Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

2017

OMB No 1545-0047

**Open to Public** Inspection

Ā	For the	2017 calend	dar year, or tax year begi	nning	, 2017, and e	nding		, 20
В	Check if a	pplicable	C Name of organization FRON	T PORCH COALITION INC			D Emp	ployer identification no.
	Address c	hange	Doing business as				77-0	0591124
	Name cha	ange	Number and street (or PO bo	ox if mail is not delivered to street address)		Room/suite	E Tele	phone number
$\overline{}$	Initial retu	•	915 MOUNTAIN V				(60	5)348-6692
一		m/terminated		, country, and ZIP or foreign postal code				ss receipts
一	Amended		RAPID CITY, SD				\$	236,224
ᆷ		n pending		nates? Yes X No				
_	трриосио	ponding	F Name and address of principal	alofficer		H(b) Are all subor		
_	Tax-exem	nt status X		) ◀ (insert no )		<b>—</b>		ee instructions)
	Website.		.FRONTPORCHCOALI		<del>,                                    </del>	H(c) Group exer	•	
			1 0 0	sociation Other	L Year of formation 2		of legal domici	
	rt I	Summai		outer 1	V Test of test and a	1 0.0.0	or regar derinion	
	1			sion or most significant activities.	SUPPORT SUICIDE	SURVIVORS	AND WORL	KING TO
•		-	SUICIDES					
Governance		211212	00101220		-			
Ĕ								
9	2	Check this b	oox ▶ ☐ if the organization	n discontinued its operations or disj	oosed of more than 25%	of its net assets		
Ğ	3			eming body (Part VI, line 1a)		1	3	5
ەق دى	4			ers of the governing body (Part VI, II			4	
ij	5		-	n calendar year 2017 (Part V, line 2			5	4
Activities &	6			necessary)		1	6	
Ą			•	Part VIII, column (C), line 12 · ·			7a	
				e from Form 990-T, line 34			7b	0
	+ •	Net uniterate	o business taxable income	s nom 1 om 530-1, mie 34 - 1 - 1		Prior Year		Current Year
Revenue	8	Contribution	s and grants (Part VIII line	e 1h) • • • • • • • • • • • • • • • • • • •		102	940	
	9			e 2g) · · · · · · · · · · · · · · · · · ·			ì	115,265
				A), lines 3, 4, and 7d) • • • • •		118	904	118,904
ě	10		· · · · · · · · · · · · · · · · · · ·	nes 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>		399	399
œ	11						656	1,656
	12	_		(must equal Part VIII, column (A), li		223	899	236,224
	14			IX, column (A), lines 1-3) · · · ·	T-			
	15			X, column (A), line 4) · · · · ·				04 081
8				ee benefits (Part IX, column (A), line column (A), line 11e)				94,981
Expense			ising expenses (Part IX, co					<u>_</u>
Š	17		=	ines 11a-11d, 11f-24e)	1,350			103 004
ш				t equal Part IX, column (A), line 25)				103,884
	18			18 from line 12 · · · · · · · · ·			200	198,865
	19 2	Revenue les	ss expenses. Subtract line	18 HOM title 12 · · · · · · ·		223	1	37,359
Net Assets or	20	Total access	(Part X, line 16)	A	ECEIVED	Beginning of Current		71,139
988	20		es (Part X, line 26)	1	19	33,	780	
let A	22		or fund balances Subtract	line 21 from line 20		32	780	71,139
	rt II		re Block	18 D	<del>ēc 3 1 2018   [</del>	<del>}</del>	780	71,139
				urn, including accompanying schedules and st	atements and to the best of my	knowledge and belief,	ıt ıs	· · · · · · · · · · · · · · · · · · ·
				fficer) is based on all information of which prep	arer has anytknowledge		· · · ·	
		A cores	HANIE SCHWEITZER	DIXON Sedua School	GDEIV, C		12/	9/8
Sig	ın		re of officer	Janes Janes			Date	<del>-110</del>
He	re	STEE	HANTE CCHWETTZED	DIXON, EXEC DIRECTOR				
			print name and title	DIMON, DADE DINDETON				
	J	Print/Type or	eparer's name	Preparer's signature	Date , ,	Check	f PTIN	<del></del>
Pai	d		Geigle	Connie Geigle	eigle 12/19/18	self-employe		1568965
	parer			INESS AND TAX SERVICE	0117111	Firm's EIN	- <u>F</u>	
	e Only			SAINT JOSEPH ST	<del></del>	Phone no		
	]	, rams addres		ITY SD 57701		l .	5-716-3	1985
Mar	the ID	L		hown above? (see instructions) •				X Yes No
			ion Act Notice, see the se				<u> </u>	=
. ••				- <sub>2</sub>				

Form	m 990 (2017) FRONT PORCH COALITION INC 77-0591	124 Page 2
_	art III Statement of Program Service Accomplishments	
	Chèck if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Bnefiy describe the organization's mission	
	SUPPORT SUICIDE SURVIVORS AND WORKING TO PREVENT SUICIDES	
2	Did the organization undertake any significant program services during the year which were not listed on the	- El N-
	pnor Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·	s X No
2	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s V No
	If "Yes," describe these changes on Schedule O	,5 <sub>[2]</sub> ,10
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	4.0 total of the control of the cont	
4a	(Code: ) (Expenses \$ 138,654 including grants of \$ ) (Revenue \$	)
	SUICIDE PREVENTION AND GATEKEEPER TRAINING PROGRAM & COMMUNITY MENTAL HEALTH AND SUI	CIDE
	AWARENESS PROGRAM - AN EDUCATION, PREVENTION AND AWARENESS PROGRAM THAT PROVIDES TRA	INING TO
	PEOPLE ON THE INCIDENCE OF SUICIDE AND NEED FOR MENTAL HEALTH CARE, TEACHES THEM THI	WARNING
	SIGNS OF SUICIDE AND HOW TO INTERVENE.	
46	(Code: ) (Expenses \$ 21,793 including grants of \$ ) (Revenue \$	
4b	(Code:) (Expenses \$21,793 including grants of \$) (Revenue \$ LOSS (LOCAL OUTREACH TO SUICIDE SURVIVORS) TEAM PROGRAM - AN ALL VOLUNTEER FIRST RES	PONCE
	TEAM THAT RESPONDS DIRECTLY TO THE SCENE OF SUICIDE DEATHS IN PENNINGTON, MEADE AND	
	COUNTIES, SD TO PROVIDE HELP, HOPE, SUPPORT, RESOURCES AND INFORMATION TO PEOPLE WHO	
	JUST LOST SOMEONE TO SUICIDE.	
	OUDI BODI SOMBOND TO BOTCIBE.	
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue \$	)
	1. Other amoram services (Describe in Schedule O.)	<del></del>
40	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$)	
FFA		Form 990 (2017)

Part IV



			l	
	to the appropriate described in section 504(a)(2) as 4047(a)(4) (atheretical appropriate foundation)(2 if "Voo."		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	1	х	
_	·	_ <u>-</u>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
			<del></del> -	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		v
-	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,			İ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		v
_	Part III			X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ĺ
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		٠,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		٠,,
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			۱
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII · · · · · · · · · · · · · · · · · ·	12a		X
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	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	<u> </u>	X
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	<u>L.</u> _	Х
EEA		Form	990 (	2017

Part IV

Checklist of Required Schedules (continued)

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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	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		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		<del></del> -
_	sponsoning organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter 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			
1	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	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			
С	Enter the amount of reserves on hand			
- 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
h	If "Yos " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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 5 h Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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? 4 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х а Х 8h Each committee with authority to act on behalf of the governing body? 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 ............ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Х 10a Did the organization have local chapters, branches, or affiliates? ...... 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C 12c Х Х Did the organization have a written whistleblower policy? 13 13 14 Х 14 Did the organization have a written document retention and destruction policy? 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? Х The organization's CEO, Executive Director, or top management official 15a 15b X Other officers or key employees of the organization 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 Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed South Dakota 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. Other (explain in Schedule O) Own website Another's website 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. 20 STEPHANIE SCHWEITZER DIXON (605)348-6692, 3855 CAMBELL ST LOT 129, RAPID CITY, SD 57701

Form	വവ	/201	71

FRONT PORCH COALITION	NT I	PORCH	COALITION	INC
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Form 990 (2017)

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

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

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

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

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

Charlette have fracther the appropriate new solution appropriate appropriate any support officer director or trustee

Check this box if neither the organization nor any relate	ed organization	on com	pen	sate	d a	ny curr	ent	officer, director, or	trustee.	
		(C)							İ	
(A)	(B) Position				(D)	(E)	(F)			
Name and Title	Average	(do not check more than one			Reportable	Reportable	Estimated			
	hours per	s per officer and a director/trustee) C			compensation	compensation from	amount of			
	week (list any hours for			_				from the	related organizations	other compensation
	related			organization	(W-2/1099-MISC)	from the				
	organizations below dotted	direc	ttuti	icer	y em	ploy	Former	(W-2/1099-MISC)		organization and related
	line)	or a	onal		Key employee	e con				organizations
		Individual trustee or director	Institutional trustee		ee	pen				
			ee			Highest compensated employee				
						•				
(1) SANDRA MCLAIN	2.00									
PRESIDENT				Х				0	0	0_
(2) JERRA_BUSTER	1.00				į					
VICE-PRESIDENT	ļ			_X				0	0	0
(3) TED_HUFFMAN	1.00		l							
SECRETARY				X				0	0	<u> </u>
(4) PATRICIA MARTINSON	1.00									
TREASURER			_	Х				0	0	0
(5) STEPHANIE SCHWEITZER DIXON	40.00	į								
EXECUTIVE DIRECTOR				Х		Х		62,192	0	7,417_
<u>(6)</u>		:								
<u>(7)</u>										
(0)										
<u>(8)</u>					!					
(0)	-			$\dashv$			-			
<u>(9)</u>										
(10)										
(10)										
<u>(11)</u>										
(42)			-	-						
(12)	<del>-</del>									
(13)										
(14)										
	<u> </u>									

Page 8

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd l	High	est	Com	pens	ated Employees	(continued)			
	(A) Name and title	j box, unless person is both an j						Reportable compensation	Reportable Reportable compensation rom			i f	
	1 10000100 1 2 E1 001 31 251 3 001 31						organizations (W-2/1099-MISC)	org an	other other	ed			
<u>(15)</u>		<b>-</b>							·····				
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>		<b>-</b>					•						
(20)													
(21)													
(22)										·			
(23)													
(24)													
(25)											•		
1b c d	Sub-total	on A · ·						<b>&gt;</b>	62,192	0	7,417		
2	Total number of individuals (including but not limite	-									1		
	reportable compensation from the organization								<u> </u>	0		Yes	No
3	Did the organization list any former officer, director												
4	employee on line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is the sum of re										3		Х
	organization and related organizations greater than	-											
_	Individual · · · · · · · · · · · · · · · · · · ·									• • • • • • • •	4		X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"										5		X
Secti	on B. Independent Contractors		_										
1	Complete this table for your five highest compensation from the organization. Report compensation from the organization.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	'n
									<del> </del>				
			<u>-</u>						<del> </del>				
2	Total number of independent contractors (including received more than \$100,000 of compensation from				e list	ed a	ibove)	who					

## Part IX Statement of Functional Expenses

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

Secti	on 501(c)(3)`and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note to			400	
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		ехрепѕеѕ	general expenses	expenses
1	Grants and other assistance to domestic organizations			ייי	
	and domestic governments See Part IV, line 21 · · ·			<del></del>	
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			, , , ,	**
	ındıvıduals. See Part IV, lines 15 and 16			, , ,	
4	Benefits paid to or for members · · · · · · · · · · · · · · ·				
5	Compensation of current officers, directors,				
	trustees, and key employees · · · · · · · · · · · · · · · · ·	62,192	62,192		
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 salanes and wages	19,358		19,358	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) · ·				
9	Other employee benefits	7,417	7,417		
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	6,014	4,533	1,481	
11	Fees for services (non-employees).			!	
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal·······				
C	Accounting • • • • • • • • • • • • • • • • • • •	500	<u>.</u>	500	
d	Lobbying				
e	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.) · ·	1,350			1,350
12	Advertising and promotion	500	500	<u>-</u>	
13	Office expenses · · · · · · · · · · · · · · · · · ·	13,615	10,282	3,333	
14	Information technology	13,483	10,150	3,333	_
15	Royalties				
16	Occupancy	4,162		4,162	
17	Travel	442	442		
18	Payments of travel or entertainment expenses			1	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	2,951		2,951	<u>.                                      </u>
20	Interest		<del></del>	<u>-</u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization · · · · · ·				
23	Insurance · · · · · · · · · · · · · · · · · · ·	2,052	2,052	<u> </u>	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	į			
	(A) amount, list line 24e expenses on Schedule O.)		<del></del>		
a	MILEAGE REIMBURSEMENT	85	<u>-</u> .	85	
b	BANK FEES	134		134	
C	ENDOWMENT FEES	235	235		
d	CELL PHONE	600		600_	
e	All other expenses	63,775	62,644	1,131	
25	Total functional expenses. Add lines 1 through 24e	198,865	160,447	37,068	1,350_
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)	<u> </u>		<u> </u>	Form 000 (2017)

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Part X **Balance Sheet** Chèck if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 18,109 1 Cash - non-interest-bearing 32,463 2 2 20,952 3 3 Pledges and grants receivable, net ............ Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 7 7 Notes and loans receivable, net Assets Inventories for sale or use 8 8 9 598 9 Prepaid expenses and deferred charges ........ 10a Land, buildings, and equipment, cost or 10a other basis. Complete Part VI of Schedule D . . . . 10c b Less accumulated depreciation · · · · · · · · 10b 11 11 12 Investments - other securities. See Part IV, line 11 ...... 12 13 13 14 14 15 15 15,671 17,126 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . 33,780 71,139 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L ...... 23 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . Unsecured notes and loans payable to unrelated third parties . . . . . . . . . . 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 26 0 26 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. 33,780 27 27 71,139 Temporarily restricted net assets .............. 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34. 30 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 33,780 71,139 34 34 Total liabilities and net assets/fund balances ....... 33,780 71,139

		-059112	4	Pa	ige <b>12</b>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. D</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	36,2	24
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.98,8	165
3	Revenue less expenses Subtract line 2 from line 1	3		37,3	59
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		33,7	80
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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		71,1	.39_
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· • • • • •	• • •		$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🗵 Accrual 🔲 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
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 statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				İ
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		
	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		<u>X</u>
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		

Form 990 (2017)

## **SCHEDULE A**

(Form 990 or 990-EZ)

**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.

2017

OMB No 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

FRO	NT	PORCH COALITION INC					77-05911	24	
_	rt I	Reason for Public Charity	Status (All or	ganizations must c	omplete	this par			
The	orga	nization is not a private foundation bed							4
1	Ď	A church, convention of churches, or	association of chui	rches described in <b>secti</b> o	on 170(b)(	1)(A)(i).			
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ))			()	I
3		A hospital or a cooperative hospital s	ervice organization	described in section 17	70(b)(1)(A)	(iii).			
4		A medical research organization oper	rated in conjunction	n with a hospital describe	ed in sectio	on 170(b)(	1)(A)(iii). Enter the		
		hospital's name, city, and state:	_						
5		An organization operated for the ben-	efit of a college or	university owned or opei	rated by a	governme	ntal unit described in		•
		section 170(b)(1)(A)(iv). (Complete I							
6		A federal, state, or local government	or governmental ur	nit described in section	170(b)(1)( <i>i</i>	4)(v).			
7	X	An organization that normally receive	s a substantial par	t of its support from a go	vernmenta	al unit or fr	om the general publi	С	
		described in section 170(b)(1)(A)(vi)	. (Complete Part II.	.)					
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II)					
9		An agnicultural research organization	described in section	on 170(b)(1)(A)(ix) oper	ated in cor	njunction w	vith a land-grant colle	ge	
		or university or a non-land-grant colle	ege of agriculture (s	see instructions) Enter t	he name, d	city, and st	ate of the college or		
	_	university:							
10		An organization that normally receive	s. (1) more than 33	3 1/3% of its support from	n ∞ntribut	ions, mem	ibership fees, and gr	oss	
		receipts from activities related to its e	xempt functions - s	subject to certain except	ions, and (	2) no more	e than 33 1/3% of its		
		support from gross investment incom	e and unrelated bu	usiness taxable income (	less sectio	n 511 tax)	from businesses		
	_	acquired by the organization after Jur	ne 30, 1975 See s	<b>ection 509(a)(2)</b> . (Comp	lete Part II	II.)			
11	Ц	An organization organized and opera	-	•					
12	Ш	An organization organized and opera							
		of one or more publicly supported org							
		Check the box in lines 12a through 1				•		_	
	а	Type I. A supporting organization				. •		ng	
		the supported organization(s) the		• •	nty of the d	irectors o	r trustees of the		
		supporting organization You mu	-	· ·	h ito ounne	arted erges	nization(s) by baying		
	b	Type II. A supporting organization control or management of the su							
		organization(s). You must comp			0100110 1114	COMMO	i manage are capper	.00	
	С	Type III functionally integrated.			nection wit	h and fun	ctionally integrated w	uth	
	·	its supported organization(s) (see						,	
	d	Type III non-functionally integra						n(s)	
	_	that is not functionally integrated		= :					
		requirement (see instructions). Ye							
	е	Check this box if the organization	•				I, Type II, Type III		
		functionally integrated, or Type II							
	f	Enter the number of supported organ	izations						
	g	Provide the following information about	ut the supported o	rganızatıon(s).					
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amou	
				(described on lines 1-10 above (see instructions))	docum	r governing ient?	support (see instructions)	other suppo	
						r			
					Yes	No			
(A)									
(B)									
(C)									<del>-</del>
(C)					<del>                                     </del>				
(D)									
									-
(E)									
Tota	ıl				ľ				

77-0591124

FRONT PORCH COALITION INC

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99,444	96,484	127,491	145,951	236,224	705,594
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	99,444	96,484	127,491	145,951	236,224	705,594
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)						116,939
6	Public support. Subtract line 5 from line 4 · ·				<del></del>		588,655
	tion B. Total Support	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · · ·	99,444				236,224	705,594
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99,444	30,404	127,471	143,731	230,224	703,334
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 .						705,594
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is for the conganization, check this box and stop here			th, or fifth tax year	as a section 501(c	)(3)	▶□
	tion C. Computation of Public Su	<del> </del>	<del></del>			14	00 40 %
14	Public support percentage for 2017 (line 6,						83.43 % 00.00 %
15	Public support percentage from 2016 Sche						00.00 %
16a	33 1/3% support test - 2017. If the organiz						▶ 🔯
	box and stop here. The organization qualif 33 1/3% support test - 2016. If the organiz	•					
D	this box and stop here. The organization q						▶ □
172	10%-facts-and-circumstances test - 2017	•					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac						
	organization · · · · · · · · · · · · · · · · · · ·						▶ □
b	10%-facts-and-circumstances test - 2016						
-	15 is 10% or more, and if the organization r						
	Explain in Part VI how the organization med					licly	
	supported organization · · · · · ·						▶ 📋
18	Private foundation. If the organization did						_
	instructions						▶ 🔲

Sche		T PORCH COA				77-0591124	Page
Pa	rt III Support Schedule for Org						
	(Complete only if you chec						Part/II.
	If the organization fails to q	ualify under th	ne tests listed be	elow, please o	complete Part II	.)	
Se	ction A. Public Support						<u> </u>
Cale	endar 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	Gross receipts from admissions, merchandise	-					
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the			-			
•	organization's benefit and either paid to						
	or expended on its behalf				_/		
5	The value of services or facilities						
	furnished by a governmental unit to the						
6	organization without charge · · · · · · · · · · · · · · · · · · ·				4	-	<del></del>
_	-						
1 a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·					-	
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year • •						
С	Add lines 7a and 7b			<u>/</u>			
	Public support. (Subtract line 7c from line 6)						
_	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 201 <sup>4</sup>	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
	Toyantoo and moone non annual courses			,			
b	Unrelated business taxable income (less section 511 taxes) from businesses		<b>1</b> .				
	acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on • • •						<del> </del>
12	Other income Do not include gain or loss from the sale of capital assets						1
	(Explain in Part VI)	/					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or						
Sec	organization, check this box and stop here ction C. Computation of Public Su						· · · · · · · ·
	Public support percentage for 2017 (line 8, c	·		(ft) · · · · · ·		15	9
	Public support percentage from 2016 Sched		-			16	9
	ction D. Computation of Investme						
17	Investment income percentage for 2017 (line	10c, column (f) d	ivided by line 13, co	olumn (f))		17	9
18	Investment income percentage from 2016 Sc	chedule A, Part III,	, line 17 · · · ·			18	9
19a	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🔲
b	33 1/3% support tests - 2016. If the organiz	ation did not chec	k a box on line 14 c	or line 19a, and lin	ne 16 is more than 3	3 1/3%, and	

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

#### **Supporting Organizations** Part IV

(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.)

Saction	A A II	Sun	norting	Organiza	tions
<b>Jeculoi</b>	I M. MII	Jup	porung	Urganiza	<b>1110115</b>

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			4
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			1
	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			1
-	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			ļ
	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		—
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 <b>Part VI</b> when and how the			
	organization made the determination	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a				1
	"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			Ī
-	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	The state of the s			
	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).	5a		
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			ŀ
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			ŀ
	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.	6		<del></del> ;
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?	<del></del>		
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		<u> </u>
9a	, , ,			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	00	<u> </u>	
L	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a		
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b		
_	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	90		<del></del> i
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	-00		
0-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		<del></del> i
υa	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	10a		لـــ
L	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva	-	
ט		10b		
	determine whether the organization had excess business holdings.)			

	ule A (Form 990 or 990-EZ) 2017 FRONT PORCH COALITION INC 77-0591124			age 3
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
_	A family member of a person described in (a) above?	11b		
	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	11c		
	tion B. Type I Supporting Organizations	1.10		
	tion by Type reapporting enganitations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
				{
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•	•			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			ŀ
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	<del></del>
a				•
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see i	nstruc	ctions
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	ļ		
	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	<u> </u>		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u>		
_	activities but for the organization's involvement.	2b		ļ,
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	<del>                                     </del>	<del>  ,</del>
p	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b	<del> </del>	
`	or its supported organizations: it ites, describe in Fart vi the role played by the organization in this regard	722		L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust	on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	nization	s must complete Secti	ons A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) Filor real	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	<u> </u>	
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	t,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Mınımum 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-functiona	lly-integ	rated Type III supporti	ng organization (see
instructions).			

77-0591124

Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continuea)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			<u> </u>
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(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			
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(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			
а				
	From 2013			<del></del>
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)		· · · · ·	
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>_c</u>	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 <b>Part VI</b> . See instructions.  Remaining underdistributions for 2017. Subtract lines 3h			
6	9			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
Ω.	Breakdown of line 7:			<u> </u>
	Excess from 2014 Excess from 2015			
	Excess from 2016	-		
	Excess from 2017			
•	ENGOGG HOUR EVIT TTT.	1		İ

Schedule A (Form 990 or 990-EZ) 2017

EEA

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open(to Rublic Inspection

Name	of the organization		Employer identification number
FRO	ONT PORCH COALITION INC		77-0591124
Pai		milar Funds or Acco	
	Complete if the organization answered "Yes" on Form 990, Part	V, line 6.	
	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · ·		-
2	Aggregate value of contributions to (dunng year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year · · · · · · · · ·		
5	Did the organization inform all donors and donor advisors in writing that the asse	ts held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal		
6	Did the organization inform all grantees, donors, and donor advisors in writing the		
	only for chantable purposes and not for the benefit of the donor or donor advisor		
	conferring impermissible private benefit?		
Pa	rtilli Conservation Easements.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that ap		
٠		Preservation of a historica	ally important land area
		Preservation of a certified	
	Preservation of open space	10001144011014400141104	
2	Complete lines 2a through 2d if the organization held a qualified conservation co	ntribution in the form of a	conservation
-	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure included in (a		
9	Number of conservation easements included in (c) acquired after 7/25/06, and no		
d	histonic structure listed in the National Register		. 2d
,	Number of conservation easements modified, transferred, released, extinguished		
3		, or terminated by the or	ganization during the
	tax year  Number of states where property subject to conservation easement is located		
4			
5	Does the organization have a written policy regarding the periodic monitoring, instantiation and articles and articles are a second at the control of the periodic monitoring.		∏Yes ∏No
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	s, and enforcing conserv	ation easements during the year
_	A	d	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, ar	d enforcing conservation	reasements during the year
	> \$		(A)(D)(-)
8	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?		
•			
9	In Part XIII, describe how the organization reports conservation easements in its		
	balance sheet, and include, if applicable, the text of the footnote to the organization	on s financial statements	s that describes the
(Da	organization's accounting for conservation easements  rtilli Organizations Maintaining Collections of Art, Historic	cal Treasures or O	ther Similar Assets
[Fa	<u>···</u>		diei Siiiliai Assets.
	Complete if the organization answered "Yes" on Form 990, Par		A and balance about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report		
	works of art, historical treasures, or other similar assets held for public exhibition		
	public service, provide, in Part XIII, the text of the footnote to its financial stateme		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in		
	works of art, historical treasures, or other similar assets held for public exhibition	, education, or research i	n turtnerance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<u></u>
2	If the organization received or held works of art, historical treasures, or other sim		ain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<u></u> ▶ \$

						77 050		Doga 2
	ule D (Form 990) 2017 FRONT PORCH COA rt III Organizations Maintaining C		rt Histor	rical Treasure	or Otl	77-059: per Similar As		Page 2
3	Using the organization's acquisition, accession,						Sets (Continu	100)
3	collection items (check all that apply):	and other records,	Check any c	i the following that	are a sign	illicant doc or its		
_	Public exhibition	<b>d</b> □ 100		ige programs				
a				ige programs				
b	Scholarly research	e ∐ Oth	ier					
C	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain h	now they fur	ther the organization	n's exemp	t purpose in Part		
	XIII.							
5	During the year, did the organization solicit or re		•	·				_
Pa	assets to be sold to raise funds rather than to be rt IV		t of the orga	inization's collectio	n?		· · U Yes	∐ No
L	Complete if the organization an		n Form 9	90, Part IV, line	9, or re	ported an amoi	unt on Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contrit	outions or other ass	ets not			
							· · Tyes	∏ No
ь	If "Yes," explain the arrangement in Part XIII and						_	_
-			<b>g</b>			An	nount	
С	Beginning balance				1	c		
d	Additions during the year					d		
e						e		
f	Ending balance					f		
	Did the organization include an amount on Form					<del></del>	· · · 🗆 Yes	П No
2a	If "Yes," explain the arrangement in Part XIII. Ch				-	, -	_	=
D <sub>O</sub>	rt V Endowment Funds.	eck nere ii uie expi	anauon nas	been provided on	rait Aiii			<u> </u>
Га	Complete if the organization an	swored "Ves" o	n Form 0	00 Part IV line	.10			
	Complete if the organization an					T	1	
		(a) Current year	(b) Pno	ryear (c) Two	ears back	(d) Three years back	(e) Four years	Dack
1a	Beginning of year balance		<del> </del>			_		
b	Contributions					· -· · · · · · · · · · · · · · · · · ·		
С	Net investment earnings, gains, and		1					
	losses		<del>                                     </del>					
d	Grants or scholarships		ļ					
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	year end balance	(line 1g, coli	ımn (a)) held as.				
а	Board designated or quasi-endowment	%						
b	Permanent endowment > %							
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should	egual 100%						
3a	Are there endowment funds not in the possession	•	on that are I	neld and administer	ed for the			
-	organization by						Yes	No
	(i) unrelated organizations · · · · · · · · ·						. 3a(i)	+
	(ii) related organizations · · · · · · · · ·						. 3a(ii)	†
	If "Yes" on 3a(ii), are the related organizations lis	tod as required on	Schodule F	27			. 3b	+
b 4	Describe in Part XIII the intended uses of the organizations is	•					- [00]	
<b>B</b>			ment lunus.					
Га	rt VI Land, Buildings, and Equipme Complete if the organization an		n Form 9	90, Part IV, line	11a. Se	e Form 990, P	art X, line 10	I.
_	Description of property	(a) Cost or oth		(b) Cost or other basis (other)		Accumulated depreciation	(d) Book value	•
1a	Land		"					
b	Buildings		-					
U	Danumys				<del> </del>			

	Complete if the organization and	T T T T T T T T T T T T T T T T T T T	IV, line 11b. See Form 990, Part	A, lifte 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives · · · · · · · · · · · · · · · · · · ·			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				<del></del>
(E)				
(F)				<del></del>
(G)	<del></del>	_		
(H)			<del></del>	
Part VIII	must equal Form 990, Part X, col (B) line 12)  Investments - Program Related	<u> </u>		
I dit Viii	Complete if the organization ans		IV line 11c. See Form 990. Part	X. line 13
				74, 11110 10.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)	<u> </u>			
(6)				
(7)				
(8)	<del></del>		· · · · · · · · · · · · · · · · · · ·	
_	must equal Form 990, Part X, col (B) line 13)	<b>•</b>	·	
Part IX	Other Assets.		· <del></del>	
	Complete if the organization ans	wered "Yes" on Form 990, Part	IV, line 11d. See Form 990, Part	X, line 15.
		(a) Description		b) Book value
(1) ENDOW	MENT FUND			17,126
(2)				
(2)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	(A) word a world Form 2000 Forth V and (R) V			
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	n (b) must equal Form 990, Part X, col (B) l	ine 15)		17,126
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization ans			_
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on Form 990, Part		_
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability			17,126 ), Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X  1. (1) Federal	Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on Form 990, Part		_
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2)	Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	wered "Yes" on Form 990, Part		_
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	wered "Yes" on Form 990, Part		_
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2)	Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	wered "Yes" on Form 990, Part		_
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	wered "Yes" on Form 990, Part		_
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	wered "Yes" on Form 990, Part		_
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	wered "Yes" on Form 990, Part		_

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

chedule D (For	1 990) 2017 FRONT PORCH COALITION INC	77-059112	4 Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statements With Rev		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
	venue, gains, and other support per audited financial statements		_
	ts included on line 1 but not on Form 990, Part VIII, line 12		
	realized gains (losses) on investments		
	d services and use of facilities · · · · · · · · · · · · · · · · · · ·		
	eries of prior year grants · · · · · · · · · · · · · · · · · · ·		
	Describe in Part XIII) · · · · · · · · · · · · · · · · · ·		
	es 2a through 2d · · · · · · · · · · · · · · · · · ·		
	ct line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
	ts included on Form 990, Part VIII, line 12, but not on line 1		
	nent expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
	Describe in Part XIII) · · · · · · · · · · · · · · · · · ·		
	es <b>4a</b> and <b>4b</b> · · · · · · · · · · · · · · · · · · ·	<del> </del>	
	venue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Part XII	Reconciliation of Expenses per Audited Financial Statements With Ex	•	) <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<del></del>	
	openses and losses per audited financial statements	1	
	ts included on line 1 but not on Form 990, Part IX, line 25		
	d services and use of facilities · · · · · · · · · · · · · · · · · · ·		
	ear adjustments · · · · · · · · · · · · · · · · · · ·		
	osses · · · · · · · · · · · · · · · · · ·		
	Describe in Part XIII.)		
	es 2a through 2d · · · · · · · · · · · · · · · · · ·		
	ct line 2e from line 1	3	
	ts included on Form 990, Part IX, line 25, but not on line 1.		
	nent expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
	Describe in Part XIII.)		
c Add lin	es 4a and 4b	4c	
	xpenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII	Supplemental Information.		
rovide the d	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa	irt V, line 4, Part X, line	
, Part XI, line	es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation	

Schedule D (Form 990) 2017

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Inspection

Open to Public

Employer identification number Name of the organization FRONT PORCH COALITION INC 77-0591124 01. Organizational document changes (Part VI, line 4) THE ORGANIZATION REVISED ITS ARTICLES OF ORGANIZATION AND BYLAWS AND SUBMITTED THEM TO THE SD SECRETARY OF STATE'S OFFICE FOR APPROVAL AND ACCEPTANCE OF INCORPORATION OF GOOD STANDING. 02. Members or stockholder classes and rights (Part VI, line 6) BOARD MEMBERS AND LOSS TEAM MEMBERS, AS WELL AS THE EXECUTIVE DIRECTOR HAVE THE RIGHT TO NOMINATE NEW BOARD MEMBERS. NEW BOARD MEMBERS MUST BE APPROVED BY A VOTE OF THE BOARD OF DIRECTORS. 03. Member election for additional members (Part VI, line 7a) BOARD MEMBERS AND LOSS TEAM MEMBERS, AS WELL AS THE EXECUTIVE DIRECTOR HAVE THE RIGHT TO NOMINATE NEW BOARD MEMBERS. NEW BOARD MEMBERS MUST BE APPROVED BY A VOTE OF THE BOARD OF DIRECTORS 04. Governing body decisions (Part VI, line 7b) PER THE ORGANIZATION'S REVISED BYLAWS, THE EXECUTIVE DIRECTOR HAS THE AUTHORITY TO RUN THE DAY TO DAY OPERATIONS OF DIRECTING VOLUNTEERS AND EMPLOYEES WHILE THE BOARD OF DIRECTORS APPROVE FINANCIAL TRANSACTIONS, CONTRACTS AND ARE FISCALLY RESPONSIBLE FOR THE ORGANIZATION'S FUNCTIONS. 05. Form 990 governing body review (Part VI, line 11) ALL MEETINGS ARE RECORDED BY THE SECRETARY OF THE BOARD OF DIRECTORS AS ARE THE COMMITTEE MEETINGS. COMMITTEE MEETING MINUTES ARE RECORDED AND APPROVED AT THE NEXT REGULARLY SCHEDULED BOARD MEETING

PRONT PORCH COALITION INC 77-0591124  06. Conflict of interest policy compliance (Part VI, line 12c)  THE ORGANIZATION HAS A CONPLICT OF INTEREST POLICY THAT EACH BOARD MEMBER, EMPLOYEE AND VOLUNTEER MUST SIGN. IF THEY HAVE A CONFLICT OF INTEREST PER THAT POLICY, IT MUST BE DISCLOSED TO THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS AND SIGN A CONFLICT DISCLOSURE STATING SUCH.  07. Governing documents, etc, available to public (Part VI, line 19)  ALL GOVERNING DOCUMENTS, POLICIES AND PROCEDURES, INCLUDING MEETING MINUTES ARE AVAILABLE TO THE PUBLIC UPON REQUEST.  08. List of other expenses (Part IX, line 24e)  MEMBERSHIP DUES - \$160.00  OTHER EXPENSES - \$866.00	Schedule O (Form 990 or 990-EZ) (2017)	Page 2
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Schedule O (Form 990 or 990-EZ) (2017)