OMB No 1545-0047 ໘90 **Return of Organization Exempt From Income Tax** 2017 (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. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest Information. Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 07-01 , 2017, and ending 06-30 ,2018 В Check if applicable C Name of organization SANKOFA SAFE CHILD INITIATIVE INC D Employer identification no Address change Doing business as 36-4535455 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 4041 West Roosevelt Rd (773)826-9520Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Chicago, IL 60624 328,436 Application pending Name and address of principal officer H(a) is this a group return for subordinates? Yos X No Same as C above H(b) Are all subordinates included? Yes 501(c)(3) 501(c) (∐ 4947(a)(1) or Tax-exempt status If "No " attach a list (see instructions) Websito: Group exemption number Corporation Form of organization Trust | Association L Year of formation 1999 M State of legal domicite Part I Summary Briefly describe the organization's mission or most significant activities KEEPING FAMILIES INTACT 2019 Activities & Governance Check this box _ [] if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 SCANNED MAR 2,1 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 328,436 Program service revenue (Part VIII, line 2g) RECEIVED 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 328,436 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 288,308 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 89,850 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 378,158 19 (49,722)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 174,934 146,870 21 Total liabilities (Part X, line 26) 60,256 80,290 22 Net assets or fund balances Subtract line 21 from line 20 66.580 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schodules and statements, and to the bost of my knowledge and belief, it is true, corroct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here ANNNETTA WILSON, EXECUTIVE DIRECTOR Type or print name and title PnnVType preparer's name Paid Thomas Bradley 2-31-2018 Preparer Goodall -Kenner Firm's EIN **Use Only** 806 East 78th Street Chicago IL 60619 773-873-1010 May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

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	n 990 (2017) SANKOFA SAFE CHILD INITIATIVE INC	36-4535455	Pa
a	rt III Statement of Program Service Accomplishments		
	*Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	٠.
	Briefly describe the organization's mission:		
	KEEPING FAMILIES INTACT		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 🛣 N	No
	If "Yes," describe these new services on Schedule O		
	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	∏ Yes 🔽 l	Nο
	If "Yes," describe these changes on Schedule O	<u>.</u>	
	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported		
	(Code) (Expenses \$ 236,044 including grants of \$) (Revenue	⇒ \$ 255.15	
	CHILD WELFARE Provide supportive services, resourceses and skills that end		
	families and communities to be strong, self sufficient and remain intact.		
	together by providing resources necessary to sustain the family unit.	keeping lamilles	<u>s</u>
	codecies by providing resources necessary to sustain the family unit.		
)	(Code) (Expenses \$ 116,549 including grants of \$) (Revenue	\$ 51,16	<u>63</u>
	General fund Activities required to support the programs		
		<u> </u>	
	4-8-4		
_	(Code) (Expenses \$ 14,101 including grants of \$) (Revenue	- S 16 60	67
	Restorative Justice Grant designed to help 10 adolescent minority male pri		"
		or orrenders	
	ranging from 16 to 24 years of age.		
		•	
l	Other program services (Describe in Schedulc O)		
		,449)	
•	Total program service expenses 378,158		

Part IV

Checklist of Required Schedules



-4535455

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Yes No 1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 4 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 98-197 If "Yes," complete Schedule C. Х 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III Х 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х 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? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more χ 11b 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? If "Yes," complete Schedule D, Part VIII 11c Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schodule F, Parts III and IV 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 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? 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O 38 Form 990 (2017) EEA

Pai	990 (2017) SANKOFA SAFE CHILD INITIATIVE INC TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· <u>· ·</u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			•
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	}		ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	ł	1	ļ
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9	1	Ì	l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ł		l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			[
	account)?	4a		X_
b	If "Yes," enter the name of the foreign country	ļ	})
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		ļ	1
	(FBAR)	ļ	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u>L</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	ļ	1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	{	[[
	gifts were not tax deductible?	6b	ļ	Ь
7	Organizations that may receive deductible contributions under section 170(c).	}	ļ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ		
	and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١
	required to file Form 8282?	7c	<u> </u>	<u> X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨		l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├ -	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8	├	
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	┼	╁
b an	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	┼	↓
10	Section 501(c)(7) organizations. Enter	1	ł	
a	Initiation fees and capital contributions included on Part VIII, line 12	┨	}	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-{	[[
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	1	ł	ł
a		┪]	į
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
40-	against amounts due or received from them.)	┨╻	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	┼
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	1-	┼──
а	Is the organization licensed to issue qualified health plans in more than one state?	138	+-	+
L	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			1
_		1		
с 14а	Enter the amount of reserves on hand	14a	+-	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	+	X
ь	in real, has a filed a norm rzo to report these payments rill ivo, provide an explanation in achieutie O	1 140	1	1

	990 (2017) SANKOFA SAFE CHILD INITIATIVE INC 36-45354		P	age 6
Pai	TVI 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			· 🛛
Sec	tion A. Governing Body and Management			
			Yos	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			\
а	The governing body?	8a	Х	•
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	Ι
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	1
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	}		ł
а	The organization's CEO, Executive Director, or top management official	15a	Х	1
ь	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1)	1
	with a taxable entity during the year?	16a	Ì	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	l	1	
	organization's exempt status with respect to such arrangements?	16b	Ì	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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)			

٦7	List the states with which a copy of this Form 990 is required to be filed
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.
	Own website Another's website Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and

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

State the name, address, and telephone number of the person who possesses the organization's books and records

ANNNETTA WILSON (773) 826-9520, 4041 West Roosevelt Rd, Chicago, IL 60624

Form 990 (201	<u>/ 0:0:100111 0:122 0:122 0:121111110 1110</u>	36-4535455	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated Employe	es, and
	Independent Contractors	• •	•
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗆
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within tax year.	the	
List all compensation	f the organization's current officers, directors, trustees (whether individuals or organizations), regardless of an Enter -0- in columns (D), (E), and (F) if no compensation was paid	mount of	

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

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unles er and	Pos eck m ss per	5 0 0 (8	Highest compensated employee		(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
(1) Regina Lewis BD. TREASURER	1.00	х		х				0	0	0
(2) Nicole Harvey Board President		x						0	0	0
(3) JACKIE GLASS DIRECTOR	1.00	Х						0	0	0
(4) Kimberly Jackson DIRECTOR/VICE PRESIDENT		Х		х				0		0
(5) MARIYANA SPYROPOULOS DIRECTOR	1.00	Х						0	0	0
(6) JANICE HENRY Director/ SECRETARY	1.00	Х						0	0	0
(7) ANNNETTA WILSON EXECUTIVE DIRECTOR	40.00				Х			0	0	0
(8)]		
(9)										
(10)										
(11)										
(12)										
(13)										
(14)			-				-			

Form 990 (2017)

Form 990 (2017) SANKOFA SAFE CHI								ted Employees /	36-4535	455_	P	age
(A) Name and title	(B) Average hours per week (list any	Average hours per week (list any		tion · ore th on is ector/	ian one bolh an lrustee)	·	(D) Reportable compensation from	(E) Reportable compensation from	eportable Es ensation from an related			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		ipensation rom the ganization id relate anization	on id
(15)										-		
(16)						-						
(17)												
(18)												
19)												
(20)												
(21)												
(22)												
(23)												
(24)											_	
(25)												
1b Sub-total	ction A · ·						* *					
d Total (add lines 1b and 1c)							nore	than \$100,000 of		<u>.l.</u>		0
3 Did the organization list any former officer, direct	tor, or trustee, k	ey em	ploye	ee. o	r hio	hest o	omp	ensated			Yes	No
employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of	reportable comp	pensati	ion a	and c	ther	comp	ensa		• • • • • • • •	3		X
organization and related organizations greater th			٠.							4		х
5 Did any person listed on line 1a receive or accruit for services rendered to the organization? If "Yes Section B. Independent Contractors	•		•			-		on or individual		5		<u>_x</u>
Complete this table for your five highest compensation from the organization. Report compensation.										_ -,		
year (A) Name and business addr	ess							(B)	ţ	Com	(C) pensatio	 on
Total number of independent contractors (including)	ng but not limite	d to th	ose	liste	d ab	ove) w	/ho					
received more than \$100,000 of compensation fr	_		_		_					Form	990 (2	017

,		Check if Schedule O contains a response of		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु री	1a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				
	С	Fundraising events	1c]			
	d	Related organizations	1d				
S.E.	е	Government grants (contributions) · ·	1e 284,773	ì			1
er S	f	All other contributions, gifts, grants,					
ĢĒ.		and similar amounts not included above	1f 43,663	[
g g	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f		328,436			
e e			Business Code	. [ŀ
eu.	2a		- 				
ě	þ						
ڲٚ	°		_				
Se	d						
Program Service Revenue	e	0.0	- 	 			
ē.	'	All other program service revenue · · · · ·					<u> </u>
	<u> </u>	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest and other similar amounts)	est,				ļ
	4	Income from investment of tax-exempt bond p					
	5	Royalties · · · · · · · · · · · · · · · · · · ·					
	"	(i) Real	(ii) Personal		 		<u> </u>
	6a	Gross rents	(11)1 0136101	1			
	1	Less rental expenses · · · ·		1			
	1	Rental income or (loss)		1			
		Net rental income or (loss)		1			
		Gross amount from sales of (i) Securities		T			····
	'-	assets other than inventory]			
	Ь	Less; cost or other basis]			
		and sales expenses · · · ·]			
	C	Gain or (loss)]			
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	<u> </u>				
venue	8a	Gross income from fundraising]			
eve		events (not including \$	-				1
οž		of contributions reported on line 1c)	i				
Other	1	See Part IV, line 18 · · · · · · · · · · · · · · · · · ·		<u> </u>			
õ	1	Less direct expenses		-			
	1	Net income or (loss) from fundraising events			· · · · · · · · · · · · · · · · · · ·		
	9a	Gross income from gaming activities		ļ			
	١.	See Part IV, line 19 · · · · · · · · · · · · · · · · · ·		4			
		Less direct expenses]			
		, , , , , ,		· · · · · · · · · · · · · · · · · · ·			
	10a	Gross sales of inventory, less returns and allowances	<u>, </u>	Ì			
		Less cost of goods sold		-			
	1	Net income or (loss) from sales of inventory		-			
	۲		Business Code			<u> </u>	
	11a	Miscellaneous Revenue	Dusmoss Code	-	!		
	' ' b		_	 			
	٥						
		All other revenue	.	 			
	1						
	1	Total revenue. See instructions · · · · ·	>	328,436			

Form 990 (2017) SANKOFA SAFE CHILD INITIATIVE INC
Part IX Statement of Functional Expenses

Don	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	<u>X</u>
	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22 · · · · · · · · · · ·				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	242,577	179,297	63,280	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			ļ	
9	Other employee benefits				
10	Payroll taxes	45,731	37,472	8,259	
11	Fees for services (non-employees)				
а	Management	23,166		23,166	
b	Legal·····				
С	Accounting	18,265	11,450	6,815	
d	Lobbying · · · · · · · · · · · · · · · · ·				
8	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion				
13	Office expenses	269	269		
14	Information technology				
15	Royaltres				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel	160	160		
18	Payments of travel or entertainment expenses	:			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	522	500	22	
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	498		498	
23	Insurance	886		886	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If]			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	RENT/UTILITIES	11,639	9,400	2,239	
þ	OFFICE SUPPLIES	4,919	3,959	960	
С	CONSUMABLE SUPPLIES	322	<u></u>	322	
d	DUES MEMBERSHIP FEES	1,055		1,055	· · · · · · · · · · · · · · · · · · ·
е		28,149	19,103	9,046	
25	Total functional expenses. Add lines 1 through 24e	378,158	261,610	116,548	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)			1	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		<u></u> .	· · · · · · · · · ·
			(A)		(B)
			Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing	88,008	1	55,353
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	26,271	4	26,270
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	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		ļ	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	1,000
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	1,100
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 63, 645		1	
	b	Less accumulated depreciation 10b 498	60,655	10c	63,147
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	174,934	16	146,870
	17	Accounts payable and accrued expenses	13,898	17	15,215
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi)	disqualified persons. Complete Part II of Schedule L		22	
Ü	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	46,358	24	65,075
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	60,256	26	80,290
		Organizations that follow SFAS 117 (ASC 958), check here			
ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	114,678	27	66,580
Bal	28	Temporarily restricted net assets		28	
b	29	Permanently restricted net assets		29	
Ŧ	ļ	Organizations that do not follow SFAS 117 (ASC 958), check here and			
ŏ	[complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	114,678	33	66,580
	34	Total liabilities and net assets/fund balances	174,934	34	146,870
EEA					Form 990 (2017)

	990 (2017) SANKOFA SAFE CHILD INITIATIVE INC	36-45354	55	Pa	ige 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	3	28,4	136
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	3	78,1	158_
3	Revenue less expenses. Subtract line 2 from line 1	. 3		49,7	722)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4	1	14,6	578
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Pnor period adjustments	. 8		1,6	524
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		66,5	580
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · ·	<u> </u>	• • •	<u>· 🛛 _</u>
				Yos	No
1	Accounting method used to prepare the Form 990				ŀ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			i	l
	Schedule O		Į.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial stalements for the year were compiled or		1		
	reviewed on a separate basis, consolidated basis, or both		- [
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?	• • • • •	· 2b	Х	<u> </u>
	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		- 1		}
	Separate basis Consolidated basis Both consolidated and separate basis		-	1	
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?	• • • • •	· 2c	X	
	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?	• • • • •	· 3a		X
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	· · · · · ·	. 3b		
EEA			Form	990 (2017)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

36-4535455

2017

Open to Public Inspection

Department of the Treasury Name of the organization

SANKOFA SAFE CHILD INITIATIVE INC

(Form 990 or 990-EZ)

Internal Revenue Service Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Atlach Schedule E (Form 990 or 990-EZ)) 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported organization (ii) EIN (ili) Type of organization (iv) is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) (instructions) Yes No (A) (B) (C) (D) (E) Total

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)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	300,809	286,238	325,796	383,315	328,436	1,624,594
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	300,809	286,238	325,796	383,315	328,436	1,624,594
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly		,				
	supported organization) included on						
	line 1 that exceeds 2% of the amount]	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·						1,624,594
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · · · · · ·	300,809	286,238	325,796	383,315	328,436	1,624,594
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						1,624,594
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Su	<u> </u>	<u> </u>				
14	Public support percentage for 2017 (line 6, c			<u> </u>		14 1	00.00 %
15	Public support percentage for 2017 (line 6, to Public support percentage from 2016 Sched						00.00 %
16a	· · · · · · · · · · · · · · · · · · ·						00.00 /0
	box and stop here. The organization qualific						🕅
b	33 1/3% support test - 2016. If the organization	, -	. •				• • • • • • • • • • • • • • • • • • •
~	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2017		=				• •
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact				•		
	organization · · · · · · · · · · · · · · · · · · ·		•	•			. <i>.</i>
b	10%-facts-and-circumstances test - 2016						> _
-	15 is 10% or more, and if the organization in	-					
	Explain in Part VI how the organization mee				•	lv	
	supported organization						
18	Private foundation. If the organization did						> —
	instructions · · · · · · · · · · · · · · · · · · ·						
							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number SANKOFA SAFE CHILD INITIATIVE INC 36-4535455 01. Form 990 governing body review (Part VI, line 11) The board of directors are presented a copy of the company's federal form 990 for their review before filing the form with the IRS. This is done at a regular meeting of the board of directors at the same time that the annual Audited financial statements are presented and reviewed by the Board of Directors. 02. Conflict of interest policy compliance (Part VI, line 12c) The Board of Directors adopted a conflict of interest policy for the Directors several years ago and it is reviewed anually at a regular meeting of the Board. Each Director is required to confirm their understanding and compliance of the policy to give assurance that they are in compliance with the policy. 03. CEO, executive director, top management comp (Part VI, line 15a) The Board of Directors reviews and approves the salary of the Executive director of the agency and none of the directors have a conflict of interest. The compensation package approved is examined to determine comparability with others in similiar positions and company size. The minutes of the board of directors deliberations and decisions are kept for all action items. 04. Other officer or key employee compensation (Part VI, line 15b It is the policy of the Board of Directors to examine and approve the salary of any paid officer and/or key employee. The Board of Directors reviews and approves the salary of Key emlpoyees of the agency. All of the Directors are outside directors and none of them have a conflict of interest. The compensation package is examined to determine comparability with others in similiar positions and company size.

Schedule O (Form 990 or 990-EZ) (2017)	Page
Name of the organization	Employer identification number
SANKOFA SAFE CHILD INITIATIVE INC	36-4535455
	·
05. Governing documents, etc, available to public (Part VI, li	ne 19)
mbo odpostate file the four DCCCCTT theb the Tillians Tillians	0
The organization file the form AG990IL With the Illinois Attorne	ey General's Office The
form AG990 is then posted on their website for public accessabil	ity.
06. List of other expenses (Part IX, line 24e)	
The expenses are listed in detail on the overflow statement atta	sched to this return. All
of the expenses are operationaly realted.	
07. General explanation attachment	
or. General explanation attachment	
Other information and documents are made available upon request	and State of Illinois
Attorney General website	
	