Fem **990**

Return of Organization Exempt From Income Tax

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

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

2017

Department of the Treasury

Open to Public

OMB No 1545-0047

inte	mal Revenu			s.gov/Forms90 for instru					mspec	ii Cili
<u>A</u>	For the	2017 cale	ndar year, or tax year beginni	ng 01/01	, 2017, a	and ending	12	2/31	, 20 17	
В	Check if a	pplicable	C Name of organization SMILES	BEYOND THE BARS				D Employ	er Identification n	umber
	Address of	hange	Doing business as						61-1701330	
	Name cha	ange	Number and street (or P O. box if	mail is not delivered to stree	t address)	Room/suite		E Telepho	ne number	
	Initial retu	m	340 East Coronado Suite 200						602-628-9886	
	Final return	/terminated	City or town, state or province, ci	ountry, and ZIP or foreign pos	tal code					
	Amended	return	Phoenix, AZ, 85004					G Gross re	ceipts \$	198,138
	Applicatio	n pending	F Name and address of principal of	ficer Mark Johnson	•		H(a) Is this a g	roup return for	subordinates? Yes	✓ No
		·	340 East Coronado, Suite 20			A1			s included? 🔲 Yes	
_	Tax-exem	not status:	☑ 501(c)(3) ☐ 501(c		4947(a)(1) or	□527/7	H ''		ee instructions)	
J	Website:		ilesbeyondthebars.org	7 / / / / /	1		H(c) Group	exemption	number ▶	
ĸ			Corporation Trust Asso	ciation ☐ Other ▶	L Ye	ar of formation			of legal domicile.	AZ
_	art I	Summ								
			escribe the organization's mi	ssion or most significa	nt activities:	In nartne	rshin with	the fines	t professionals	in the
φ			mmunity, Smiles extends con							
Governance			ed on Schedule O, Statement		ces to the re	or interity in the	il cei ateu,	3000 010	diag-itee work	
Ě			is box ▶☐ if the organization		rations or di	ienne			its net assets.	
Š	1		of voting members of the go	•		-		3	no net assets.	_
G St	T .		of independent voting memb		•			<u>, , , , , , , , , , , , , , , , , , , </u>		<u></u>
Sa	T .		nber of individuals employed	-				5		4
ξ			•		-	= Za)		6		1
Activities &			nber of volunteers (estimate	= -		• •		-		25
⋖	li .		elated business revenue from	• •				/a		0
_	b	vet unrei	ated business taxable incon	ne from Form 990-1, lir	<u>ie 34</u>		Prior Ye	7b	Current Y	0
	1	.			Current					
re			tions and grants (Part VIII, lir	110,739		106,978				
Revenue		-	service revenue (Part VIII, III		0		0			
Rev			nt income (Part VIII, column					0		0
_	1		renue (Part VIII, column (A), i		-			34,233		36,192
_			enue-add lines 8 through 11					144,972		143,170
	13 (Grants ar	nd similar amounts paid (Par		0		0			
	14	Benefits _l	paid to or for members (Part		0		0			
Š	15 5	Salaries, d	other compensation, employe	compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses	16a F	Professio	nal fundraising fees (Part IX	24,037		0				
8	b 1	Total fund	draisıng expenses (Part IX, c	olumn (D), line 25) 🕨	2	21,950				
ū	17 (Other exp	oenses (Part IX, column (A),	lines 11a-11d, 11f-24e			,	22,236		45,018
	18	Total exp	enses. Add lines 13-17 (mu	st equal Part IX, colum	n (A), line 25	5) . 🗆		91,031		90,453
4P	19 F	Revenue	less expenses. Subtract line	18 from line 12			-	53,941		52,717
1000 1000 1000 1000 1000 1000 1000 100	}	•				Be	ginning of Cu	ırrent Year	End of Ye	ar
Met Assets	20 7	Fotal ass	ets (Part X, line 16)			🗆		70,208		81,801
¥89	21		ilities (Part X, line 26)					944		0
碧	22 1	Vet asset	ts or fund balances. Subtrac	t line 21 from line 20			CEIVE	L69,264		81,801
P	art II	Signat	ure Block	· · · · · · · · · · · · · · · · · · ·	1	111				
57	der penalti	es of penul	rv. I declare that I have examined th	is return, including accompar	ving schedule	s and stateme	nts, and to t	te best of n	knowledge and	belief, it is
Įė.	e, correct,	and comple	ry, I declare that I have examined the etc. Deglaration of prepare (other the	an officer) is based on all info	rmation of whi	pirprepared b	as any Know	ledge 10	. 1	·
_	4	11	lack & John	NOW		101		6-26	- 18	
Sig	n	Sign	ature of officer			100	SDEM	teU		
He			rk Johnson, President			1 _9				
<u></u>	2		or print name and title						· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	pe preparer's name	Preparer's signature		Date		Ob	PTIN	
Pa								Check self-emp	if	
	eparer	I	ame ►		· · · · · · · · · · · · · · · · · · ·			n's EIN ▶	•	
US	e Only	· ——								- 1-61
Ma	v the IRS		ddress ▶ s this return with the prepare	r shown above? (see ii	nstructions)		<u> Pnc</u>	one no.	🗌 Yes	<u> </u>
_	·		ction Act Notice, see the sepa		4000013/		440002	<u></u>		90 (2017)
LOL	raperwo	un neuul	vuon aut ituuve, see me sepa	เดเซ แเอน นบแบทอ.		Cat. No.	112027		FOIR	·~~ (2011)

Part		_
	Check if Schedule O contains a response or note to any line in this Part III	<u>]</u>
1	Briefly describe the organization's mission:	
	Smiles Beyond the Bars Embraces formerly incarcerated women and men who have begun the process of changing their lives	
	through the restoration of a healthy smile. In partnership with the finest professionals in the dental community, through their	
	generous contribution of their time and expertise, we extend comprehensive dental services to candidates. Smiles Beyond the	
_	Bars gives its recipients not just a new smile, but a chance to help themselves. Did the organization undertake any significant program services during the year which were not listed on the	_
2		
	prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	 /
7	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 \$ 29,076 including grants of \$) (Revenue \$ 30,000)	_
	To recruit 42-44 qualified recipients to receive the restoration of a healthy smile and maintain the ongoing recruitment and	
	retention of a quality network of dental and lab professionals to provide the best services to the deserving formerly incarcerated	
	men and women who are committed to turning their lives around. Smiles is committed to maintaining its 0% recidivism rate.	
	······	
4b	(Code:) (Expenses \$ 0 including grants of \$) (Revenue \$ 0)	_
	Successfully engaged a team of highly skilled dental professionals providing donated services to our recipients valued at \$860,000.	

		••
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
		- -
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	_
4e	Total program service expenses ▶ 29,076	_

BAGO

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

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	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	ļ	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		<u> </u>	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	-		1
		23		<u> </u>
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			١.
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	· · · · ·	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
_		230		 •
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?			
				1
	If "Yes," complete Schedule L, Part I	25b	<u> </u>	
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			١,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		7
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<u> </u>
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
2 9 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		-
30	conservation contributions? If "Yes," complete Schedule M			,
	·	30	ļ	-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		į	
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١.
	complete Schedule N, Part II	32		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		İ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		—	
u,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI			1
00		37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note . All Form 990 filers are required to complete Schedule O.	20		

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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Schedule O Contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1 110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1	1	ŀ	
č	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	7	
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a	ļ	/
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	ļ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		١.	
	gifts were not tax deductible?	6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).			İ
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>	 -	
	and services provided to the payor?	7a	1	 -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	 		<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 	1
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.	-		-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	-	
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	30		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	 	┼
а	Note. See the instructions for additional information the organization must report on Schedule O.	134	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
	the organization is licensed to issue qualified health plans		1	1
С	Enter the amount of reserves on hand	1	[
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		† `
_				

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instances of Schedule O. Check if Schedule O. Contains a response or note to any line in this Part VI							
Saati	on A. Governing Body and Management	• •		· [4]				
Secu	on A. Governing Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	Γ		i				
	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.							
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 4 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	-					
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		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓				
6								
7a	one or more members of the governing body?							
b	stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
a	The governing body?	8a	✓	<u> </u>				
þ	Each committee with authority to act on behalf of the governing body?	8b	/	├─				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - \	1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	oae.) Yes	No				
40-	Did the expenient on have level chanters branches or effiliates?	10a	163	1				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		•				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	\vdash				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>	<u> </u>					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		✓				
14	Did the organization have a written document retention and destruction policy?	14		✓				
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?	4						
а	The organization's CEO, Executive Director, or top management official	15a	✓					
b	Other officers or key employees of the organization	15b	✓_	<u> </u>				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		✓				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ovaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b		<u> </u>				
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed Az Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)				
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	/, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶					
	Linda Parker (602)628-9886							

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
				((C)					
(A)	(B)				rtion			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
, , <u>, , , , , , , , , , , , , , , , , </u>	hours per					or/trust		compensation	compensation from	
	week (list any				_	9,∓		from	related	other
	hours for related	호호	state	Officer	ey	윷퉁		the organization	organizations (W-2/1099-MiSC)	compensation from the
	organizations	핥	<u>ē</u>	4	Key employee	st c	9	(W-2/1099-MISC)	(** = *********************************	organization
	below dotted	ן ۲ <u>₹</u>	<u>a</u>		Ş	ğ	l	İ	ł	and related
	line)	Individual trustee or director	Institutional trustee		ð	9				organizations
		•	6			Highest compensated employee				
· · · · · · · · · · · · · · · · · · ·	 			-		-				
Linda Parker Smith	40									
CEO	0	1	<u></u> .	✓	✓	1		39,000	0	C
Mark Johnson	4	Į							ļ	
President	0			1		L	<u> </u>	0	0	
Maureen Perry	3			,			Ì			
Officer	0	ļ	ļ	1			ļ	0	0	
Bruce Lund	2			,						
Officer	0	ļ		✓	_		_	0	0	
Francis Tesmer	2	}		,				_		
Officer	0		-	✓	 	-	-	0	0	<u> </u>
	 									
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			_	\vdash	<u> </u>	<u> </u>	<u> </u>			
***************************************				İ	l					

c Total from continuation sheets to Part VII, Section A	Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (cor	tinued)		
the sub-lotal . Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) . Total (add lines 1b	Name and title		Average hours per	Position (do not check more than box, unless person is both officer and a director/trus					an tee)	Reportable compensation	Reportable compensation from		Estimated amount of	
Total from continuation sheets to Part VII, Section A			hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC	c) f	npensation from the ganization nd related	
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A													-	
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A										•				
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total (add lines 1b and 1c)			VII. Sectio	 n A	•	•		•	>	39,000		0		0
Teportable compensation from the organization ► 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 Description of services Compensation None	<u>d</u>		-			•			>	39,000		0		0
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			to th	ose	list	ed a	above	e) w		ore than \$100,	000 of		
employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services (B) Compensation Compensation	3			tor. o	r tr	uste	ee.	kev e	ame		est compens	ated 🔳	Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	ividu	ıal				. 3		√
for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organizations										uch		1
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) (B) (C) Compensation None	5										ation or individual	1		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None	Section			<u>i</u> -						<u></u>				<u> </u>
Name and business address Description of services Compensation	1	compensation from the organization. Rep												×
			ress								ervices			
2 Total number of independent contractors (including but not limited to those listed above) who	None													
2 Total number of independent contractors (including but not limited to those listed above) who														
2 Total number of independent contractors (including but not limited to those listed above) who														
	2	Total number of independent contractor	rs (includir	ng bu	t ne	ot I	ımit	ed to	th	ose listed abo	ove) who			

Par	VIII					Dark 1/111			
		Check if Schedule C	Contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Tts Nts	1a	Federated campaigns	s 1a	2,504					
Contributions. Gifts, Grants and Other Similar Amounts	ь	Membership dues .	1b	Ō					
s, G	С	Fundraising events .	1c	7,000					
ar.	d	Related organizations	s 1d	0			İ		
i.E	e	Government grants (cor	ntributions) 1e	0				: 1	
rion S r	f	All other contributions, q							
혈		and similar amounts not inc	duded above 1f	97,474		,			
4 5	g	Noncash contributions inclu-	ded in lines 1a-1f \$	0					
<u>පි දි</u>	h	Total. Add lines 1a-1	f	🕨	106,978				
e E				Business Code					
, Ker	2a								
æ	b								
Ş	С								
Ser	d								
E	е								
Program Service Revenue	f	All other program ser			. 0	0	0	0	
<u>~</u>	g	Total. Add lines 2a-2			0		,		
	3	Investment income	•						
	_	and other similar amo	=		0	0	0	0 0	
	4	Income from investmen			0	0	0		
	5	Royalties	(i) Real		0	0	O	0	
	_	•	· · · · · · · · · · · · · · · · · · ·	 ``					
	6a	Gross rents	0						
	b	Less rental expenses	0	0				1	
	C	Rental income or (loss)	(1000)	·					
	d 7a	Net rental income or Gross amount from sales of	(IOSS)	(ii) Other	<u>o</u>	0	0	0	
	1 a	assets other than inventory		`i					
	ь	Less cost or other basis	0	0					
		and sales expenses .	0	o				ļ	
	С	Gain or (loss)	0	_					
	d			<u> </u>		0		0	
	•	rect gain or (1000)						<u>_</u>	
Other Revenue		Gross income from fuevents (not including \$ of contributions reports See Part IV, line 18 Less: direct expenses	7,000 ed on line 1c). · · · · a						
J		Net income or (loss) f		·	36,192		0	36,192	
	9a	Gross income from gas See Part IV, line 19							
	b	Less: direct expenses	s b						
	С	Net income or (loss) f		vities >					
	10a	Gross sales of in returns and allowance					·		
	b	Less. cost of goods s							
	C	Net income or (loss) f	rom sales of inv	entory ►					
		Miscellaneous F	Revenue	Business Code					
	11a								
	b								
	C								
	d	All other revenue .							
	е	Total. Add lines 11a-			0				
	12	Total revenue. See II	nstructions	▶	143,170	0	0	36,192	
								Form 990 (2017)	

Part IX Statement of Functional Expenses

1 Graand	Check if Schedule O contains a respons relude amounts reported on lines 6b, 7b, and 10b of Part VIII. ants and other assistance to domestic organizations	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Graand	nd 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and	Fundraising
and	ants and other assistance to domestic organizations				expenses
2 Gr:	d domestic governments. See Part IV, line 21	0	0		
	ants and other assistance to domestic				
	dividuals. See Part IV, line 22	0	0		····
	ants and other assistance to foreign ganizations, foreign governments, and foreign				
-	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members	0	0		
	empensation of current officers, directors,		<u>_</u>		
	istees, and key employees	39,000	20,000	19,000	0
6 Co	empensation not included above, to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
per	rsons described in section 4958(c)(3)(B)	o	o	o	0
	her salaries and wages [0	0	0	0
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)	0	0	0	0
	her employee benefits	0	0	0	0
	yroll taxes	6,435	3,300	3,135	0
	es for services (non-employees):				
	anagement	27,623	0	10,623	17,000
	gal	0	0	0	0
	bbying	0	0	0	0
	ofessional fundraising services. See Part IV, line 17	0			
	vestment management fees	0	0	0	0
	ner. (If line 11g amount exceeds 10% of line 25, column				
(A) a	amount, list line 11g expenses on Schedule O.)	1,414	814	300	300
	Ivertising and promotion $\ldots \ldots$	9,650	3,696	2,000	3,954
	fice expenses	2,015	811	1,123	81
	ormation technology	2,588	332	1,656	600
	oyalties	<u>0</u>	0	0	0
	ccupancy	164	0	164	0
	avel	0	0	0	0
	any federal, state, or local public officials	اه	o	0	0
	onferences, conventions, and meetings .	1,118	123	980	15
	erest	0	0	0	0
	yments to affiliates	0	0	0	0
	preciation, depletion, and amortization .	0	0	0	. 0
23 Ins	surance	446	0	446	0
	her expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses in line 24e. If				
	e 24e amount exceeds 10% of line 25, column amount, list line 24e expenses on Schedule O.)		i		
	amount, list line 24e expenses on schedule 0.)		····		
a					
b					
d			· · · · · · · · · · · · · · · · · · ·		
	other expenses				·
e All	tal functional expenses. Add lines 1 through 24e	90,453	29,076	39,427	21,950
e All 25 Tot 26 Join	tal functional expenses. Add lines 1 through 24e int costs. Complete this line only if the	90,453	29,076	39,427	21,950
e All 25 Tot 26 Join org	tal functional expenses. Add lines 1 through 24e	90,453	29,076	39,427	21,950

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 30.027 48,270 2 2 Savings and temporary cash investments 0 25,852 3 40,181 3 7.679 4 4 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 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 0 Assets 7 7 0 0 8 Inventories for sale or use 0 8 0 9 Prepaid expenses and deferred charges . . . 0 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 10c 0 b 11 0 11 0 12 Investments-other securities. See Part IV, line 11 . . . 0 12 0 13 Investments-program-related. See Part IV, line 11 . . . 13 0 0 Intangible assets 14 0 14 0 15 0 15 Other assets. See Part IV, line 11 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 70,208 16 81,801 Accounts payable and accrued expenses 17 0 17 0 18 0 18 0 19 0 19 0 20 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 944 22 0 Secured mortgages and notes payable to unrelated third parties . . 23 0 23 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 26 Total liabilities. Add lines 17 through 25 . . 26 944 0 Organizations that follow SFAS 117 (ASC 958), check here ► | and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 69,264 27 81,801 0 28 0 29 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 69,264 81,801 Total liabilities and net assets/fund balances . . . 70.208 34 81,801

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Page	- 1	4

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI revenue (must equal Part VIII, column (A), line 12) expenses (must equal Part IX, column (A), line 25) nue less expenses. Subtract line 2 from line 1 ssets or fund balances at beginning of year (must equal Part X, line 33, column (A)) nrealized gains (losses) on investments ted services and use of facilities timent expenses period adjustments changes in net assets or fund balances (explain in Schedule O) ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line blumn (B)) Financial Statements and Reporting	1 2 3 4 5 6 7 8 9		9 5 6	9,264 0 0 0 0,180
revenue (must equal Part VIII, column (A), line 12)	2 3 4 5 6 7 8 9		9 5 6	33,170 0,453 62,717 69,264 0 0 0 0,180
expenses (must equal Part IX, column (A), line 25)	2 3 4 5 6 7 8 9		9 5 6	0,453 2,717 9,264 0 0 0 0,180
nue less expenses. Subtract line 2 from line 1	3 4 5 6 7 8 9		-4	0,453 2,717 9,264 0 0 0,180 0
ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 5 6 7 8 9		-4	9,264 0 0 0 0,180
nrealized gains (losses) on investments	5 6 7 8 9		-4	0 0 0 0,180 0
ted services and use of facilities	6 7 8 9			0 0 0,180 0
tment expenses	7 8 9			0 0,180 0
period adjustments	8 9 10			0,180
changes in net assets or fund balances (explain in Schedule O)	9			0
ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line blumn (B))	10		8	
olumn (B))	J 1		8	1 201
Financial Statements and Reporting	J 1		8	1 201
· · · · · · · · · · · · · · · · · · ·				7,001
				_
Check it Schedule O contains a response or note to any line in this Part XII		<u> </u>		\sqcup
		<u> </u>	Yes	No
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ed audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		<u> </u>	<u> </u>
the state of the s	organization changed its method of accounting from a prior year or checked "Other," exclude O. the organization's financial statements compiled or reviewed by an independent accountant? s," check a box below to indicate whether the financial statements for the year were comized on a separate basis, consolidated basis, or both: Description or financial statements audited by an independent accountant? S," check a box below to indicate whether the financial statements for the year were comized on a separate basis. The organization's financial statements audited by an independent accountant? S," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both: Description of the year were audited basis. The organization of the year were audited basis or to line 2a or 2b, does the organization have a committee that assumes responsibility for organization changed either its oversight process or selection process during the tax year, exclude O. The summary of the required to undergo an audit or audits as setingle Audit Act and OMB Circular A-133? S," did the organization undergo the required audit or audits? If the organization did not undergo and the context of the organization did not undergo and the organization of the organization did not undergo and the orga	unting method used to prepare the Form 990:	check if Schedule O contains a response or note to any line in this Part XII	Check if Schedule O contains a response or note to any line in this Part XII

1

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

61-1701330 **SMILES BEYOND THE BARS** 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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 university: 10 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

Part	(Complete only if you checked the						
	Part III. If the organization fails to						diny drider
Secti	on A. Public Support		, 			/	
Calen	dar 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.")						
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						
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			/			
	on B. Total Support	•					
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			/			
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		<u>Y</u>				
12	Gross receipts from related activities, etc.		•			12	
13	First five years. If the Form 990 is for the						
Casti	organization, check this box and stop her			· · · · ·	· · · · ·	· · · · · · · · · · · · · · · · · · ·	▶ 🗆
<u>3ecu</u> 14	on C. Computation of Public Suppor Public support percentage for 2017 (line 6			1 column (ft)		14	
15	Public support percentage from 2016 Sch			i, coluitiii (i)/		15	/ 8
16a	331/3% support test—2017. If the organi						
	box and stop here. The organization qual						▶ □
b	331/3% support test—2016. If the organization this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		ore, check
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meets the "organization	ets the "facts	s-and-circumsta	ances" test, cl	heck this box a	and stop here .	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization in the organization in the organization is supported organization.	tion meets the eets the "fac	ne "facts-and-c ets-and-circums	circumstances stances" test.	" test, check The organizati	this box and some on qualifies as	stop here. a publicly
18	Private foundation. If the organization die						see
	instructions						0 or 990-FZ) 2017

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

	if the organization fails to qualify	under the tes	is listed belo	w, please co	mpiete Part I	1.)	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·			···		
Calen	dar 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.")	21,016	76,598	99,490	110,739	103,248	411,091
2	Gross receipts from admissions, merchandise		I				
	sold or services performed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose	o	o	44,510	85,943	91,160	221,613
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	ol	ol	o	0
4	Tax revenues levied for the				****		
•	organization's benefit and either paid to				ľ		
	or expended on its behalf	o	o	اه	اه	o	0
5	The value of services or facilities				<u>.</u>		<u>-</u>
•	furnished by a governmental unit to the		1	1	·		
	organization without charge	اه	o	اه	اه	o	0
6	Total. Add lines 1 through 5			144,000	196,682	194,408	632,704
7a	Amounts included on lines 1, 2, and 3	21,016	76,598	144,000	130,002	154,406	632,704
10	received from disqualified persons .				İ		
	· · ·				-		
b	Amounts included on lines 2 and 3			1			
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1				
	•			25,000	28,000	34,276	87,276
	Add lines 7a and 7b	0	0	25,000	28,000	34,276	87,276
8	Public support. (Subtract line 7c from	- 1	,		ì		
	line 6.)		1				545,428
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	21,016	76,598	144,000	196,682	194,408	632,704
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				. 1		
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.)	21,016	76,598	144,000	196,682	194,408	632,704
14	First five years. If the Form 990 is for the			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her	re					▶ ☑
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2017 (line 8	3, column (f) div	ided by line 13	3, column (f))		15	%
16	Public support percentage from 2016 Sch	nedule A, Part II	II, line 15 .			16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (ine 10c, colum	n (f) divided by	line 13, colum	nn (f))	17	%
18	Investment income percentage from 2016					18	%
19a	331/3% support tests—2017. If the organi					ore than 331/3%	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2016. If the organiz		-				
-	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di						
		Unicon u k					

3Cheddie A (Form 990 of 990-EZ) 201

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? 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.	1			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a			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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b			ļ
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c			į
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b			
С	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)? 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	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).				
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?	5b			j
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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? If "Yes," provide detail in Part VI .	5c			
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8			
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))? If "Yes," provide detail in Part VI.	9a			
þ	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? If "Yes," provide detail in Part VI .	9b			
С	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? If "Yes," provide detail in Part VI.	9c			-
I0a	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)? If "Yes," answer 10b below.	10a			į
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b			į

11 Has the organization accepted a gift or contribution from any of the following persons? 12 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. 13 A family member of a person described in (a) above? 14 A 55% controlled entity of a person described in (a) above? 2 A 55% controlled entity of a person described in (a) above? 3 A 55% controlled entity of a person described in (a) above? 4 A 55% controlled entity of a person described in (a) above? 5 A family member of a person described in (a) above? 5 A family member of a person described in (a) above? 6 A 55% controlled entity of a person described in (a) above? 7 A person who described in (a) above? 8 A family member of a person described in (a) above? 8 A family member of a person described in (a) above? 9 A family member of a person described in (a) above? 1 Did the directors, fustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of the supported organizations of the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operation operations, if any, applied to such powers during the tax year and the supported organization of the supporting organization. 1 Were a majority of the organizations. 1 Were a majority of the organizations of the supporting organizations was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organizations was vested in the same persons that controlled or managed the supported organizations was vested in the same persons that controlled or managed the supported organizations and the supported organizations was vested in the same persons that controlled or managed the supported organizations or supported organizations and the supported	Scriedo	16 A (1 0111 330 01 330-LZ) 2011		,	rage •	
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alien or together with persons? described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) above? B Old 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 or functions at all times during the tax year? If "No," describe in Part VI how the supported organization and more than one supported organization generated organization and what conditions or restrictions, if any, applied to such powers during the supported organization of the organization of the orga	Part	Supporting Organizations (continued)			,	
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) blow, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, prowde detail in Part VI. 10 th directors, fustees, or membership of one or more supported organizations have the power to regularly appoint or elect at tests at majority of the organization or structes at all times during the tax year? If "No," describe in Part VI how the supported organizations have the power to regularly appoint or elect at tests at majority of the organization of structures at all times during the tax year? If "No," describe in Part VI how the supported organizations have the powers to appoint and/or remove directors or insides were allocated among the supported organization of the organization of the organization of the supported organization of the tax year allocated among the supported organization of the tax year allocated among the tax year the how the powers to appoint and/or remove directors or insides were allocated among the supported organization of the supported organization of the supported organization of the supported organization of the result of the purposes of the supported organization in Part VI how proving such benefit camed out the purposes of the supported organization in Part VI how proving such benefit camed out the purposes of the supported organization of the supporting organizations 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 was vested in the same persons that controlled or managed the supported organization's proving organization's supported organization or supported organization's proving organization's proving organization's proving organization's	44	The three controls of the section of the section of the fellows and the fellows are section of the section of t		Yes	No	
below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, prowde detail in Part VI. 11b 11c Section B. Type I Supporting Organizations 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? If "No," describe in Part VI organization and the organization of the organization and the organization and the organization of the organization of the organization of the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization of the organization of the purposes of the supported organization of the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization of the organization of the purposes of the supported organization of the organization and the purposes of the supported organization and the purposes of the supporting organization. 2 Section C. Type II Supporting Organizations 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 granization's apported organization's 1 Wes No directors or trustees of each of the granization and the organization organization and the organization organization and the organization's accordance to the definition of elected by the supported orga						
b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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? If "No," describe in Part VI how the supported organization's directively 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 enhanced organization organization and what conditions or restrictions, I any, applied to such powers during the supported organization with a toperated, supervised, or controlled the supported organization? If "Yes," explain in Part V In ow providing such benefit cared out the purposes of the supported organization? If "Yes," explain in Part V In ow providing such benefit cared out the purposes of the supported organization or trustees of each of the organization's directors or trustees denot the organization and in the supporting organization. 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 is supported organization, by the list day of the fifth month of the organization is at year, (i) a very directive organization was vested in the same persons that controlled or managed the supporting Organization was vested in the same persons that controlled or managed the supported organization and the portion of the organization was nost recently field as of the date of notification, and (ii) copies of the organization was vested on the date of notification, to the extent not previously provided? 2 Were any of the organization's efficiency, directors, or trustees either (i) appointed organization and in Part V In how the organization	а		112	 		
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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! If "No," describe in Part VI how the supported defectively 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 organization obtained, supervised, or controlled the supporting organization of the tax year. 2. Did the organization operâte for the benefit of any supported organization of the than the supported organization or	ь					
Section 6. Type I Supporting Organizations 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? If "No," describe in Part W 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 organization(s) that operated, supervised, or controlled the supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part W Inow providing such penetic carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization's supported organization and the supported organization of the supported organization or trustees of each of the organization's supported organizations in the supported organization or trustees of each of the organization's supported organization in the supported organization or trustees of each of the organization's supported organization or trustees of each of the organization's supported organization is tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, to the extent not previously provided? 2. Were any of the organization's provide organizations supported organizations supported organizations and supported organizations and the supported organization organization organization o		· · · · · · · · · · · · · · · · · · ·		 		
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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? 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. 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? 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 organizations. Answer (a) and (b) below. 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? Provide details in Part VI. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2	Activities Test. Answer (a) and (b) below.		Yes	No	
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а			 -	 	
		······································	3a		 	
	b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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	<u></u>	
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		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Secti	on D - Distributions		•	Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
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	ponsive		
	(provide details in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
9	Distributable amount for 2017 from Section C, line 6	 		
10	Line 8 amount divided by line 9 amount		(ii)	
Se	ection E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See			
	Instructions.			
3	Excess distributions carryover, if any, to 2017			
a_	<u>[</u>			
	From 2013			<u> </u>
	From 2014			
	C 0010			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			<u>-</u>
<u>:'</u>	Carryover from 2012 not applied (see instructions)			1
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		****** ·	
4	Distributions for 2017 from Section D, line 7: \$			
<u>а</u>	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		· <u></u>	
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		•	
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•••••	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundralsing or Gaming Activities

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

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

OMB No. 1545-0047

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	or the organization					Employer identific	
	ES BEYOND THE BARS						1701330
Par	Fundraising Activities Form 990-EZ filers are	•	-			Form 990, Part IV,	line 17.
1	Indicate whether the organization					heck all that apply	
' a	Mail solicitations	on raised funds			ion of non-govern		
b	Internet and email solicitation	nne	f [on of governmen	_	
c	Phone solicitations	J. 1.5	a [fundraising events	-	
d	☐ In-person solicitations		9 -	_ Opeciai	ididiasing events	•	
2a	Did the organization have a wri	tten or oral agre	ement with	any individ	dual (including offi	cers directors trust	ees.
	or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b	d individuals or e	entities (fun		•		
	(i) Name and address of individual	GA A-turk		ndraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundralser)	(ii) Activity	contril	or control of butions?	from activity	fundraiser listed in col (i)	(or retained by) organization
			Yes	No			
1							
2							
3							
4					-		
		<u> </u>		ļ		· · · · · · · · · · · · · · · · · · ·	
5							
6							
7							
8							
9		<u> </u>					
10		<u> </u>					
		<u> </u>	<u>.</u>				
Total				▶			
3	List all states in which the orga	anızatıon is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing.						
					••••		
	·						

Pa	art II	Fundraising Events. Con than \$15,000 of fundraisi gross receipts greater tha	ng event contributions			
		gross receipts ground	(a) Event #1 ual Gala Smile Makers 2 (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	91,160			91,160
ш	2 3	Less: Contributions Gross income (line 1 minus	7,000			7,000
		line 2)	84,160			84,160
	4	Cash prizes	0			0
	5	Noncash prizes	8,500			8,500
suses	6	Rent/facility costs	10,518			10,518
Exp	7	Food and beverages	23,200		0	23,200
Direct Expenses	8	Entertainment	1,500		0	1,500
	9	Other direct expenses .	11,250			11,250
	10 11	Direct expense summary. Ac Net income summary. Subtr	act line 10 from line 3, c	olumn (d)		54,968 29,192
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or	reported more
Revenue		ιπαιτφτο,οσο στιτ στιπ σ	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	│	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	v. Subtract line 7 from li	ne 1. column (d)		
9	e is	nter the state(s) in which the or the organization licensed to c "No," explain:	rganization conducts ga	ming activities: s in each of these states	s?	🗍 Yes 🗌 No
10		ere any of the organization's of		l, suspended, or termin	ated during the tax yea	r? . ☐ Yes ☐ No

cneau	DIE G (Form 990 or 990-EZ) 2017		Pa	ige 🍮
ኘ1 12	Does the organization conduct gaming activities with nonmembers?			
13	Indicate the percentage of gaming activity conducted in:	_	_	-
а	The organization's facility			%_
b	An outside facility			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:			
Ū	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions.		nd	
				•

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** 61-1701330 **SMILES BEYOND THE BARS** Form 990, Part I, Line 1 - In partnership with the finest professionals in the dental community, Smiles extends comprehensive dental services to the formerly incarcerated, sober and drug-free women and men who have been out of prison for at least one year. Smiles gives its recipients not just a new smile, but a chance to help themselves. Form 990, Part VI, Section B, Line 11b - The President will provide a copy of this 990 by email to all Board officers for review. Form 990, Part VI, Section B, Line 15 - The Board of Directors reviews the CEO salary annually using data from other comparable organizations. The Board of Director reviews the duties of the CEO and uses metrics to quantify organizational accomplishments. Form 990, Part VI, Section C, Line 19 - Governing Documents are held at the office of Smiles Beyond the Bars at 340 East Coronado, Suite 200 Phoenix, AZ 85004. Documents are held in binders and open for public review. Documents are also held digitally and can be emailed Form 990, Part IX, Line 11g - Social Media Services and Database Management

Schedule O. Statement 1

Form Form 990 (2017)

Page 1

Reasonable Cause Explanations

SMILES BEYOND THE BARS

EIN 61-1701330

Header Section

Explanation

An Extension was filed Extra time was needed to put in place the necessary resources to file this 990