Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α	For the	e 2018 calend	lar year, or t	ax year begir	nning	07-	-01	, 2018, and en	ding		06	5-30	,2019
В	Check if a	applicable:	C Name of or	ganization Nort	hern Kentuck	y Children's	Law	Center In	c.			D Emp	loyer identification no.
	Address	change	Doing busir	ness as Chil	dren's Law Co	enter, Inc.						61-1	167352
	Name ch	ange	Number and	d street (or P.O. bo	x if mail is not delivered to	street address)			Room/s	suite		E Telep	phone number
	Initial retu	urn	1002	Russell S	treet							(859)431-3313
	Final retu	urn/terminated	City or towr	n, state or province	, country, and ZIP or foreig	n postal code						G Gros	s receipts
	Amended	d return	Coving	gton, KY	41011							\$	885,971
	Application	on pending	F Name and	address of principa	l officer:				H(a) Is this a group return for subordinates? Yes				
									H(b)	Are all subo	rdinat	es include	d? Yes No
ı	Tax-exen	npt status:	501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527			If "No," a	attach	a list. (see	e instructions)
J	Website:		ildrensla	awky.org					H(c)	Group exe	mptio	n number	>
K	Form of c	organization: X	Corporation	Trust Ass	sociation Other >		L Yea	ar of formation: 19	989	M State	of leg	gal domicile	e: KY
Pa	art I	Summar	y										
	1	Briefly descr	ibe the orga	nization's miss	ion or most significa	nt activities: See	e Sch	nedule O					
		·	ŭ		Ū								
ဥ													
Governance													
Ş.	2	Check this b	ox ▶ ☐ if th	ne organizatio	n discontinued its op	erations or disposed	d of mo	ore than 25% o	of its ne	t assets.			
ŏ	3	Number of v	oting member	ers of the gove	rning body (Part VI,	line 1a)					3		22
დ თ	4		•	•	s of the governing b	•					4		22
Activities	5			-	n calendar year 2018						5		16
ફું	6			ers (estimate if							6		35
Ř	7a			•	Part VIII, column (C						7a	,	
					from Form 990-T, li	, .					7b		1,500
		1 TOT GITTOIGE	<u>u buon1000 t</u>	arabio irroome	7 110 111 1 0 0 0 1 7 11		• • •			Prior Year			Current Year
<u>o</u>	8												751,268
	9		_		e 2g)					1,012	,02	.0	751,200
enc	10	ŭ			A), lines 3, 4, and 7d			<u> </u>		0	,99	, =	10,208
Revenue						,77							
_	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											7,179
	13				IX, column (A), lines					1,048	, / 9	, 6	768,655
	14				X, column (A), line 4	•							
	15	•		•	e benefits (Part IX, c			 					601 043
es	15	· ·	•		column (A), line 11e	` ''	,	 		030	,00	00	691,943
Expenses	104		J		lumn (D), line 25)								0
ă	120		• .	•	, ,. ,					204	4.4		250 010
ш	1	•	•	` , ,	nes 11a-11d, 11f-24d equal Part IX, colun	,		 		284			259,018
	18	•		•	•	` '.'				941			950,961
	19 ω	Revenue les	s expenses.	Subtract line	18 from line 12		• • •			107			(182,306)
ts or	g 20	Total accets	(Dort V line	16)					Beginnin	g of Current			End of Year
isse	를 20 24		•							1,030			810,100
Net Assets or	E 21		•	•						111			66,958
_	ਕਾt II		ire Block	ices. Subtract	line 21 from line 20					919	,08	59	743,142
				examined this retu	ırn, including accompanyin	a schedules and stateme	nts and	to the hest of my kr	nowledge	and helief it	t is		
					icer) is based on all inform				nowicago	and bollor, i	. 10		
		_	_ ,										
Sig	nn		re of officer								Da	to	
		(Da		
He	re				Director								
		17	print name and t	uue					1	E-3			
_	:		eparer's name		Preparer's signature Kathleen	FWOCH CON	Date			Check X		PTIN	
Pa			EN F WESI			i rvesp CTA	11-	-12-2019		self-employe	ed	P00	169473
	epare			KATHLEEN	F WESP CPA				Firm's E	EIN ►			
Us	e Onl	y Firm's addres	s ►	223 SW 4					Phone no.				
				CAPE COR	RAL FL 33914					53	13-	752-2	
May	v the IR	S discuss this	retum with t	he preparer sh	nown above? (see in	structions)							X Yes

61-1167352

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	•		21
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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,"			
	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	•		37
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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		Х
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			3.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	i ie		Λ
•	the organization's departed of consolidated interior statements for the tax year include a rectified that databases the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		Х
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			
45	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		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		Х
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			21
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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	Х	
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		Х
20 a		20 a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ 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 26 Χ 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 Χ 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): 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 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 Χ 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I...... 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ 19? Note. All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V......... Yes No c Did the organization comply with backup withholding rules for reportable payments to vendors and

Χ

reportable gaming (gambling) winnings to prize winners?

EEA

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
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		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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C-	\ \ <u>\</u>	
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or qifts were not tax deductible?	- Ch	v	
7		6b	X	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
'' 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.)			
12a	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.			
а	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			
C 140	Enter the amount of reserves on hand	44-		V
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filed a Form 730 to report these payments? If "No " provide an explanation in School to O	14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
13	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion 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 22			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		3.5
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			3.7
•	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-	37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		Х
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			Λ
566	tion b. 1 oncies (This Section B requests information about policies not required by the internal Nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		21
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Kentucky, Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.			
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

Acena Beck (859)431-3313, 1002 Russell Street, Covington, KY 41011

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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.

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

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

					(C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	,				than one is both ai		Reportable	Reportable	Estimated
	hours per	· '				r/trustee)		compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	or di						organization	(W-2/1099-MISC)	from the
	organizations below dotted	recto	mer phest oployer y emp icer ititution lividua			her	(W-2/1099-MISC)		organization and related	
	line)	trus	ial tru		oyee	mp				organizations
		tee	stee			ensa				
						ted				
(1) Jennifer Anstaett	1.00									
Board Member		Х						(0	0
(2) Jennifer Branch, Esq	1.00									
Board Member		Х						(0	0
(3) Marcus Coleman	1.00									
Board Member		X						(0	0
(4) Rocco D'Ascenzo, Esq	1.00									
Board Member		Х						(0	0
(5) Brooke Hiltz	5.00									
Vice President		Х		X				(0	0
(6) Jennifer Lawrence, Esq	1.00			٠,					_	_
President		X		X				(0	0
(7) Caroa Leader, Esq	1.00	3.7								
Board Member	1 00	Х						(0	0
(8) Kerrie Martin	1.00	X						,		•
Board Member	1.00	Δ.						(0	0
(9) Kenyon Meyer, Esq Board Member	1.00_	X						(0	0
(10)Brian Morris, Esq	1.00	22							, 0	0
Board Member		X						(0	0
(11)Dave Nienaber	5.00							`	, ,	
Treasurer		X		X				(0	0
(12)Louise Roselle, Esq	1.00								<u> </u>	
Board Member		X						(0	0
(13)Lowell Schechter, Esq	1.00									
Board Member	F	Х						(0	0
(14)Jonathan Thornberry	1.00									
Board Member		Х			L			(0	0

Form 990 (2018)

Part VII	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(C) (A) (B) Position (D) (F)												
	(A)	(B)	(do n	ot obo				(D)	(E)		(F)		
	Name and title	Average	,			re than one on is both an		Reportable	Reportable	E	stimated		
		hours per				ctor/trustee)		compensation	compensation from	а	mount of		
		week (list any	9 5	5	Q	Z 9 I		from the	related organizations	con	other npensation		
		hours for related	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Forme	organization	(W-2/1099-MISC)		from the		
		organizations	cto	tion	_	mpla		(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,		ganization		
		below dotted	trus	altr		omp oyee					nd related		
		line)	tee	ıste		ens				org	ganizations		
				Φ		l aled							
(15)Acena	Beck	40.00											
	tive Director		X		X			83,782	0		0		
	a Schechter	1.00											
	Member	=	X					0	o		0		
	Q	5.00	25										
	_Cummins	- 2.00	v		37						•		
Secre			X		X			0	0		0		
(18)Mikae	la Patton	1.00											
Board	Member		X					0	0		0		
(19)Alexa	ndre Regina	1.00											
Board	Member		X					0	0		0		
(20)Laure	n Wells	1.00											
Board	Member		X					0	0		0		
	-1 white	1.00											
	el wniteman Member		X					0	0		0		
	G - 1	1 00	Λ						U		U		
(22)Judi		1.00	37					_	_		_		
	Member		X					0	0		0		
(23)Betha	ny Smith	1.00											
Board	Member		X					0	0		0		
(24)													
(25)													
1b Sub	o-total												
c Tot	al from continuation sheets to Part VII, Sectio	n A											
	al (add lines 1b and 1c)							83,782	0		0		
	al number of individuals (including but not limited									-			
	• -	2 10 11030 1131	cu abc	JVC)	WIIO	received	111010	, triair \$100,000 or					
Тер	ortable compensation from the organization								0		Vaa Na		
											Yes No		
	the organization list any former officer, directo		-		-	-		•					
	ployee on line 1a? If "Yes," complete Schedule									3	X		
4 For	any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd ot	her comp	ensa	tion from the					
org	anization and related organizations greater than	n \$150,000?	If "Yes	s," cc	ompl	ete Sche	dule	J for such					
indi	ividual									4	X		
	any person listed on line 1a receive or accrue co			ny ui	nrela	ited organ	nizati	on or individual					
	services rendered to the organization? If "Yes,"			-		_				5	Х		
	B. Independent Contractors	,				,							
	nplete this table for your five highest compensate	d independe	nt cont	racto	are th	at receive	ad m	ore than \$100,000	of				
	npensation from the organization. Report compensation												
	, , ,	isation to the	e Calei	luai	yeai	ending w	illi Oi	within the organiz	alions lax				
yea													
	(A) (B)										(C)		
	Name and business address Description of services										pensation		
2 Tot	al number of independent contractors (including	but not limite	d to th	ose	lister	above) v	who	1					
	eived more than \$100,000 of compensation from			>	. 5.00								
160		are organiza		-									

Part VIII Statement of Revenue

		Check if Schedule O contain	s a response	or no	ote to any line in this	S Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
vν	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
y, Gi	С	Fundraising events		1c	60,660				
Sifts Iar /	d	Related organizations		1d					
imil imil	е	Government grants (contribution	ons)	1e	327,371				
itior er S	f	All other contributions, gifts, gr	ants,						
ള		and similar amounts not includ	ed above	1f	363,237				
nd	g	Noncash contributions included	d in lines 1a-1	lf: \$					
Oø	h	Total. Add lines 1a-1f				751,268			
					Business Code				
nue	2a								
eve	b								
Program Service Revenue	С								
Serv	d								
an (е								
rogr	f	All other program service reven	ue	<u> </u>					
Δ.	g	Total. Add lines 2a-2f							
		Investment income (including di							
		and other similar amounts)				10,780			10,780
	4	Income from investment of tax-e	exempt bond	proce	eds►				
	5	Royalties			▶ [
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss) .							
	7a	Gross amount from sales of	(i) Securities	6	(ii) Other				
		assets other than inventory	95,	644					
	h	Less: cost or other basis							
		and sales expenses	96,	216					
	С	Gain or (loss)		572)				
		Net gain or (loss)				(572)		(572
enne	8a	Gross income from fundraising							
		events (not including \$	60,66	0					
Other Rev		of contributions reported on line		_					
ЭĒ		See Part IV, line 18		а	28,279				
₹	b	Less: direct expenses		b	21,100				
	С	Net income or (loss) from fundr	aising events			7,179			7,179
	9a	Gross income from gaming acti	vities.						
		See Part IV, line 19		а					
	b	Less: direct expenses		b					
	С	Net income or (loss) from gamin	ng activities						
		Gross sales of inventory, less							
		returns and allowances		а					
	b	Less: cost of goods sold		b					
	С	Net income or (loss) from sales	of inventory						
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d							
	12	Total revenue. See instructions			• [768,655	0		0 17,387

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 12<u>,5</u>67 4,189 83,782 67,026 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 513,472 410,777 77,021 25,674 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 49,043 39,234 7,356 2,453 10 45,646 36,516 6,847 2,283 11 Fees for services (non-employees): b Legal...... 6,298 6,298 d Professional fundraising services. See Part IV, line 17 . Investment management fees f 2,600 2,600 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 77,987 74,917 3,070 12 5,244 3,831 719 694 13 7,407 5,723 482 1,202 14 15 16 33,222 26,578 6,547 97 17 15,489 12,391 3,098 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,676 2,941 735 20 5,197 5,197 21 22 Depreciation, depletion, and amortization 41,761 33,409 6,264 2,088 23 Insurance 18,899 15,119 3,780 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 9,270 464 Telephone 7,416 1,390 Miscellaneous 1,847 1,847 1,201 19,221 3,604 c Equipment maintenance 24,026 d Membership dues 6,095 4,876 914 305 е All other expenses **Total functional expenses.** Add lines 1 through 24e 25 950,961 759,975 150,336 40,650 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 ▶ ∐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	145,937	1	54,229
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	202,585	4	78,020
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		_	
	_	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
ţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges	9,249	9	15,543
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 944,803			
	b	Less: accumulated depreciation	390,146	10c	365,998
	11	Investments - publicly traded securities	282,780	11	296,310
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,030,697	16	810,100
	17	Accounts payable and accrued expenses	14,799	17	6,892
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Liał		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	96,809	23	60,066
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	111,608	26	66,958
		Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	813,862	27	729,730
Bal	28	Temporarily restricted net assets	105,227	28	13,412
pu	29	Permanently restricted net assets		29	
r Fu		Organizations that do not follow SFAS 117 (ASC 958), check here			
s ol		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	919,089	33	743,142
	34	Total liabilities and net assets/fund balances	1,030,697	34	810,100

Χ

3a

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

	990-T	l l	Exempt Organization Busir				eturn		OMB No. 1545-0687
Form	33U-1		(and proxy tax under	secti	ion 6033(e))			2040
		For cale	ndar year 2018 or other tax year beginning	07-01	L, 2018, and	ending 0 6	5-30, 20 19	⊋.	2018
Depar	tment of the Treasury		► Go to www.irs.gov/Form990T for inst	ruction	ns and the la	test info	rmation.	Op	en to Public Inspection for
Interna	al Revenue Service	► Do n	not enter SSN numbers on this form as it may			r organiza	ation is a 501		
A	Check box if address changed		Name of organization (yer identification number byees' trust, see instructions.)
	empt under section	Print	Northern Kentucky Children						
	501(C) (3)	or	Number, street, and room or suite no. If a P.O. box, see	instruction	ons.				167352
	408(e) 220(e)	Туре	1002 Russell Street						ted business activity code astructions.)
	408A 530(a)		City or town, state or province, country, and ZIP or forei	gn postal	code				
$\overline{}$	529(a) ok value of all assets	- 0-	Covington, KY 41011						
at e	nd of year) corno	ration 5)1(a) true	y	11(a) tru	ot Other trust
	810,100		eck organization type X 501(c) inization's unrelated trades or businesses.) corpo ► 0	ration 5	01(c) trus		01(a) trus	st Other trust rst) unrelated
	rade or business he	•			one, complet			• •	,
			end of the previous sentence, complete Par		•				
	rade or business, the			ito i aii	a II, complete	a Scriedi	ale IVI IOI eac	ii addilic	ла
	·		corporation a subsidiary in an affiliated grou	n or a r	arent-subsidi	ary contr	olled aroun?		▶ Yes X No
	-		identifying number of the parent corporation		odicini odbolar	ary corner	onca group.		
-	he books are in care			•	T	elephone	number ►	(859)	431-3313
Pa			e or Business Income		(A) Inco		(B) Exp		(C) Net
1a	Gross receipts or s		o or Buomicos moonis		(-,		(-,		(0)1101
b	Less returns and a		es c Balance >	1c					
2			ule A, line 7)	2					
3	Gross profit. Subtr	`	,	3					
4a	Capital gain net ind	come (at	ttach Schedule D)	4a					
b	Net gain (loss) (Fo	rm 4797	7, Part II, line 17) (attach Form 4797)	4b					
С			rusts	4c					
5			nip or an S corporation (attach statement)	5					
6	Rent income (Sche	edule C)		6					
7	Unrelated debt-fina	anced in	come (Schedule E)	7					
8	Interest, annuities, royalt	ies, and re	ents from a controlled organization (Schedule F)	8					
9	Investment income of a	section 501	1(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt a	activity in	ncome (Schedule I)	10					
11	Advertising income	(Sched	lule J)	11					
12	Other income (See	instruct	ions; attach schedule)	12					
13			ough 12	13					
Pai	rt II Deductio	ns No	t Taken Elsewhere (See instruction	ons fo	r limitations	s on de	ductions.)	(Exce	pt for contributions,
			t be directly connected with the un						
14	Compensation of o	fficers, c	directors, and trustees (Schedule K)					. 14	ļ
15	-								i
16	•								6
17									7
18	,	, ,	see instructions)						3
19)
20		,	ee instructions for limitation rules)		1			. 20)
21			4562)						
22			on Schedule A and elsewhere on return					22	
23									
24			ompensation plans						
25		-	s						
26			(Schedule I)						
27			Schedule J)						
28	Other deductions (a								
29			es 14 through 28						
30 21			e income before net operating loss deduction						
31 32			g loss arising in tax years beginning on or aft		-				
32	Uniterated pusities:	o iaxable	e income. Subtract line 31 from line 30					. ∣ 3⊿	- 1

Par	t III	<u>Total Unrelated Business Ta</u>	axable Income						
33	Total of	unrelated business taxable income co	mputed from all unrelated trades or l	businesses (see					
	instructio	ons)				33			
34	Amounts	s paid for disallowed fringes				34		1,50	00
35	Deduction	on for net operating loss arising in tax y	years beginning before January 1, 20)18 (see					
	instruction					35			
36		unrelated business taxable income be							
30			•			20			
		33 and 34				36		1,50	
37		deduction (Generally \$1,000, but see I	• •			37		1,00	<u> </u>
38		ed business taxable income. Subtra	•	•					
		e smaller of zero or line 36				38		50	00
Par	t IV	Tax Computation							
39	Organiz	ations Taxable as Corporations. Mo	ultiply line 38 by 21% (0.21)		▶	39		1	L05
40	Trusts 7	Taxable at Trust Rates. See instruction	ons for tax computation. Income tax	on					
	the amo	unt on line 38 from: Tax rate sch	nedule or Schedule D (Form 10)41)	🕨	40			
41	Proxy ta				>	41			
42	•	ve minimum tax (trusts only)				42			
43		Non-Compliant Facility Income. See				43			
						44			
44		dd lines 41, 42 and 43 to line 39 or 40	o, whichever applies			44			L05
Par		Tax and Payments		T .= T					
45a	-	tax credit (corporations attach Form 11	, and the second se						
b		,							
С	General	business credit. Attach Form 3800 (se	ee instructions)	. 45c					
d	Credit fo	or prior year minimum tax (attach Form	8801 or 8827)	. 45d					
е	Total cr	edits. Add lines 45a through 45d				45e			
46	Subtract	line 45e from line 44				46		1	 L05
47	Other tax	es. Check if from: Form 4255	Form 8611 Form 8697 For	rm 8866 Other (attac	ch schedule)	47			
48		x. Add lines 46 and 47 (see instruction				48		1	 L05
49		t 965 tax liability paid from Form 965-A				49			.05
50a		ts: A 2017 overpayment credited to 2		1 1		43			
_									
b		timated tax payments							
С	•	osited with Form 8868							
d	•	organizations: Tax paid or withheld at	,						
е		withholding (see instructions)							
f	Credit fo	or small employer health insurance prer	miums (Attach Form 8941)	. 50f					
g	Other cr	edits, adjustments, and payments:	Form 2439	_					
	Form	4136 Othe	er Total ▶	50g					
51	Total pa	ayments. Add lines 50a through 50g.				51			
52	Estimate	ed tax penalty (see instructions). Check	if Form 2220 is attached		. ▶ □	52			
53		. If line 51 is less than the total of line			▶	53		1	 L05
54		yment. If line 51 is larger than the total			,	54			.05
		e amount of line 54 you want: Credite		•		55			
55 Bor				Refun		JJ			
Par		Statements Regarding Certai		,				, T	
56	•	me during the 2018 calendar year, did	•	•	-		Y	'es	No
		nancial account (bank, securities, or ot	- · · · · · · · · · · · · · · · · · · ·	-					
	FinCEN	Form 114, Report of Foreign Bank and	d Financial Accounts. If "Yes," enter	the name of the foreig	n country				
	here ►								_X_
57	During tl	he tax year, did the organization receive	e a distribution from, or was it the gra	antor of, or transferor to	o, a foreign	trust?		_	X
	If "Yes,"	see instructions for other forms the org	ganization may have to file.						
58	Enter the	e amount of tax-exempt interest receive	ed or accrued during the tax year	▶ \$					
		penalties of perjury, I declare that I have examined				vledge and	belief, it is		
Sign	liue, co	orrect, and complete. Declaration of preparer (other	inan (axpayer) is based on all information of w	which preparer has any know	euge.				—
Here			Exec	utive Director	•	with the n	RS discuss th reparer show	n belov	w
		ature of officer	Date Title			(see instru	ictions)?	Yes	$\lceil_{No} \rceil$
	1	Print/Type preparer's name	Preparer's signature	Date	Check X		TIN		لتنب
Paid		KATHLEEN F WESP CPA		11-12-2019	self-employed		P001694	172	
	arer	Figure 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	ECD CDA	HT-T7-7013				.,3	
•		, KATHDEEN I WI			Firm's EIN	2T-T	/43542		
OSE	Only	Firm's address ► 223 SW 40TH S			Phone no.		752-284		
	CAPE CORAL FL 33914							£6	

SCHEDULE A

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Employer identification number Northern Kentucky Children's Law Center Inc. 61-1167352 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 5 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Part II

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	812,954	768,766	870,243	1,012,028	751,268	4,215,259
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	812,954	768,766	870,243	1,012,028	751,268	4,215,259
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)						564,734
6	Public support. Subtract line 5 from line 4						3,650,525
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	812,954	768,766	870,243	1,012,028	751,268	4,215,259
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
	similar sources	6,285	6,901	7,484	9,739	10,780	41,189
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.)	201					201
11	Total support. Add lines 7 through 10 .						4,256,649
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2018 (line 6, c					14	85.76 %
15	Public support percentage from 2017 Sched	lule A, Part II, line 1	4			15	70.11 %
16a	33 1/3% support test - 2018. If the organize						
	box and stop here. The organization qualif	ies as a publicly su	ipported organizat	ion			▶ 🛚 🔀
b	33 1/3% support test - 2017. If the organize						
	this box and stop here. The organization q	ualifies as a public	ly supported orgar	nization			▶ □
17a	10%-facts-and-circumstances test - 2018	If the organizatio	n did not check a l	box on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		=				_
	organization						▶ ∐
b	10%-facts-and-circumstances test - 2017	-				line	
	15 is 10% or more, and if the organization i			•	•		
	Explain in Part VI how the organization mee	ets the "facts-and-ci	rcumstances" test.	The organization of	qualifies as a public	cly	
							▶ ⊔
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	ck this box and see)	
	instructions						▶

Page 3

Northern Kentucky Children's Law Center Inc. 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Schedule A (Form 990 or 990-EZ) 2018

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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **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.
- **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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 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?
- c 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- **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).
- **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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **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.)

		Yes	No
	1		
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
			
	4c		
	_		
	5a		
	5 h		
-	5b 5c		
	JC		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
Ŀ	10a		
	10b		
A (Forn	n 990	or 990-E	Z) 2018

Par	Supporting Organizations (continued)			
			Yes	No
	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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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		
	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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C1	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations		V	NI -
	Did the consumption was ide to each of its composted agreementing by the last day of the fifth month of the		Yes	No
	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	4		
	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? If "No," explain in Part VI how			
	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			
3	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	struci	tions))
a			,	•
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C		see in	struct	ions)
	Activities Test. Answer (a) and (b) below.		Yes	No
	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.	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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.	3a		
b	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 Part VI the role played by the organization in this regard.

Sched	ule A (Form 990 or 990-EZ) 2018 Northern Kentucky Children's Law Center	Inc	61-116	7352 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1				•
	instructions. All other Type III non-functionally integrated supporting organize	ations	s must complete Section	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	-		(71) I Hot Teal	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3		3		
4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
CO	llection of gross income or for management, conservation, or			
ma	sintenance 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				
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (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,			
se	e 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		
Sec	tion 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		

emergency temporary reduction (see instructions). instructions).

5

6

Enter greater of line 2 or line 3. Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2018	Northern Kentucky Children's Law Center Inc.	61-116	7352 Page	7
Part V Type III Non-Fu	nctionally Integrated 509(a)(3) Supporting Organizations	(continued)		
Section D - Distributions			Current Year	
1 Amounts paid to supported	d organizations to accomplish exempt purposes			

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

4 Amounts paid to acquire exempt-use assets

5 Qualified set-aside amounts (prior IRS approval required)

 $\textbf{6} \quad \text{Other distributions (describe in } \textbf{Part VI}). \ \text{See instructions}.$

7 Total annual distributions. Add lines 1 through 6.

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.

9 Distributable amount for 2018 from Section C, line 6

10 Line 8 amount divided by Line 9 amount

10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
EΕΔ			Sched	ule A (Form 990 or 990-F7) 2018

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 B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2018 ▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number 61-1167352

OMB No. 1545-0047

Organization type (check one):

Northern Kentucky Children's Law Center Inc.

Filers of:	Section:			
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
, ,	ered by the General Rule or a Special Rule . 3), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General Rule				
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules				
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				

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

Name of organization
Northern Kentucky Children's Law Center Inc.

Employer identification number

61-1167352

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	Kentucky Youth Advocates 11001 Bluegrass Parkway Louisville, KY 40299	\$ 22,000	Person X Payroll Oncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	P&G Fund of Greater Cinti 200 West Fourth Street Cincinnati, OH 45202	\$ 25,000	Person X Payroll Oncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	Schroth Family Trust 245 5th Avenue Pittsburgh, PA 15222	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	United Way 2400 Reading Road Cincinnati, OH 45202	\$16,200	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5_	Lighthouse Youth Services 401 E McMillan Street Covington, KY 41011	\$ 78,419	Person X Payroll Oncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	Greater Cincinnati Foundation 200 West Fourth Street Cincinnati, OH 45202	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				

SCHEDULE D (Form 990)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

OMB No. 1545-0047

2018

Open to Public Inspection

Name	of the organization	Employer identification number
Noi	thern Kentucky Children's Law Center Inc.	61-1167352
Pa		nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pai	t II 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 apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	v important land area
	Protection of natural habitat Proservation of a certified h	•
	Preservation of open space	isione structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	eservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
2	Total number of conservation easements	
a b	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	
c d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u		. 2d
3	historic structure listed in the National Register	
3		iization dufing the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
U	Stair and volunteer rious devoted to monitoring, inspecting, nariding or violations, and emorcing conservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
•	► \$	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	R)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are	nd balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	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	•
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	provide the
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
a h	Assets included in Form 990. Part X	

Pa	t III Organizations Maintaining Colle	ctions of Art, His	storical Treasures,	or Other Similar As	ssets (continued)
3	Using the organization's acquisition, accession, and o	ther records, check an	y of the following that are	a significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d Loan or exc	change programs		
b	Scholarly research	e Other			
С	Preservation for future generations				
4	Provide a description of the organization's collections	and explain how they	further the organization's	exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or receive	donations of art histor	ical treasures, or other sin	milar	
·	assets to be sold to raise funds rather than to be mail				Yes No
Pa	t IV Escrow and Custodial Arrangement		rigariizadorro concedierr.		
	Complete if the organization answe		n 990 Part IV line 9	or reported an amo	ount on Form
	990, Part X, line 21.	100 100 0111 0111	11 000, 1 411 17, 1110 0	, or reported an arms	Jane On Form
1a	Is the organization an agent, trustee, custodian or other	ar intermediany for cont	ributions or other assets	not	
ıa					Yes No
b	If "Yes," explain the arrangement in Part XIII and com				165 _ 140
b	ii ies, explain the arrangement in Fart Ain and con	iplete the following tabl	с.	Λ	mount
•	Beginning balance				amount
C	Beginning balance				
d					
e	Distributions during the year				
f n-	Ending balance				
2a	Did the organization include an amount on Form 990,			•	∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part XIII. Check h	nere if the explanation r	has been provided on Par	t XIII	
Pa	t V Endowment Funds.	rad "Vaa" on Farn	000 Dort IV line 1	0	
	Complete if the organization answe				.
4.		Current year (b)	Prior year (c) Two yea	rs back (d) Three years bac	ck (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year		olumn (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 equal	100%.			
3a	Are there endowment funds not in the possession of	the organization that ar	re held and administered f	for the	
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations lis	ted as required on Sch	edule R?		3b
4	Describe in Part XIII the intended uses of the organiz	ation's endowment fun	ds.		
Pa	t VI Land, Buildings, and Equipment.				
	Complete if the organization answe	red "Yes" on Forn	n 990, Part IV, line 1	1a. See Form 990, I	Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings		415,000	125,200	289,800
С	Leasehold improvements		294,986	242,514	52,472
d	Equipment		234,817	211,091	23,726
е	Other				
Tota	. Add lines 1a through 1e. (Column (d) must equal F	orm 990, Part X, colun	mn (B), line 10c.)		365,998

Part VII	Investments - Other Securities
rail VII	mvesiments • Other Securities.

(b) Process water of executive recently (concerned and executive (conce	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Part X, line 12.
20 Closely-hard aquity interests		(b) Book value	
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives		·
(A) (B) (C) (C) (D) (E) (E) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(2) Closely-held equity interests		
(B) (C) (C) (D) (E) (E) (F) (G) (H) Teat. (Column (b) must equal Form 990. Part X, cot. (B) live 12) (Part VIII)	(3) Other		
(C) (C) (E) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Constitution of investments	(B)		
(G) (G) (H) (F) (G) (G) (H) (F) (F) (G) (H) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)		
(G) (C) (H) Total, (Column (a) must equal From 900, Part X, col. (B) line 12.) ▶ Total, (Column (b) must equal From 900, Part X, col. (B) line 12.) ▶ (Part VIII) (I) (I) (I) (I) (I) (I) (I) (I) (I)	(D)		
Column (b) must equal Form 990, Part X, col. (B) line 72. Total. (Column (b) must equal Form 990, Part X, col. (B) line 72. Total. (Column (b) must equal Form 990, Part X, col. (B) line 72. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(E)		
Total, Column (b) must equal Form 990, Part X, col. (8) line 12.) Notes			
Total (Column (b) must equal Form 990, Part X, cot. ((b) line 15.) Total (Column (b) must equal Form 990, Part X, cot. ((b) line 15.) Part IX Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of displantion: Coast or end-dryear matter value (d) (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15. (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15. (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15. 1. (a) Description (b) Book value (1) (1) Federal income taxes (2) (3) (4) (5) (6) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 1. (a) Description of liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. 1. (a) Description of liabilities. (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, line 13.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(a) Description of investment	(b) Book value	
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(8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX	(6)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	(7)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX	(8)		
Part IX	(9)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		,	-
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(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		(b) Book value	
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(2)		
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII		-	

Pa	Reconciliation of Revenue per Audited Financial Stateme		-	Return.	
_	Complete if the organization answered "Yes" on Form 990, P				
1		• • • •	• • • • • • • • • •	1	783,614
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_			
а	Net unrealized gains (losses) on investments	2a	6,359	-	
b	Donated services and use of facilities	2b	11,200	-	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e 3	17,559
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	766,055
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,600		
a b	Other (Describe in Part XIII.)	4b	2,600	-	
C	Add lines 4a and 4b			4c	2,600
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)			5	768,655
	rt XII Reconciliation of Expenses per Audited Financial Stater				
	Complete if the organization answered "Yes" on Form 990, F			o	
1	Total expenses and losses per audited financial statements			1	959,561
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	11,200		
b	Prior year adjustments	2b	•	-	
С	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
е	Add lines 2a through 2d			2e	11,200
3	Subtract line 2e from line 1			3	948,361
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,600		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	2,600
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	950,961
Pa	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, liner XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			rt X, line	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising 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.

2018

Open to Public

OMB No. 1545-0047

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

Northern Kentucky Children's Law Center Inc. 61-1167352 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations **f** Solicitation of government grants b Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, No Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

61-1167352

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through All others Dancing/Star None col. (c)) (event type) (event type) (total number) Revenue Gross receipts 28,279 1 20,950 7,329 Less: Contributions 60,660 60,660 Gross income (line 1 minus 7,329 (39,710)(32,381)Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 21,100 21,100 21,100 (53,481)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Cash prizes 2 Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ **9** Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

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.

► Attach to Form 990 or 990-EZ.

2018
Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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Northern Kentucky Children's Law Center Inc. 61-1167352 01. Form 990 governing body review (Part VI, line 11) 990 is reviewed by manangement and finance committee of board of directors before filing 02. Conflict of interest policy compliance (Part VI, line 12c) Organization requires all employees and board members to follow the written policy 03. CEO, executive director, top management comp (Part VI, line 15a) Board of Directors approves percentage increases 04. Governing documents, etc, available to public (Part VI, line 19) Conflict of interest statements, financial statements and governing documents are available for public inspection at the organizations main office in Covington Kentucky 05. List of other fees for services expenses (Part IX, line 11g) Contractual wages \$102,681 for program services, \$22,744 for management Payroll processing \$1,638 for management Bank fees \$2,214 for progam services, \$415 for management, \$138 fundraising 06. General explanation attachment Mission Statement: Children's Law Center, Inc. (CLC) is a unique non-profit legal service center committed to protecting the rights of children and youth allowing for the overcoming of barriers and successful transitioning into adulthood. CLC provides holistic, individualized legal support to child clients through direct service, public policy advocacy, training and education, impact litigation, and juvenile defender support services. CLC serves children