



Board of Trustees Meeting

August 28, 2019

12-1:30 p.m.

200 S. Keowee Street, Dayton, OH 45402

Chair:	Debbie Feldman
Note Taker/Time Keeper:	Barbara Elrod
Members Expected to Attend:	<input checked="" type="checkbox"/> PJ Brafford <input checked="" type="checkbox"/> Clay Dixon <input checked="" type="checkbox"/> Debbie Feldman <input checked="" type="checkbox"/> Anissa Lumpkin <input type="checkbox"/> Jane McGee-Rafal <input checked="" type="checkbox"/> Angeline Washington
Members Expected Absent:	Jane McGee-Rafal
Guests:	
Vision:	All Montgomery County children are ready for kindergarten and have the foundation needed for success in school and life.
Mission:	Because Preschool is an important building block for a child's success, we will promise every child in Montgomery County the opportunity to attend at least one year of affordable, high quality Preschool. That commitment requires providing tuition assistance to families and helping Preschools continuously improve the quality of their programs.
Goal:	Increase the percentage of children in High Quality Preschool.

CALL TO ORDER/EXECUTIVE DIRECTOR REPORT		
1) Call to Order	Debbie Feldman	<i>Attachment</i>
2) Approval of Minutes from June 26, 2019 meeting		<i>Action to Approve</i>
<i>Action Needed: Approval of minutes</i>		
3) Executive Director Report	Robyn Lightcap	
<ul style="list-style-type: none"> - Introduction of Angeline Washington, Ex-Officio Parent Member of the Board of Trustees - Preschool Promise Fair - Enrollment 	Ashley Marshall	

ACTION ITEMS		
4) Financials Review & Approval	Robyn Lightcap	<i>Attachments</i>
<i>Action Needed: Approval of Financials</i>		
		<i>Action to Approve</i>

5) Recommend approval of the Tax Form 990 – Return of Organization Exception from Income Tax. <i>Action Needed: Approval of Contract</i>		<i>Attachments</i> <i>Action to Approve</i>
6) Recommend approval of contract with Loving Guidance for Conscious Discipline coaching in the amount of \$72,740 (includes all travel and expenses) for the 2019-2020 school year. <i>Action Needed: Approval of Contract</i>	Robyn Lightcap	<i>Attachments</i> <i>Action to Approve</i>
7) Recommend approval of an amendment to the contract with Kennedy Lynch, CLASS Consultant to allow for reimbursement of pre-approved travel expenses. <i>Action Needed: Approval of Contract</i>		<i>Attachments</i> <i>Action to Approve</i>
8) Recommend approval of a contract with Joni Spencer for Loving Guidance Technical Assistance as outlined in the Scope of Work at the rate of \$45.00/per hour not to exceed \$40,000.00 for the school year. <i>Action Needed: Approval of Contract</i>		<i>Attachments</i> <i>Action to Approve</i>

DISCUSSION ITEMS		
9) Quality Updates: Review Kick-Off Meetings, Quality Menu, Quality Testimonial Video, Website	Latoria Marcellus Barbara Elrod	

ADJOURN		
10) Adjourn <i>Action Needed: Adjourn.</i>	Debbie Feldman	<i>Action to Adjourn</i>

Upcoming Board Meetings

All 2019 meetings will be held from 12:00-1:30 p.m. at *Montgomery County ESC, 200 South Keowee Street, Dayton, OH 45402.*

Dates	Planned Key Topics
Wednesday, October 30	Review of 2018-19 school year data
Thursday, December 12	Approve budget for FY20



Board of Trustees Meeting MINUTES

June 26, 2019

12:00 p.m. - 1:30 p.m.

200 S. Keowee Street, Dayton, OH 45402

Chair:	Debbie Feldman
Note Taker/Time Keeper:	Barbara Elrod
Members Expected to Attend:	<input checked="" type="checkbox"/> PJ Brafford <input checked="" type="checkbox"/> Clay Dixon <input checked="" type="checkbox"/> Debbie Feldman <input type="checkbox"/> Anissa Lumpkin <input checked="" type="checkbox"/> Jane McGee-Rafal
Members Expected Absent:	Anissa Lumpkin
Guests:	Tonya Whately, Grandparent
Vision:	All Montgomery County children are ready for kindergarten and have the foundation needed for success in school and life.
Mission:	Because Preschool is an important building block for a child's success, we will promise every child in Montgomery County the opportunity to attend at least one year of affordable, high quality Preschool. That commitment requires providing tuition assistance to families and helping Preschools continuously improve the quality of their programs.
Goal:	Increase the percentage of children in High Quality Preschool.

1.) CALL TO ORDER

Meeting was called to order at 12:04 p.m. by Debbie Feldman.

2.) APPROVAL OF MINUTES FROM PREVIOUS MEETING

Board reviewed minutes from the meeting held on April 24, 2019.

Clay Dixon motioned for approval. Jane McGee-Rafal seconded the motion.

All in favor; none opposed; motion passed (4-0).

3.) EXECUTIVE DIRECTOR REPORT

- Robyn Lightcap introduced, Tonya Whately, grandparent of a Preschool Promise Preschooler. Tonya shared her experience with Preschool Promise and the positive impact it had on her and her grandson. She pointed out that Preschool Promise is not just helping the Preschooler, but the whole family.
- Robyn Lightcap highlighted the What Works Cities project and the involvement of Preschool Promise. Updates will come as the project progresses.
- Robyn Lightcap shared the efforts of Preschool Promise in response to the TORNADOS. She shared the Outreach Team efforts and the workshop planned for July and September for center staff to help assist their families' trauma.

- The 2019-2020 Kick-Off Meetings are scheduled for the first part of August. There will be a total of 7 meetings where teachers can learn firsthand of the trainings, supports and benefits of being a Preschool Promise site.
- Ashley Marshall presented the enrollment to date of 500 applications (approx. 60 ahead from last year at this time)
- Robyn Lightcap shared information on the fundraising efforts for Star Attendance. The funds are being raised to make sure all non-City of Dayton students attending Dayton Public Schools can participate in Star Attendance.
- Robyn Lightcap shared Te’Jal Cartwright has left Preschool Promise and is now working at the University of Dayton. Robyn stated, “That she will be missed but shared in her excitement for this career change and education opportunity.”

4.) REVIEW AND APPROVAL OF FINANCIALS.

Robyn Lightcap with Jane McGee-Rafal presented the financial statements for year to date.

PJ Brafford motioned for approval. Clay Dixon seconded the motion.

All in favor; none opposed; motion passed (4-0)

- 5.) Approved a Memorandum of Understanding with Shelly Davies for the position of Attendance and Communications Consultant in the amount of \$8,000.02. Effective June 6 through September 30, 2019.
- 6.) Approved a contract renewal with University of Dayton Research Group for the 2019-2020 school year to continue to have data analysis and evaluation conducted by Dr. Richard Stock and Dr. Mary Fuhs.
- 7.) Approved a contract with 4C for Children for coaching to improve quality and support teachers and Directors in Preschool Promise classrooms in the 2019-20 school year and to improve the Star Rating of childcare sites in Montgomery County.
- 8.) Approved a funding agreement with Mad River Local Schools to increase the number of high-quality preschool seats and to provide preschool services to families through the Preschool Promise Program for the 2019-2020 school year.
- 9.) Approved a contract with Susan Hampel for the position of Conscious Discipline Coaching effective July 1, 2019 through June 30, 2020.
- 10.) Approved a contract with Anita Craighead for the position of Conscious Discipline & Curriculum Coaching effective July 1, 2019 through June 30, 2020.
- 11.) Approved a contract with Kennedy Lynch for the position of CLASS Specialist effective August 1, 2019 through July 31, 2019.
- 12.) Approved a contract with Samaritan Behavior Health, Inc. for behavior health consulting services on an as needed basis for up to 20 hours per week effective July 1, 2019 through June 30, 2020.

- 13.) Approved a funding agreement with Dayton Public Schools to increase the number of high-quality preschool seats and to provide preschool services to families through the Preschool Promise Program for the 2019-2020 school year.
- 14.) Approved an amendment to the provider agreement with Dayton Public Schools to include the Data Privacy and Security Special Terms and Conditions.
- 15.) Approved a contract with Teaching Strategies for Creative Curriculum training and coaching for the 2019-2020 school year in the amount of \$36,735.50.
- 16.) Approved a provider agreement with Trotwood-Madison City Schools for the 2019-2020 school year.

Jane McGee-Rafal motioned for approval of items 5-16.

Clay Dixon seconded the motion.

All in favor; none opposed; motion passed (4-0).

17.) DISCUSSION ITEMS

- Robyn Lightcap introduced the Teacher Retention Stipend Pilot Program details. Outlining that the Teacher is the most important ingredient in the classroom and that Preschool Promise recognizes their commitment. Teachers will need to “Opt-In” to the Promise Stipend and will need to agree to “Promise” to the program outline including 90% attendance.
- Robyn Lightcap shared a draft of the Quality Menu of Services outlining the offerings for the 2019-2020 school year.

18.) ADJOURN

Debbie Feldman adjourned the meeting at 12:55 p.m.

Preschool Promise, Inc.
Balance Sheet
As of June 30, 2019

9:20 PM
08/19/19
Accrual Basis

	Jun 30, 19
ASSETS	
Current Assets	
Checking/Savings	
1000 · Cash - PNC Checking	52,115.58
Total Checking/Savings	52,115.58
Accounts Receivable	
1100 · Accounts Receivable	1,738,727.65
Total Accounts Receivable	1,738,727.65
Other Current Assets	
1300 · Prepaid Star Attendance	2,139.78
Total Other Current Assets	2,139.78
Total Current Assets	1,792,983.01
Fixed Assets	
1500 · Furniture and Equipment	
1550 · Accumulated Depreciation	-551.04
1500 · Furniture and Equipment - Other	1,416.96
Total 1500 · Furniture and Equipment	865.92
Total Fixed Assets	865.92
TOTAL ASSETS	1,793,848.93
LIABILITIES & NET ASSETS	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	701,923.66
Total Accounts Payable	701,923.66
Credit Cards	
2100 · PNC Visa Business Options Card	20,221.52
Total Credit Cards	20,221.52
Other Current Liabilities	
2500 · Accrued Leased Employee Costs	121,573.75
2550 · Unearned Revenue	800,766.85
Total Other Current Liabilities	922,340.60
Total Current Liabilities	1,644,485.78
Total Liabilities	1,644,485.78
Net Assets	
3200 · Unrestricted Net Assets	168,261.38
Net Income	-18,898.23
Total Net Assets	149,363.15
TOTAL LIABILITIES & NET ASSETS	1,793,848.93

Preschool Promise, Inc.
Profit & Loss Budget vs. Actual
January through June 2019

	TOTAL				Annual Budget
	Actual	Budget	\$ Over Budget	% of Budget	
	Jan - Jun 19	Jan - Jun 19			
Change in Net Assets (Income/Expense)					
Income					
4300 - Direct Public Support	0.00	17,500.02	-17,500.02	0.0%	35,000.00
4330 - Foundation Grants	2,444,366.38	3,349,999.98	-905,633.60	72.97%	6,700,000.00
4340 - Government Grants	30,813.76	0.00	30,813.76	100.0%	0.00
4350 - Gifts in Kind	0.00	0.00	0.00	0.0%	0.00
4300 - Direct Public Support - Other	2,475,180.14	3,367,500.00	-892,319.86	73.5%	6,735,000.00
Total 4300 - Direct Public Support					
4600 - Other Types of Income	738.40	0.00	738.40	100.0%	0.00
4640 - Miscellaneous Revenue	738.40	0.00	738.40	100.0%	0.00
Total 4600 - Other Types of Income	2,475,918.54	3,367,500.00	-891,581.46	73.52%	6,735,000.00
Total Income	2,475,918.54	3,367,500.00	-891,581.46	73.52%	6,735,000.00
Gross Profit					
Expense					
6000 - Business Expenses	0.00	0.00	0.00	0.0%	0.00
6010 - Business Registration Fees	0.00	0.00	0.00	0.0%	0.00
Total 6000 - Business Expenses					
6200 - Contract Services	10,900.00	11,900.00	-1,000.00	91.6%	11,900.00
6210 - Accounting Fees	6,357.50	12,000.00	-5,642.50	52.98%	24,000.00
6220 - Legal Fees	845.00	7,410.00	-6,565.00	11.4%	17,410.00
6230 - Outside Contract Services	390,083.41	548,669.03	-158,585.62	71.1%	1,326,971.00
Total 6235 - Coaching & Training for Provide	27,021.47	59,025.00	-32,003.53	45.78%	106,345.00
6236 - Communications Field Campaign	126,852.13	124,999.92	1,852.21	101.48%	262,999.97
6238 - Research and Evaluation Contrac	13,300.02	23,400.00	-10,099.98	56.84%	46,200.00
6240 - Communications & Design Work	1,100.00	8,000.00	-6,900.00	13.75%	12,500.00
6242 - Photography, Video, Audio Prod.	90,510.99	120,000.00	-29,489.01	75.43%	120,000.00
6260 - Website And Database Dev't	21.50	0.00	21.50	100.0%	0.00
6270 - Call Ctr & Eligibility Determin	666,992.02	915,403.95	-248,411.93	72.86%	1,928,325.97
Total 6200 - Contract Services					
6300 - Facilities and Equipment	0.00	0.00	0.00	0.0%	0.00
6310 - Depr and Amort - Allowable	28,380.00	0.00	28,380.00	100.0%	0.00
6320 - Donated Facilities	506.89	2,750.04	-2,243.15	18.43%	5,500.00
6330 - Equip Rental and Maintenance	750.00	5,000.00	-4,250.00	15.0%	12,700.00
6350 - Rent, Parking, Utilities	0.00	0.00	0.00	0.0%	0.00
6360 - Property Insurance	29,636.89	7,750.04	21,886.85	382.41%	18,200.00
Total 6300 - Facilities and Equipment					
6500 - Operations	10,582.03	7,462.00	3,120.03	141.81%	26,399.00
6510 - Books, Subscriptions, Reference	83.22	999.96	-916.74	8.32%	2,000.00
6512 - Web services and subscriptions	10,665.25	8,461.96	2,203.29	126.04%	28,399.00
Total 6510 - Books, Subscriptions, Reference - Other					
6515 - Memberships	100.00	499.92	-399.92	20.0%	1,000.00
6520 - Postage, Mailing Service	4,594.38	4,350.00	244.38	105.62%	9,300.00
6530 - Printing and Copying	9,033.29	19,670.45	-10,637.16	45.92%	39,815.00
6535 - Promotional Items	21,766.96	27,200.00	-5,433.04	80.03%	78,500.00

0.00 Did not include ESC in kind donation of office rent in budget

26,399.00 Expenses incurred in June, but budgeted for July and Aug

Preschool Promise, Inc.
Profit & Loss Budget vs. Actual
January through June 2019

	TOTAL			
	Actual Jan - Jun 19	Budget Jan - Jun 19	\$ Over Budget	% of Budget
6540 · Supplies	8,824.21	12,774.96	-3,950.75	69.07%
6550 · Telephone, Telecommunications	1,727.74	3,400.00	-1,672.26	50.82%
6565 · Marketing - Paid Media	61,896.47	53,070.25	8,826.22	116.63%
6567 · Gift Cards / Gifts	1,720.48	8,950.00	-7,229.52	19.22%
6580 · Events	7,726.64	1,300.00	6,426.64	594.36%
6582 · Social Media	51.65	1,000.00	-948.35	5.17%
6586 · Teacher Incentives / stipends	232,462.05	257,799.96	-25,337.91	90.17%
6587 · Teacher stipends-Dayton only	0.00	15,000.00	-15,000.00	0.0%
Total 6500 · Operations	360,569.12	413,477.50	-52,908.38	87.2%
6600 · Other Types of Expenses				
6610 · Insurance - Liability, D and O	8,130.00	10,000.00	-1,870.00	81.3%
6615 · Quality Assistance Stipends	344,698.81	489,627.33	-144,928.52	70.4%
6620 · Quality Expansion for Providers	92,500.00	92,750.00	-250.00	99.73%
6627 · Attendance Initiative	108,738.69	167,233.67	-58,494.98	65.02%
6630 · Tuition Assistance	450,806.52	567,600.00	-116,793.48	79.42%
6640 · Parent Advisory Board	0.00	0.00	0.00	0.0%
6642 · Parent Communications	7,672.00	10,000.00	-2,328.00	76.72%
6645 · Bank Fees	448.52	480.00	-31.48	93.44%
6650 · Training / Education	26.75	25,500.00	-25,473.25	0.11%
6690 · Other Costs	0.00	0.00	0.00	0.0%
Total 6600 · Other Types of Expenses	1,013,021.29	1,363,191.00	-350,169.71	74.31%
6750 · Leased Employees	377,095.87	413,862.48	-36,766.61	91.12%
6800 · Travel and Meetings				
6810 · Conference, Convention, Meeting	149.63	2,100.00	-1,950.37	7.13%
6815 · Mileage	338.99	1,200.00	-861.01	28.25%
6820 · Travel				
6822 · Lodging	4,429.61	2,100.00	2,329.61	210.93%
6825 · Parking	38.00	195.00	-157.00	19.49%
6827 · Travel-Other	2,575.22	2,100.00	475.22	122.63%
Total 6820 · Travel	7,042.83	4,395.00	2,647.83	160.25%
6830 · Meals				
6830A · Meals - Meetings	6,167.95	10,300.00	-4,132.05	59.88%
6830B · Meals- Travel	99.21	2,425.00	-2,325.79	4.09%
6830C · Meals- Events	13,708.60	27,300.00	-13,591.40	50.22%
6830D · Meals- Training	19,994.37	25,241.00	-5,246.63	79.21%
Total 6830 · Meals	39,970.13	65,266.00	-25,295.87	61.24%
Total 6800 · Travel and Meetings	47,501.58	72,961.00	-25,459.42	65.11%
Total Expense	2,494,816.77	3,186,645.97	-691,829.20	78.29%
Net Change in Net Assets	-18,898.23	180,854.03	-199,752.26	-10.45%

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GOVERNMENT COPY

DRAFT

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2018

Prepared for	PRESCHOOL PROMISE, INC. 4801 SPRINGFIELD STREET DAYTON, OH 45431
Prepared by	FLAGEL HUBER FLAGEL 3400 SOUTH DIXIE DRIVE DAYTON, OH 45439
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

PRESCHOOL PROMISE, INC.**81-4799474**

Name and title of officer

ROBYN LIGHTCAP**EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,878,564.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **FLAGEL HUBER FLAGEL** to enter my PIN **45409**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31903545439

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO NOVEMBER 15, 2019

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018Open to Public
Inspection

▶ 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.**A For the 2018 calendar year, or tax year beginning and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRESCHOOL PROMISE, INC.		D Employer identification number 81-4799474
	Doing business as		E Telephone number 937-236-9965
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4801 SPRINGFIELD STREET		
	City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45431		G Gross receipts \$ 4,878,564.
F Name and address of principal officer: ROBYN LIGHTCAP 4801 SPRINGFIELD STREET, DAYTON, OH 45431		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.PRESCHOOLPROMISE.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2017 M State of legal domicile: OH			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENSURE ALL MONTGOMERY COUNTY AND DAYTON CHILDREN ARE READY FOR KINDERGARTEN AND HAVE THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,466,156.	Current Year 4,807,732.
	9 Program service revenue (Part VIII, line 2g)	0.	69,750.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	570.	1,082.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,466,726.	4,878,564.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	602,143.	2,438,374.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	245,866.	692,885.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,466,770.	1,730,990.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,314,779.	4,862,249.
	19 Revenue less expenses. Subtract line 18 from line 12	151,947.	16,315.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,767,364.	End of Year 1,957,216.
	21 Total liabilities (Part X, line 26)	1,615,417.	1,788,954.
	22 Net assets or fund balances. Subtract line 21 from line 20	151,947.	168,262.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ROBYN LIGHTCAP, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CHRISTOPHER C. MCCASKEY				P00183788
	Firm's name ▶ FLAGEL HUBER FLAGEL	Firm's EIN ▶ 31-0796034			
	Firm's address ▶ 3400 SOUTH DIXIE DRIVE DAYTON, OH 45439		Phone no. (937) 299-3400		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

BECAUSE PRESCHOOL IS AN IMPORTANT BUILDING BLOCK FOR A CHILD'S SUCCESS, WE WILL WORK TO PROMISE EVERY CHILD IN MONTGOMERY COUNTY THE OPPORTUNITY TO ATTEND AT LEAST ONE YEAR OF AFFORDABLE, HIGH QUALITY PRESCHOOL. THAT COMMITMENT REQUIRES PROVIDING TUITION ASSISTANCE TO

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 512,030. including grants of \$) (Revenue \$)
 EDUCATE THE COMMUNITY: FAMILIES NEED TO UNDERSTAND THE POWER OF PRESCHOOL. THE OUTREACH TEAMS ARE WORKING TO RECRUIT FAMILIES AND TO HELP THEM UNDERSTAND HOW TO CHOOSE HIGH QUALITY PRESCHOOL PROGRAMS. THE TEAM ALSO IS HELPING THE GENERAL COMMUNITY UNDERSTAND THAT INVESTMENT IN PRESCHOOL PAYS OFF NOW BY SUPPORTING OUR CHILDREN, AND LATER AS WE BUILD A MORE EDUCATED WORKFORCE.

4b (Code:) (Expenses \$ 2,092,341. including grants of \$ 1,035,685.) (Revenue \$ 70,832.)
 IMPROVE QUALITY: TO DRIVE RESULTS, FAMILIES MUST HAVE HIGH QUALITY PRESCHOOL CHOICES. PRESCHOOL PROMISE IS PROVIDING COACHING, ADVANCED TRAINING, AND RESOURCES TO HELP PRESCHOOL PROVIDERS CREATE A CULTURE OF CONTINUOUS IMPROVEMENT SO OUR YOUNGEST CHILDREN RECEIVE THE BEST EDUCATION POSSIBLE.

4c (Code:) (Expenses \$ 1,845,505. including grants of \$ 1,402,689.) (Revenue \$)
 ASSIST FAMILIES: PRESCHOOL PROMISE IS HELPING FAMILIES FIND AND AFFORD HIGH QUALITY PRESCHOOL BY LEVERAGING AVAILABLE FEDERAL, STATE AND LOCAL FUNDING AND OFFERING TUITION ASSISTANCE TO FILL IN THE GAPS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **4,449,876.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	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	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	
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 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 gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
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	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	5			
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		5		
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?				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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **OH**

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.
☐ 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 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 **THE ORGANIZATION - 937-236-9965**
4801 SPRINGFIELD STREET, DAYTON, OH 45431

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

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

18

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,768,482.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	39,250.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			4,807,732.			
Program Service Revenue	2 a TRAINING	Business Code 611710		69,750.	69,750.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			69,750.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a PNC REWARDS CREDIT	900099		1,082.	1,082.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,082.				
12 Total revenue. See instructions			4,878,564.	70,832.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,035,685.	1,035,685.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,402,689.	1,402,689.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	185,636.	160,760.	24,876.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	507,249.	439,275.	67,974.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	11,369.		11,369.	
c Accounting	11,500.		11,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	902.		902.	
12 Advertising and promotion	287,578.	286,984.	594.	
13 Office expenses	9,673.	4,606.	5,067.	
14 Information technology	31,271.	26,749.	4,522.	
15 Royalties				
16 Occupancy	8,738.	3,616.	5,122.	
17 Travel	52,038.	47,276.	4,762.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,481.	7,611.	870.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	472.		472.	
23 Insurance	8,103.	22.	8,081.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MISSION EXPENSE	1,264,213.	1,007,985.	256,228.	
b PRINTING AND POSTAGE	30,215.	25,313.	4,902.	
c OUTSIDE CONTRACT SERVIC	6,437.	1,305.	5,132.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,862,249.	4,449,876.	412,373.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	713,946.	1	259,880.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,052,080.	4	1,687,577.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	8,893.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,417.		
	b Less: accumulated depreciation	10b 551.	10c	866.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,767,364.	16	1,957,216.	
Liabilities	17 Accounts payable and accrued expenses	693,022.	17	944,587.
	18 Grants payable		18	
	19 Deferred revenue	922,395.	19	844,367.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	1,615,417.	26	1,788,954.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	151,947.	32	168,262.
	33 Total net assets or fund balances	151,947.	33	168,262.
	34 Total liabilities and net assets/fund balances	1,767,364.	34	1,957,216.

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,878,564.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,862,249.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	151,947.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	168,262.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

PRESCHOOL PROMISE, INC.

Employer identification number

81-4799474

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 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.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar 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.")				2446496.	4807732.	7254228.
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					19,306.	19,306.
4 Total. Add lines 1 through 3				2446496.	4827038.	7273534.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						7273534.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4				2446496.	4827038.	7273534.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				570.	70,832.	71,402.
11 Total support. Add lines 7 through 10						7344936.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

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.)

Section A. Public Support

Calendar 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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			
c From 2015			
d From 2016			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 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.)

DRAFT

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

PRESCHOOL PROMISE, INC.

Employer identification number

81-4799474

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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	Employer identification number
PRESCHOOL PROMISE, INC.	81-4799474

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	CITY OF DAYTON 101 W THIRD ST DAYTON, OH 45402	\$ 3,618,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MONTGOMERY COUNTY BOARD OF COMMISSIONERS 451 W THIRD ST DAYTON, OH 45422	\$ 972,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KETTERING CITY SCHOOL DISTRICT 3750 FAR HILLS AVE KETTERING, OH 45429	\$ 178,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

81-4799474

Part II

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

Name of organization	Employer identification number
PRESCHOOL PROMISE, INC.	81-4799474

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

PRESCHOOL PROMISE, INC.

Employer identification number

81-4799474

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,897,870.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	19,306.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	19,306.
3	Subtract line 2e from line 1	3	4,878,564.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,878,564.

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

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

1	Total expenses and losses per audited financial statements	1	4,881,555.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	19,306.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	19,306.
3	Subtract line 2e from line 1	3	4,862,249.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,862,249.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FINANCIAL STATEMENTS INCLUDE NO PROVISION FOR INCOME TAXES AS

PRESCHOOL PROMISE, INC. IS QUALIFIED AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, ANY INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO PRESCHOOL PROMISE, INC.'S TAX EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

PRESCHOOL PROMISE, INC. DETERMINES THE RECOGNITION OF UNCERTAIN TAX POSITIONS, IF APPLICABLE, THAT MAY SUBJECT THE ORGANIZATION TO UNRELATED BUSINESS INCOME TAX NECESSARY BY APPLYING A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND DETERMINES THE MEASUREMENT OF UNCERTAIN TAX POSITIONS CONSIDERING THE AMOUNTS AND PROBABILITIES OF THE OUTCOMES THAT COULD BE REALIZED UPON ULTIMATE SETTLEMENT WITH TAX AUTHORITIES. PRESCHOOL

Part XIII Supplemental Information *(continued)*

PROMISE, INC. DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITIONS THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY AT DECEMBER 31, 2018 AND 2017. PRESCHOOL PROMISE BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2015.

DRAFT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

PRESCHOOL PROMISE, INC.

Employer identification number
81-4799474

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VARIOUS PRESCHOOLS			1,035,685.	0.		QUALITY STIPEND	PROVIDE ASSISTANCE TO PARTICIPATING TEACHERS AND PRESCHOOLS IN THE DAYTON AREA

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PRESCHOOL TUITION ASSISTANCE	0	0.	1,402,689.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ASSISTANCE IS PAID ON BEHALF OF FAMILIES DIRECTLY TO PRESCHOOLS. FUNDS ARE TRACKED BY FAMILY AND BY SCHOOL. THERE ARE CERTAIN CRITERIA, INCLUDING FAMILY SIZE, FAMILY INCOME, NUMBER OF STARS FOR THE PRESCHOOL, AMONG OTHERS, THAT ARE USED IN DETERMINING THE AMOUNT OF ASSISTANCE PROVIDED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

PRESCHOOL PROMISE, INC.

Employer identification number

81-4799474

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

ROBYN LIGHTCAP AND MARIE GIFFEN ARE EMPLOYED BY MONTGOMERY COUNTY
EDUCATIONAL SERVICE CENTER, AN UNRELATED THIRD PARTY.

PART II, COLUMN B:

ROBYN LIGHTCAP AND MARIE GIFFEN ARE PAID BY MONTGOMERY COUNTY
EDUCATIONAL SERVICE CENTER, AN UNRELATED THIRD PARTY, THUS THERE ARE NO
W2S ISSUED BY THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

PRESCHOOL PROMISE, INC.

Employer identification number
81-4799474

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDATION NEEDED FOR SUCCESS IN SCHOOL AND IN LIFE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES AND HELPING PRESCHOOLS CONTINUOUSLY IMPROVE THE QUALITY OF
THEIR PROGRAMS.

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

THE 990 IS PROVIDED TO THE FULL BOARD FOR REVIEW AND APPROVAL.

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

BOARD MEMBERS AND STAFF MEMBERS SIGN A CONFLICT OF INTEREST POLICY
ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THERE ARE NO CHANGES TO PROCEDURES.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. PRESCHOOL PROMISE, INC.	Employer identification number (EIN) or 81-4799474
	Number, street, and room or suite no. If a P.O. box, see instructions. 4801 SPRINGFIELD STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAYTON, OH 45431	

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

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

THE ORGANIZATION

- The books are in the care of ► **4801 SPRINGFIELD STREET - DAYTON, OH 45431**
Telephone No. ► **937-236-9965** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2018** or
 ► ☐ tax year beginning _____, and ending _____.

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

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

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



Consultant Agreement

Loving Guidance, Inc - P.O. Box 622407 - Oviedo, FL 32762-2407 - Contract 3846

This agreement dated 8/14/2019, is made by and between Loving Guidance, Inc. (herein after referred to as CONSULTANT) and by the party named below as Hiring Party (herein referred to as HIRING PARTY). The CONSULTANT hereby agrees to perform the following services satisfactorily:

HIRING PARTY

Preschool Promise
Latoria Marcellus
4801 Springfield St
Dayton, OH 45431
P: (937) 902-0172
C: (937) 902-0172
E: latoria.marcellus@preschoolpromise.org

Billing Information (if different):

Preschool Promise

Robyn Lightcap

4801 Springfield St

Dayton, OH 45431

latoria.marcellus@preschoolpromise.org

latoria.marcellus@preschoolpromise.org

(937) 902-0172

EVENT INFORMATION

8/12/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
8/13/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
8/19/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
8/26/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
9/3/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
9/7/2019	Joni Spencer, Certified Instructor	1-Day Training (\$2,970)
9/10/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
9/16/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
9/24/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
10/1/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
10/8/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
10/14/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
10/19/2019	Joni Spencer, Certified Instructor	1-Day Training (\$2,970)
10/22/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)

11/5/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
11/11/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
11/12/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
11/18/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
12/2/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
12/4/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
12/11/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
12/16/2019	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
1/6/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
1/13/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
1/21/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
1/28/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
2/3/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
2/4/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
2/10/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
2/11/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
3/1/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
3/3/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
3/9/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
3/10/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
4/6/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
4/7/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
4/20/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
4/21/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
5/1/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
5/7/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
5/11/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)
5/12/2020	Joni Spencer, Certified Instructor	1-Day Coaching (\$1,670)

SPEAKING FEE AND EXPENSES

Speaking Fee: \$72,740 which includes all travel and expenses

Payment for services should be to Loving Guidance, Inc. (Fed ID #59-3386731). HIRING PARTY will be invoiced for speaking fees and travel expenses upon signing. Payment is due 30 days after service is completed.

Loving Guidance reserves the right to substitute speaker(s) for this event.

TRAVEL INFORMATION

CONSULTANT will obtain all travel arrangements to include air, hotel and car rental, if necessary; however, no purchase will occur until such time as this contract is signed by both parties.

EVENT DETAILS

Speaking site:

Site address: 4801 Springfield St

City, State, Zip: Dayton, OH 45431

Age group of children: Pre-K/K

Estimated number of attendees: 50

Additional comments:

Both the HIRING PARTY and the CONSULTANT agree that the CONSULTANT will act as an independent contractor in the performance of its duties under this contract.

The HIRING PARTY recognizes and acknowledges that all presentation material used by CONSULTANT, including any audio and video recordings of CONSULTANT presenting (regardless of who makes the recordings), is Intellectual Property owned by LOVING GUIDANCE, INC. Permission to use the Intellectual Property by HIRING PARTY shall be obtained from LOVING GUIDANCE, INC. prior to any such use.

CANCELLATION POLICY

If cancellation is necessary for any reason, CONSULTANT must be notified in writing via certified mail 45 days prior to the event date(s) agreed to within this contract. Cancellation after that time is subject to required payment of speaking fees and any purchased non-refundable travel arrangements.

Acts of God, war, government, regulation, riots, disaster, strikes, and acts of terrorism, which make performance impossible will not be penalized. Should cancellation be the direct responsibility of the CONSULTANT or it's associates, another member of the CONSULTANT team will be substituted for your presentation needs.

To insure scheduling on the requested date, this contract must be signed and returned within 30 days of the agreement date.

In witness to their understanding and agreement to these terms and conditions, the parties hereby affix their signatures below. This agreement will remain tentative and non-binding until the contract is endorsed by the CONSULTANT and HIRING PARTY, and both parties are in receipt of the ratified contract.

Becky Bailey, Conscious Discipline

Date

Authorized Signature, Hiring Party

Date

Print Name & Title

SIGN AND RETURN COMPLETED COPY TO:

Loving Guidance, Inc.
ashley.ragoobir@consciousdiscipline.com

ADDENDUM TO THE CLASS Specialist Contract

THIS ADDENDUM TO THE CONTRACT (the “Addendum”) is effective as of September 1, 2019 (the “Effective Date”) by and between **Kennedy Lynch** (“Consultant”) and **PRESCHOOL PROMISE, INC.**, an Ohio non-profit corporation (“Customer,” and together with Consultant, collectively, the “Parties”).

WHEREAS, Vendor and Customer entered into a Contract on June 26, 2019 in which Customer agreed to contract with the Consultant for services offered by the Consultant; and

WHEREAS, Vendor and Customer now desire to amend the Contract in accordance with this addendum.

NOW, THEREFORE, Consultant and Customer agree as follows:

1. Governing Law. This Addendum shall be governed by, and construed and enforced in accordance with, the laws of the State of Ohio.

2. Incorporation. All terms of the Contract not amended hereby or not inconsistent herewith shall remain in full force and effect and by this reference are incorporated herein as if fully rewritten herein. If there is a conflict between the Contract and this Addendum, the parties will come to a mutual resolution.

3. Pre-Approved Travel Expenses. The Consultant, when travel is necessary to fulfill consulting duties, will have travel expenses pre-approved in writing by the Preschool Promise Director of Quality 30 days before date of travel.

[intentionally left blank – signature page follows]

IN WITNESS WHEREOF, Consultant and Customer have executed this Addendum as of the Effective Date.

Consultant:

Kennedy Lynch

Customer:

PRESCHOOL PROMISE

By: _____

Name: _____

Title: _____

By: _____

Name: _____

Title: _____

Loving Guidance Technical Assistance

Joni Spencer

This Contract (the “Contract”) is made by and between Preschool Promise, Inc. and Joni Spencer (the “Consultant”), and effective as of September 1, 2018 (the “Effective Date”).

This contract assures that Consultant will act, pursuant to the terms of this contract, provide services to Preschool Promise, Inc. in connection with Loving Guidance technical assistance.

I. Term. The term of this contract is indefinite. This contract may be terminated by either party in writing at any time and for any reason.

II. Services. Consultant agrees to provide Services to Preschool Promise, Inc. that are outlined in the attached Scope of Work (Exhibit A).

III. Payment. To perform the Services, Preschool Promise, Inc. agrees to pay Consultant \$45/hour to be paid monthly upon receiving an invoice, not to exceed \$40,000 for each year this contract is in effect, unless otherwise agreed to in writing by the parties. For purposes of this contract, “year” shall mean September 1-August 31 of each year.

IV. Invoicing. Reference Exhibit A for invoicing details. If invoice is turned in late payment may be delayed. Payment will be made within 30 days of receipt of invoice.

V. Relationship of Parties. Consultant shall be an independent contractor for Preschool Promise, Inc. and shall have no authority to make commitments or incur any obligations or liabilities relating to or on behalf of Preschool Promise, Inc. or any of its officers, officials, contractors, directors, trustees, employees, agents, affiliates, representatives, successors, and assigns. No provision of this contract shall be construed to place the parties in the relationship of employer-employee, partners, joint venturers, or otherwise. The Consultant agrees and acknowledges that the Consultant is serving as an independent contractor, and therefore is responsible for federal, state, local/city, FICA, and other related income taxes. All working hours and methods are determined by the Consultant.

VI. Compliance with Laws.

- a) Consultant agrees to comply with all federal, state, or local laws, rules, regulations regarding the Services provided under this contract, including, as applicable, the Family Educational and Rights Privacy Act (“FERPA”) and all pertinent laws, rules, and regulations promulgated thereunder.
- b) Each party agrees to comply with all local and state civil rights statutes, rules, regulations and ordinances, and with Title VI of the Civil Rights Act of 1964, as amended, Title VIII of the Civil Rights Act of 1968, as amended, Section 104(b) and

Section 109 of Title I of the Housing and Community Development Act of 1974, as amended, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Executive Order 11063, Executive Order 11246, as amended by Executive Orders 11375, 11478, 12107, and 12086, and Section 35.14 of the Revised Code of General Ordinances of the City of Dayton, Ohio.

- c) Each party agrees that (i) it shall be committed to carry out an affirmative action program to the extent required in the President's Executive Order 11246 of September 24, 1966, and (ii) it will use its best efforts to afford small businesses, minority business enterprises, and women's business enterprises the maximum practicable opportunity to participate in the performance of this Agreement. As used in this section, the term "small business" means a business that meets the criteria set forth in Section 3(a) of the Small Business Act, as amended (15 U.S.C. 632).
- d) Each party shall not discriminate because of race, color, religion, sex, sexual orientation, gender identity, ancestry, national origin, military status, place of birth, age, marital status, or disability in any of its activities or operations. These activities or operations include but are not limited to actions against any employee; applicant for employment; subcontractor; vendor; applicant for services; or any family, individual, or child in its programs or business activities.

VII. Indemnity. Consultant agrees to defend, indemnify, and hold harmless Preschool Promise, Inc. and its officers, officials, contractors, directors, trustees, employees, agents, affiliates, representatives, successors, and assigns against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind (including reasonable attorney fees) that may arise out of either (i) the performance of the Services by Consultant, or (ii) any breach of this contract by Consultant or any of Consultant's agents, employees or contractors.

VIII. Governing Law. This contract shall be governed by and construed in accordance with the laws of the State of Ohio.

IX. Entire Agreement. This contract contains the entire agreement of the parties with respect to the subject matter hereof and there are no other promises or conditions hereunder whether oral or written. This contract supersedes any prior written or oral agreements between the parties.

X. Amendment. This contract may be modified or amended in a writing signed by both parties.

XI. Severability. If any provision of this contract is held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this contract is invalid or unenforceable, but that by limiting

such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

XII. Waiver. The failure of either party to enforce any provision of this contract shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this contract.

XIII. Alternative Dispute Resolution. For any dispute, controversy or claim arising out of or relating to this contract, the parties shall use their best efforts to find resolution through mediation by using a trained, experienced mediator selected by mutual agreement of the parties, the cost of which shall be shared equally by the parties. If the dispute, controversy or claim is not resolved within sixty (60) days to the satisfaction of both parties by such mediation, such dispute, controversy or claim shall be settled by final and binding arbitration in conformance with the rules of the American Arbitration Association. The place of arbitration shall be Montgomery, Ohio, or any other place as mutually agreed upon by the parties in writing. Cost of such arbitration shall be shared equally by the parties. Each party shall be responsible for its own attorney fees.

XIV. Notice. Any notice required or permitted to be sent under this contract shall be delivered by hand, by confirmed facsimile, telex, electronic mail, by overnight courier or mailed by registered or certified mail.

XV. Counterparts. This contract may be executed in two or more counterparts by the parties, each of which shall be deemed to be an original, but all of which together shall be constitute one contract.

XVI. Disclosure. Consultant agrees and acknowledges that it may be required to furnish, to the extent permitted by law, certain information relating to this contract and Consultant's status as a contractor of Preschool Promise, Inc., including but not limited to an accounting of money received by Consultant under this contract, to certain governmental bodies or agencies in connection with any audits or investigations into Preschool Promise, Inc. by such governmental bodies or agencies. The information to be furnished by Consultant under this section is only intended to include books, records, and accounts of Consultant as it relates to this contract, and is not intended to include the general disclosure of Consultant's business books, records, or accounts not otherwise related to this contract.

XVII. Assignment. Consultant's obligations under this contract are personal to Consultant and may not be assigned or transferred to any other individual, entity, or other third party, unless Consultant receives prior written consent from Preschool Promise, Inc. Preschool Promise, Inc. may assign this contract at any time.

XVIII. Survival. Sections VII, XIII, and XVI shall survive any termination of this contract.

IN WITNESS WHEREOF, the parties have executed this contract on this ____ day of _____, 2019.

Consultant

Preschool Promise, Inc.

Signed: _____

Signed: _____

Title: _____

Loving Guidance Technical Assistance – Joni Spencer
Exhibit A

I. Introduction

Joni Spencer will provide technical assistance for Preschool Promise while completing duties related to Loving Guidance. The scope of work will include:

II. Scope of Work:

- a) Entering Training-related material and information into the OPR and submitting Training-related material and information to OCCRRRA for “Ohio Approved” training designation;
- b) Assisting the presenter of the Training with the presentation of Training material;
- c) Ensuring that sign-in sheets are prepared and signed by Training participants on each day of the Training; and
- d) Entering Training participant data into the OPR and ensuring that Training participants receive credit for attending the Training
- e) Assist with planning, facilitation and execution of social-emotional PLC(s).
- f) Assist with the planning, scheduling and completion of Conscious Discipline Fidelity Rubrics.

III. Cost of Effort

The Technical Assistance for Loving Guidance will not exceed \$40,000/year.

IV. Payment Schedule

The Technical Assistance for Loving Guidance cost is for work billed from September 1 through August 31. To perform the Services, Preschool Promise, Inc. agrees to pay Consultant \$45/hour monthly upon receiving an invoice. Invoices are due by the 5th of the following month to the Director of Operations at Ashley.marshall@preschoolpromise.org and a copy sent to Latoria Marcellus at latoria.marcellus@preschoolpromise.org. Invoices will include the date worked, number of hours worked, and the type of activities completed during the billing period.