,458.
	7	Food and beverages	49,159.		49,159.
	8	Entertainment			
	9	Other direct expenses	54,017.		54,017.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-89,334.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AUNT MARTHA'S YSP 233 W. JOE ORR RD. CHICAGO HTS., IL 60411	23-7188150	501(C)(3)	291,999.				COMM BASED FAMILY SE
(2) CATHOLIC CHARITIES 641 W. LAKE ST., STE 306 CHICAGO, IL 60661	36-2170821	501(C)(3)	417,151.				COMM BASED FAMILY SE
(3) CENTER FOR CHILDREN'S SERVICES 702 NORTH LOGAN AVENUE DANVILLE, IL 61832	37-0716057	501(C)(3)	517,697.				COMM BASED FAMILY SE
(4) CHAMPAIGN COUNTY MH CENTER 1801 FOX DRIVE CHAMPAIGN, IL 61820	37-0913985	501(C)(3)	202,012.				COMM BASED FAMILY SE
(5) CHILD ABUSE COUNCIL 525 WEST 16TH ST. MOLINE, IL 61265	36-2937848	501(C)(3)	185,374.				COMM BASED FAMILY SE
(6) CHILDREN'S DEVELOPMENT CENTER 650 NORTH MAIN STREET ROCKFORD, IL 61103	36-2643791	501(C)(3)	415,454.				COMM BASED FAMILY SE
(7) CHRISTOPHER HOUSE 2507 N. GREENVIEW CHICAGO, IL 60614	23-7316001	501(C)(3)	240,559.				COMM BASED FAMILY SE
(8) COMPREHENSIVE MH CTR. 3911 STATE STREET EAST ST. LOUIS, IL 62205	37-0760015	501(C)(3)	135,155.				COMM BASED FAMILY SE
(9) FAMILY FOCUS, INC 310 S.PEORIA ST.STE 401 CHICAGO, IL 60607	36-2884042	501(C)(3)	804,780.				COMM BASED FAMILY SE
(10) FAYETTE COUNTY HEALTH DEPT. 509 WEST EDWARDS STREET VANDALIA, IL 62471	36-6000800	501(A)	68,442.				COMM BASED FAMILY SE
(11) LA VOZ LATINA 412 MARKET STREET ROCKFORD, IL 61107	36-2810675	501(C)(3)	38,330.				COMM BASED FAMILY SE
(12) PUBLIC HEALTH FOUNDATION OF NW IL 10 WEST LINDEN STREET FREEPORT, IL 61032	11-3676983	501(C)(3)	125,675.				COMM BASED FAMILY SE

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MARILLAC SOCIAL CENTER 212 SOUTH FRANCISCO CHICAGO, IL 60612	36-2109717	501(C)(3)	260,521.				COMM BASED FAMILY SE
(2) NEW MOMS 2825 WEST MCLEAN CHICAGO, IL 60647	36-3265804	501(C)(3)	282,240.				COMM BASED FAMILY SE
(3) PILSEN-LITTLE VILLAGE 2319 SOUTH DAMEN AVENUE CHICAGO, IL 60608	36-2836998	501(C)(3)	364,750.				COMM BASED FAMILY SE
(4) ONE HOPE UNITED 215 N. MILWAUKEE AVE LAKE VILLA, IL 60046	36-2181967	501(C)(3)	216,000.				COMM BASED FAMILY SE
(5) THE CHILDREN'S HOME 2130 N KNOXVILLE AVE PEORIA, IL 61603	37-0662601	501(C)(3)	418,914.				COMM BASED FAMILY SE
(6) UNITED METHODIST CHILDREN'S HOME 2023 RICHVIEW ROAD MT. VERNON, IL 62864	37-0673515	501(C)(3)	471,314.				COMM BASED FAMILY SE
(7) VISITING NURSES ASSOCIATION 1245 CORPORATE BOULEVARD AURORA, IL 60504	36-2182095	501(C)(3)	107,250.				COMM BASED FAMILY SE
(8) WILL COUNTY HEALTH DEPARTMENT 501 ELLA AVENUE JOLIET, IL 60433	36-6006672	501(C)(3)	24,722.				COMM BASED FAMILY SE
(9) YWCA - HARRIS 360 N WABASH AVE. STE 800 CHICAGO, IL 60601	36-2179765	501(C)(3)	203,311.				COMM BASED FAMILY SE
(10) YMCA OF METROPOLITAN CHICAGO 801 N. DEARBORN CHICAGO, IL 60610	36-2179782	501(C)(3)	120,000.				COMM BASED FAMILY SE
(11) ILLINOIS MASONIC 2025 WINDSOR DRIVE OAK BROOK, IL 60523	36-3196629	501(C)(3)	93,050.				COMM BASED FAMILY SE
(12) TEEN PARENT CONNECTION 739 ROOSEVELT RD. GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	103,902.				COMM BASED FAMILY SE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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2015

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Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOME + AID/CHILDREN'S FOUNDATION 403 S. STATE STREET BLOOMINGTON, IL 61701	36-2167743	501(C)(3)	204,211.				COMM BASED FAMILY SE
(2) SANGAMON COUNTY DEPT OF PUBLIC HEALTH 2833 S. GRANT AVE, E. SPRINGFIELD, IL 62073	37-6002039	501(A)	58,433.				COMM BASED FAMILY SE
(3) METROPOLITAN FAMILY SERVICES 1 N. DEARBORN, SUITE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	402,095.				COMM BASED FAMILY SE
(4) AUNT MARTHA'S YSP 233 W. JOE ORR RD. CHICAGO HTS., IL 60411	23-7188150	501(C)(3)	1,392,416.				HEAD START/EARLY HEA
(5) CASA CENTRAL 1343 NORTH CALIFORNIA CHICAGO, IL 60622	36-2728618	501(C)(3)	1,784,808.				HEAD START/EARLY HEA
(6) CHILDREN'S HOME + AID 125 S WACKER DR.14TH FL CHICAGO, IL 60606	36-2167743	501(C)(3)	1,145,544.				HEAD START/EARLY HEA
(7) ONE HOPE UNITED 215 N. MILWAUKEE AVE LAKE VILLA, IL 60046	36-2181967	501(C)(3)	1,600,309.				HEAD START/EARLY HEA
(8) THE CHILDREN'S PLACE ASSOCIATION 3059 W. AUGUSTA BLVD CHICAGO, IL 60622	36-3641017	501(C)(3)	758,852.				HEAD START/EARLY HEA
(9) CENTERS FOR NEW HORIZONS 4150 S. KING DR. CHICAGO, IL 60653	36-2729721	501(C)(3)	401,811.				HEAD START/EARLY HEA
(10) SCHOLARSHIP AND GUIDANCE ASSOC., YFS 11 E. ADAMS, STE 1500 CHICAGO, IL 60603	36-2167916	501(C)(3)	999,578.				HEAD START/EARLY HEA
(11) FIRST STEP CHILD CARE CENTER 22025 GOVERNORS HWY RICHTON PARK, IL 60471	36-4241883	501(C)(3)	176,973.				HEAD START/EARLY HEA
(12) UNIVERSITY OF ILLINOIS AT CHICAGO 28395 NETWORK PLACE CHICAGO, IL 60673	37-6000511	501(C)(3)	125,000.				PROGRAM SUPPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MACON-PIATT 1690 HUDSON DRIVE DECATUR, IL 62526	37-0985257	501(C)(3)	190,000.				PROGRAM SUPPPORT
(2) PUGET SOUND EDUCATIONAL 800 S. OAKSDALE SW RENTON, WA 98057	91-0851413	501(C)(3)	30,000.				PROGRAM SUPPPORT
(3) EDUCARE OF WEST DUPAGE 851 PEARL ROAD WEST CHICAGO, IL 60185	26-2259307	501(C)(3)	40,845.				PROGRAM SUPPPORT
(4) KINGSLEY HOUSE INC. 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-0408940	501(C)(3)	40,500.				PROGRAM SUPPPORT
(5) CLAYTON EARLY LEARNING INST. 3751 MLK BLVD DENVER, CO 80205	84-0432238	501(C)(3)	40,500.				PROGRAM SUPPPORT
(6) UNITED WAY OF MIAMI DADE 3250 SW 3RD AVE. MIAMI, FL 33129	59-0830840	501(C)(3)	20,815.				PROGRAM SUPPPORT
(7) YWCA ROCKFORD 4990 EAST STATE STREET ROCKFORD, IL 61108	36-2174839	501(C)(3)	108,480.				COMM BASED FAMILY SE
(8) SHELTERING ARMS 385 CENTENNIAL OLYMPIC PARK DR	58-0566236	501(C)(3)	42,167.				PROGRAM SUPPORT
(9) EDUCARE OF DC 640 ANACOSTIA AVE, NE WASHINGTON, DC 20019	27-2481956	501(C)(3)	22,971.				PROGRAM SUPPORT
(10) PROJECT EAGLE 444 MINNESOTA AVENUE KANSAS CITY, KS 66101	48-1108830	501(C)(3)	26,050.				PROGRAM SUPPORT
(11) REPUBLICAN MAIN STREET PART 1333 H STREET NW FL 1 WASHINGTON, DC 20005	30-0126510	501(C)(3)	225,000.				PROGRAM SUPPORT
(12) PA PARTNERSHIPS 325 7TH STREET NW SUITE 610	59-1828852	501(C)(3)	35,000.				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN ALLIANCE 116 PINE STREET SUITE 430	23-2613869	501(C)(3)	50,000.				PROGRAM SUPPORT
(2) PARTNERSHIP FOR THE 21ST CENTURY 718 6TH AVENUE SOUTH SEATTLE, WA 98104	91-0982879	501(C)(3)	50,000.				PROGRAM SUPPORT
(3) COUNCIL FOR A STRONGER AMERICA 1 MASSACHUSETTS AVE., NW, SUITE 700	16-1621376	501(C)(3)	35,000.				PROGRAM SUPPORT
(4) UNIVERSITY OF CHICAGO 1313 EAST 60TH STREET CHICAGO, IL 60637	36-2177139	501(C)(3)	112,459.				PROGRAM SUPPORT
(5) CENTER FOR AMERICAN PROGRESS 1333 H STREET NW FL 1 WASHINGTON DC 20005	30-0126510	501(C)(3)	225,000.				PROGRAM SUPPORT
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 53.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

THE OUNCE MONITORS THE USE OF GRANT FUNDS THROUGH ESTABLISHED PROCEDURES WRITTEN IN OUR AGREEMENTS WITH SITES. THROUGHOUT THE FISCAL YEAR, THE OUNCE STAFF ROUTINELY MONITORS THE ANNUAL BUDGETS, QUARTERLY EXPENSE REPORTS, AND PROGRESS REPORTS FROM SITES. CLOSE MONITORING OF THEIR FINANCIAL REPORTS ENSURES THAT PROGRAM FUNDS ARE EFFICIENTLY EXPENDED. ANNUAL FISCAL AND PROGRAM REPORTS ARE REVIEWED AND APPROVED BY THE OUNCE FISCAL AND PROGRAM STAFF.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

OUNCE OF PREVENTION FUND

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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Inspection**

Employer identification number

36-3186328

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	MS. SARAH BRADLEY COO	(i)	224,771.	0.	0.	6,258.	4,816.	235,845.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	MS. PORTIA KENNEL SENIOR VICE PRESIDENT	(i)	118,612.	0.	267,525.	3,152.	2,408.	391,697.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	MS. CLAIRE DUNHAM SENIOR VICE PRESIDENT	(i)	198,237.	0.	0.	5,401.	3,430.	207,068.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	MS. KRISTIN PERRY SENIOR VICE PRESIDENT	(i)	264,049.	0.	0.	7,924.	11,296.	283,269.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	MR. ANTHONY RADEN SENIOR VICE PRESIDENT	(i)	173,425.	0.	0.	5,197.	11,296.	189,918.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	MR. ELLIOTT REGENSTEIN SENIOR VICE PRESIDENT	(i)	269,926.	0.	0.	8,104.	11,296.	289,326.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	MS. CYNTHIA STRINGFELLO SENIOR VICE PRESIDENT	(i)	173,274.	0.	0.	5,193.	1,329.	179,796.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	MS. ANITA PURI CHIEF MARKETING OFFICER	(i)	222,132.	0.	0.	6,154.	0.	228,286.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	MS. ELIZABETH DAVIS EXECUTIVE DIRECTOR EDUCARE DC	(i)	204,361.	0.	0.	5,956.	8,428.	218,745.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	MR. ELIAS ROSARIO VICE PRESIDENT	(i)	193,443.	0.	0.	5,388.	6,965.	205,796.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	MS. BARBARA HOFFMAN VICE PRESIDENT	(i)	157,116.	0.	0.	4,482.	0.	161,598.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	MS. ANN KIRWAN VICE PRESIDENT	(i)	166,799.	0.	0.	4,570.	0.	171,369.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	MS. SUSAN BEN VICE PRESIDENT	(i)	176,581.	0.	0.	5,173.	0.	181,754.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	SARAH RITTLING NATIONAL DIRECTOR	(i)	190,461.	0.	0.	6,161.	11,296.	207,918.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15		(i)							
		(ii)							
16		(i)							
		(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

OUNCE OF PREVENTION FUND

Employer identification number

36-3186328

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION:

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

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

THE OUNCE INSTITUTE:

THE OUNCE INSTITUTE FOCUSES ON PROFESSIONAL DEVELOPMENT FOR EARLY
CHILDHOOD TEACHERS AND STAFF THROUGH TRAINING, TECHNICAL ASSISTANCE AND
CONSULTATION IN ILLINOIS AND NATIONWIDE. THE OUNCE INSTITUTE SEEKS TO
EXPAND THE SCALE, SCOPE AND REACH OF THE ORGANIZATION'S KNOWLEDGE
TRANSFER, TRAINING AND CONSULTATION WORK TO A NATIONAL AUDIENCE, WHILE
ALSO PREPARING EARLY CHILDHOOD PROFESSIONALS TO IMPLEMENT EFFECTIVE
PROGRAMS THAT MEET THE NEEDS OF YOUNG CHILDREN FROM BIRTH TO FIVE.

EXPENSES = \$2,146,555

GRANTS = \$190,000

REVENUE = \$174,974

FIRST FIVE YEARS FUND:

THROUGH THE FIRST FIVE YEARS FUND, THE OUNCE IS BUILDING SUPPORT FOR
INCREASED FEDERAL INVESTMENTS IN HIGH-QUALITY EARLY CHILDHOOD PROGRAMS

Name of the organization

Employer identification number

OUNCE OF PREVENTION FUND

FOR AT-RISK YOUNG CHILDREN ACROSS THE COUNTRY, WHILE ALSO ELEVATING THE VISIBILITY OF EARLY CHILDHOOD EDUCATION IN THE PUBLIC CONSCIOUSNESS.

EXPENSES = \$4,103,770

GRANTS = \$500,000

REVENUE = \$0

RESEARCH-PRACTICE PARTNERSHIP:

THROUGH ITS RESEARCH-PRACTICE PARTNERSHIP, THE OUNCE EVALUATES AND DOCUMENTS EARLY CHILDHOOD BEST PRACTICES, RETOOLS EXISTING STRATEGIES TO ELEVATE PROGRAM QUALITY, AND CONTRIBUTES FIELD-BUILDING KNOWLEDGE ABOUT THE EFFECTIVENESS OF BIRTH-TO-FIVE INVESTMENTS IN CLOSING THE ACHIEVEMENT GAP AND BREAKING THE CYCLE OF INTERGENERATIONAL POVERTY.

EXPENSES = \$1,514,253

GRANTS = \$112,459

REVENUE = \$0

ILLINOIS POLICY TEAM:

THE OUNCE'S ILLINOIS POLICY TEAM SUPPORTS THE DEVELOPMENT OF A COMPREHENSIVE, HIGH-QUALITY EARLY CHILDHOOD SYSTEM IN ILLINOIS THAT MEETS THE NEEDS OF CHILDREN AND THEIR FAMILIES. THE ILLINOIS POLICY TEAM ADVOCATES FOR PUBLIC POLICIES AND SYSTEMS THAT BENEFIT YOUNG CHILDREN AND THEIR FAMILIES BY: EDUCATING PROGRAM, COMMUNITY AND OPINION LEADERS ABOUT KEY ISSUES IN EARLY CHILDHOOD DEVELOPMENT; PARTICIPATING IN KEY SYSTEMS-BUILDING EFFORTS TO ALIGN EARLY CHILDHOOD WITH OTHER DISCIPLINES; AND MOBILIZING ADVOCATES. THE ILLINOIS POLICY TEAM IS A RENOWNED LEADER

Name of the organization

Employer identification number

OUNCE OF PREVENTION FUND

ON BIRTH-TO-FIVE ISSUES, AND IN EFFECTIVE POLICY AND SYSTEMS CHANGE ON BEHALF OF YOUNG CHILDREN AND FAMILIES.

EXPENSES = \$1,312,806

GRANTS = \$0

REVENUE = \$0

OTHER:

THE OUNCE'S SPECIAL PROJECTS AND PROGRAM INNOVATION STAFF FOCUS ON THE DEVELOPMENT AND IMPLEMENTATION OF NEW EDUCATION, PROFESSIONAL DEVELOPMENT AND COMMUNICATIONS STRATEGIES AND TECHNOLOGIES TO MEET THE CHANGING NEEDS OF LOW-INCOME CHILDREN FROM BIRTH TO FIVE, AND THEIR FAMILIES, AND TO PROVIDE THEM WITH THE HIGHEST QUALITY AND MOST EFFECTIVE PROGRAMS AND SERVICES. PUBLIC AND PRIVATE FUNDS ENABLE THE OUNCE TO CAPITALIZE ON THE POTENTIAL FOR NEW, MISSION-CRITICAL, RESEARCH-BASED INNOVATIONS TO ACHIEVE MEASURABLE IMPACT FOR THE ORGANIZATION AND THE FIELD, AND TO CREATE MEANINGFUL AND LASTING CHANGE FOR CHILDREN AND FAMILIES IN POVERTY.

EXPENSES = \$4,678,607

GRANTS = \$0

REVENUE = \$0

ADVANCING CENTER BASED QUALITY:

THE OUNCE IS LEVERAGING ITS MANY YEARS OF EXPERIENCE IN PROVIDING PROFESSIONAL DEVELOPMENT IN COMMUNITY-BASED SETTINGS TO INFORM THE DEVELOPMENT AND IMPLEMENTATION OF A COMPREHENSIVE APPROACH TO WORKING

Name of the organization

Employer identification number

OUNCE OF PREVENTION FUND

WITH EARLY LEARNING PROGRAM LEADERS TO IMPROVE PROGRAM QUALITY. INCLUDED IN THESE EFFORTS IS THE DEVELOPMENT OF A COMPREHENSIVE SUITE OF TOOLS AND SUPPORTS FOR EARLY LEARNING LEADERS THAT FOCUSES ON LEADERSHIP DEVELOPMENT AND JOB EMBEDDED PROFESSIONAL DEVELOPMENT.

EXPENSES = \$2,973,490

GRANTS = \$0

REVENUE = \$0

TOTAL OTHER PROGRAM SERVICES EXPENSES = \$16,729,481

TOTAL OTHER PROGRAM SERVICES GRANTS = \$802,459

TOTAL OTHER PROGRAM SERVICES REVENUE = \$174,974

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

PROCESS THE ORGANIZATION USES TO REVIEW FORM 990

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND COMMENTS ON THE DRAFT FORM 990. THE FULL BOARD SUBSEQUENTLY RECEIVES THE DRAFT FORM 990 PRIOR TO ITS ELECTRONIC FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

ORGANIZATION'S PRACTICES FOR MONITORING CONFLICT OF INTEREST

THE DIRECTOR OR KEY EMPLOYEE IS OBLIGATED TO DISCLOSE ANY CONFLICT OF INTEREST. THE EXECUTIVE COMMITTEE REVIEWS AND VOTES ON RECOMMENDATIONS TO THE BOARD REGARDING THE CONFLICT OF INTEREST. THE FULL BOARD TAKES ACTION ON THE RECOMMENDATIONS. THE MINUTES OF THE MEETING ARE DISCLOSED TO THE

Name of the organization OUNCE OF PREVENTION FUND	Employer identification number
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FULL BOARD MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

PROCESS FOR DETERMINING THE COMPENSATION OF TOP MANAGEMENT OFFICIAL
IN PREPARATION FOR THE BUDGET EACH YEAR, THE PERFORMANCE AND COMPENSATION
COMMITTEE, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, REVIEWS
AND APPROVES THE PROPOSED COMPENSATION FOR THE OUNCE'S PRESIDENT, COO AND
ALL OTHER KEY EMPLOYEES USING CONTEMPORANEOUS DOCUMENTATION WHICH IS
MEASURED AGAINST COMPARABLE DATA FROM THE MARKET.

FORM 990, PART VI, SECTION C, LINE 19

ORGANIZATION'S POLICY REGARDING MAKING CERTAIN DOCUMENTS PUBLIC
THE ANNUAL REPORT, WHICH INCLUDES AUDITED FINANCIAL STATEMENTS, IS POSTED
ON THE OUNCE'S WEBSITE. THE ARTICLES OF INCORPORATION, BYLAWS AND
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE NATIONAL POLICY TEAM AND EDUCARE LEARNING NETWORK (ELN)
EXTEND THE IMPACT OF THE OUNCE'S EXTENSIVE EARLY CHILDHOOD
KNOWLEDGE AND EXPERTISE IN STATES ACROSS THE COUNTRY THROUGH
CONSULTATION AND TECHNICAL ASSISTANCE ON PROGRAM, PUBLIC POLICY
AND SYSTEMS WORK; RESEARCH AND EVALUATION; ORGANIZATIONAL
CAPACITY BUILDING; AND PHILANTHROPIC ENGAGEMENT STRATEGIES. THE
ELN IS A MULTI-STATE COLLECTIVE OF EDUCARE SCHOOLS THAT PROVIDES
AND PROMOTES HIGH-QUALITY, OUTCOMES-BASED LEARNING ENVIRONMENTS
FOR VULNERABLE CHILDREN, BIRTH TO FIVE, AND THEIR FAMILIES. THE
ELN ALSO ASSISTS IN THE CULTIVATION OF KEY STAKEHOLDER

Name of the organization OUNCE OF PREVENTION FUND	Employer identification number
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ATTACHMENT 1 (CONT'D)

RELATIONSHIPS IN COMMUNITIES NATIONWIDE THAT ARE INTERESTED IN DEVELOPING AND OPERATING EDUCARE SCHOOLS THAT BEST SERVE THE NEEDS OF AT-RISK CHILDREN AND FAMILIES.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
THE OUNCE INSTITUTE	190,000.	2,146,555.	174,974.
FIRST FIVE YEARS FUND	500,000.	4,103,770.	
RESEARCH-PRACTICE PARTNERSHIP	112,459.	1,514,253.	
ILLINOIS POLICY TEAM		1,312,806.	
ADVANCING CENTER BASED QUALITY		2,973,490.	
SPECIAL PROJECTS/PROGRAM INNOVATION		4,678,607.	
TOTALS	<u>802,459.</u>	<u>16,729,481.</u>	<u>174,974.</u>

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LINCHPIN STRATEGIES 639 MASSACHUSETTS AVENUE N.E. WASHINGTON, DC 20002	STRATEGY & ADVOCACY	392,978.
ACE ALL SERVICES MIN ASSOC PO BOX 53249 CHICAGO, IL 60653	BLDG MT & SECURITY	311,196.
NATIONAL LOUIS UNIVERSITY MCCORMICK 6200 CAPITOL DRIVE WHEELING, IL 60090	TRAINING	301,089.
MESSINA GROUP 324 W HURON STREET #512	EMPLOYMENT AGENCY	300,214.

Name of the organization OUNCE OF PREVENTION FUND	Employer identification number
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHICAGO, IL 60654		
DLA PIPER LLP PO BOX 75190 BALTIMORE, MD 21275	STRATEGY & ADVOCACY	274,823.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
PROGRAM / MISC FEES	2,660,304.	2,356,054.	293,699.	10,551.
STRATEGY AND ADVOCACY	1,808,306.	1,808,306.		
TEMPORARY STAFF	478,417.	392,435.	74,019.	11,963.
OTHER EXPENSES	291,126.	133,731.	157,395.	
STIPENDS	242,015.	241,909.	106.	
STAFF DEVELOPMENT	181,240.	181,240.		
FOOD - MEAL SERVICE	160,914.	160,914.		
TOTALS	<u>5,822,322.</u>	<u>5,274,589.</u>	<u>525,219.</u>	<u>22,514.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

OUNCE OF PREVENTION FUND

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

36-3186328

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FIRST FIVE YEARS FUND, LLC 36-3186328 33 W. MONROE, SUITE 2400 CHICAGO, IL 60603	CHILD PROGRAM	DE	3,651,152.	4,529,651.	OUNCE
(2) BOUNCE NETWORK, LLC 27-0294142 33 W. MONROE, SUITE 2400 CHICAGO, IL 60603	EDUCARE EXP.	DE	0.	0.	OUNCE
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOUNCE DC 27-1349287 33 W. MONROE, SUITE 2400 CHICAGO, IL 60603	EDUCARE CTR	DC	501(C)(3)	11-I	OUNCE	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
