



Inland Empire
Foundation

2020 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant: _____

Organization / Agency Information

1) Organization/Agency Name: Operation Breakthrough, Inc.		
2) Physical Address: 3039 Troost Ave.		City/State/Zip Kansas City, MO 64109
3) Mailing Address:		City/State/Zip
4) CEO or Director: Mary Esselman		Title: President/CEO
5) Phone: 816-329-5200	6) Fax: 816-329-5235	7) Email: marye@oeprationbreakthrough.org
8) Contact Person: Roxane Johnson		Title: Senior Grant Writer
9) Phone: 816-329-5258	10) Fax: 816-329-5235	11) Email: roxanej@operationbreakthrough.org
12) Web Site Address: www.operationbreakthrough.org		13) Tax ID: 43-0971560

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

14) Program/Project Name: Sustainable Sundays Cooking & Meal Prep Classes		15) Amount of Grant Requested: \$25,000	
16) Total Organization Budget: 12,447,380	17) Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 78.21	18) Per 990, Percentage of Management & General Expenses Only (Column C/ Column A x 100): 15.86	19) Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 5.93
20) Purpose of Grant Request (one sentence): The Sustainable Sundays cooking and meal prep project was created to show our parents alternatives to fast and processed foods that are more healthy, tasty, convenient, and affordable.			
21) Program Start Date (Month and Year): November 1, 2020		22) Program End Date (Month and Year): October 31, 2021	
23) Gimbel Grants Received: List Year(s) and Award Amount(s) None			

Signatures

24) Board President / Chair: (Print name and Title) Chace Brundige, Board Chair	Signature: 	Date: July 27, 2020
25) Executive Director/President: (Print name and Title) Mary Esselman, President/CEO	Signature: 	Date: 7/27/20

2020 S.L. Gimbel Foundation Fund APPLICATION

Narrative

Please provide the following information by answering **ALL** questions (I to IV), **12 Font, One Inch Margins**. Use the format below (I to IV). Type the question. Type your complete answers to the question directly below the question. Please be thorough, clear, specific, and concise.

I. Organization Background

A) What are the history, mission and/or purpose of your organization?

Operation Breakthrough's mission is to help children who are living in poverty develop to their fullest potential by providing them a safe, loving, and educational environment. We work to address our children's myriad needs through innovative educational programming, early therapeutic intervention, and comprehensive services for families, including health services, mental health/behavioral therapy, parenting and education classes to help them become self-sufficient.

B) How long has the organization been providing programs and services to the community?

For nearly 50 years, the Center has played a critical role in helping disadvantaged youth and families in Kansas City's urban core. Since its founding in 1971, Operation Breakthrough has grown into one of Missouri's largest single-site Head Start/Early Head Start early learning centers that offers a variety of social, health, and mental health services. The nonprofit Center serves about 700, including 400 children from ages 6 weeks to 5 years in early education programs; 300 school-age children ages 6-14 in before-/after-school and all-day summer programs; and the children's 350+ families.

C) What are some of your past organizational accomplishments (last three years)?

In February 2020, Operation Breakthrough earned the Missouri Accreditation of Programs for Children and Youth. This accreditation is added to the Center's accreditation by the National Association for the Education of Young Children (NAEYC), which it first received in 2005, with renewals every five years including 2020.

In 2018-19, Operation Breakthrough sent 93% of the graduating preschool children to Kindergarten ready based on the Desired Results Developmental Profile (DRDP) assessment, surpassing the goal of 90% for the fourth consecutive year. Eleven of the 12 pre-K classrooms met and/or exceeded the national average for quality interactions in emotional support, organizational support, and instructional support, exceeding our goal of 85%.

In the fall of 2018, Operation Breakthrough completed a \$17-million building acquisition and renovation project with a bridge that adjoined its longstanding main campus across the busy intersection of 31st Street and Troost Avenue in Kansas City, Mo.'s urban core. The building expansion allowed the Center to increase its enrollment by 290 children and add 17,000 square feet to allow for a MakerCity with 10 learning zones, health and wellness programs, a gym for team sports, and meeting rooms for staff and community groups. The new space also provided office and training space for two other nonprofit agencies.

D) What are your key programs and activities?

Operation Breakthrough's key programs and their activities are:

Early Childhood Education – This accredited program provides hands-on learning experiences, supportive teacher interactions and language-rich environments for more than 400 children from 6 weeks to 5 years old. Developmentally-appropriate programming is guided by Head Start and

NAEYC with the goal of preparing children for success in school. The program operates weekdays from 7 a.m. to 5:30 p.m. to support parents who are working or going to school. Our interdisciplinary model – partnering education, clinical and social services to support the whole child/whole family – is designed to ensure children’s academic success and healthy social-emotional development in a nurturing home environment. Developmental assessments are conducted twice a year so that those experiencing delays can receive early interventions as needed and that education staff can tailor instructional plans to meet each child’s needs.

School-Age Village/MakerCity Program – The purpose of this program is to provide a safe environment and high-quality educational care in the out-of-school hours for about 300 at-risk children from 5 to 14 years old. During the school year, the first 45 minutes after children arrive from school is devoted to homework help, reading, and math. During the summer, teachers facilitate an intensive reading program that runs from 8:30 – 11:30 every morning. Our MakerCity program is designed to promote students’ interest in STEM (Science, Technology, Engineering, and Math) subjects. In addition to supporting children’s academic success, Operation Breakthrough is committed to enriching the lives of our children through programs that teaches self-discipline, fosters trusting relationships with peers and adults, and promotes positive character development. Mental health and behavioral therapists work onsite with children who have persistent behavior/emotional problems.

Social Services – This program helps families strengthen parenting skills, stabilize their home environment, and improve overall family functioning. Six MSW-level case managers, called Family Advocates, and two managers work with parents/caregivers to provide crisis counseling, housing and employment assistance, and intensive case management to help them regain economic stability. We also provide emergency assistance to those in need, including food, clothing, furniture and household supplies, and utility and rent assistance to families with children enrolled at the Center. Family Advocates encourage parents to attend life-skill sessions that can help them become self-sufficient, such as those geared toward employment or college enrollment; cooking and meal prep classes; and budgeting and personal finance.

Health Services – All children receive regular exams and treatment for illness or injury in our on-site Children’s Mercy pediatric clinic, along with referrals to specialists as needed. Families also receive medical education to help them make appropriate health care decisions. In addition, all children ages 3 and older receive on-site dental screenings and follow-up treatment as needed. Children needing speech therapy or occupational therapy to overcome developmental delays receive weekly on-site services, with individual treatment plans and regular assessments. Children eligible for Individualized Education Plans (IEPs) through Missouri First Steps or the local school district receive individualized case management and family advocacy surrounding special education law and policies. Families are also connected to appropriate outside service providers as needed and given high quality follow-up for services received at the Center, at school, or at home.

Mental/Behavioral Health Services -- Our Mental Health staff includes three full-time child/youth therapists, who work with children dealing with issues of family violence, abuse or other trauma in individual or group therapy sessions. A Music Therapist provides interventions in our infant-toddler classrooms to promote self-regulation and pre-literacy skill development. Children from 4-13 also receive Second Step bullying prevention sessions that focus on positive relationships and communications with peers. In addition to therapeutic services for children, two full-time licensed adult/family therapists work with parents/caregivers in individual or group therapy sessions to provide emotional support and help alleviate the effects of chronic stress and/or

unresolved childhood traumas. Staff therapists are supported by a clinical director, assistant clinical director and data manager.

E) Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.

The families enrolled in the Center's programs are extremely low-income. More than 78% live below the federal poverty level on incomes averaging less than \$12,000 a year. About 87% of families we serve are African American or bi-racial, and 20% are currently homeless or near homeless. Single women head more than 90% of the families. Nearly 40% have no education beyond a high school diploma or GED certificate, and only 2% are college graduates. Most families live in Kansas City's urban core, primarily in the five zip codes surrounding our facility at 31st Street and Troost Avenue. This area has a long history of high crime and drug-related violence, vacant or dilapidated homes, few playgrounds or parks for children to play safely, and a lack of quality grocery stores that provide fresh produce, meats, and non-processed foods.

Despite the stress of poverty and living in the urban core, our families are extremely resilient and readily take advantage of the services, programs, and guidance provided at Operation Breakthrough and from its community partners so they can improve their education, living conditions, and future for them and their children.

II. Project Information:

A) Statement of Need

1. Specify the community need(s) you want to address and are seeking funds for.

As previously mentioned, the families we serve are extremely low-income, with three-fourths of them living on annual incomes of \$12,000 or less, and a fifth of our families are homeless. In addition to living in poverty, the neighborhoods where most of the families live are food deserts with few grocery stores that stock fresh produce, meat, or non-processed foods. In most cases, convenience stores and gas stations are the main sources of meal selections for families.

Research has shown that young children need well-rounded meals consisting of nutritious fruits and vegetables, protein and dairy foods to fully develop mentally, physically and emotionally. While our Center serves nutritious breakfasts and lunches during the days we have the children, we would like to help our parents to continue providing healthy foods for dinner and weekend meals at home.

B) Project Description

1. Describe your project. How does your project meet the community need?

The Sustainable Sundays parent cooking, food preservation and meal prep classes were created a need and requests from Operation Breakthrough parents, who were searching for alternatives to fast food or processed meals that were also affordable and available in area grocery stores. Last year, the Center launched the Friday Lunch Bunch cooking classes, which were a huge success for the 25-30 parents who could attend during the middle of a weekday.

However, since the pandemic hit, the Center isn't allowing parents to enter the facility for safety and health precautions. However, the need and requests for the classes continue to prevail, so we are rescheduling the sessions to Sunday afternoons and expanding the offerings to include food preservation (canning and freezing) and meal prepping for a week.

In addition to the two staff members who are willing to conduct the parent classes on Sundays, we have engaged several community partners to support this effort by donating surplus food

and produce from area gardens and orchards. Some partners also will speak to parents on specific topics relevant to the classes. We know of no other organizations that are offering such services or classes in the community, especially at no charge to participants.

2. What is unique and innovative about this project?

A unique and inspiring aspect of the Sustainable Sundays cooking and meal prep project is that it evolved from conversations from the Center's parents to offer sessions that could help them purchase, prepare, and serve foods and meals that were not fast food or processed foods. Parents were requesting how to find and prepare tasty, nutritious food that also were affordable and available in their neighborhoods. Most importantly, parents wanted to adopt a healthier eating lifestyle that would help them prevent or reduce the chances of developing chronic diseases or illnesses, especially those prevalent among low-income, minority residents in the urban core.

In 2018 with the opening of the culinary arts kitchen in our MakerCity space, our children were learning how to make delicious, nutritious foods from fresh fruits and vegetables. Their enthusiasm and zeal for learning about healthy eating seemed to "rub off" on their parents.

C) Project Goal, Objectives, Activities and Expected Outcomes

- 1. Note: Objective, Outcomes and Evaluation must all be based on the SAME QUANTIFIABLE CRITERIA (for example, "number served, or acres improved"). This quantifiable criteria should refer to the grant amount you are requesting from the Gimbel Foundation only and not the total program.**

State ONE GOAL, ONE OBJECTIVE, ONE OUTCOME. USE NUMBERS AND DO NOT USE PERCENTAGES.

- 2. State ONE project goal. The Goal should be an aspirational statement, a broad statement of purpose for the project.**

Goal: About 200 of our parents will learn how to purchase, prepare and serve tasty and nutritious meals for their families that will improve their eating habits and help prevent or reduce the chances of developing chronic diseases and illnesses.

- 3. State One Objective. The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization's activities toward achieving the goal. Specify the activities you will undertake to meet the objective and number of participants for each activity.**

Objective: The Center will offer Sustainable Sundays cooking, food preservation, and meal prep classes for about 200 parents led twice a month by our culinary arts teacher and food pantry coordinator.

- 4. State One Outcome are the individual, organizational or community-level changes that can reasonably occur during the grant period as a result of the proposed activities or services. What are the key anticipated outcomes of the project and impact on participants? State in quantifiable and verifiable terms.**

Outcome: By October 2021, 100-125 parents will report making healthier meals at home from food choices found in the onsite food pantry or nearby grocery store.

5. **Evaluation:** How will progress towards the objective (per above) be tracked and outcome measured?

Provide specific information on how you will collect relevant data and statistics that meet your objective and validate your expected outcome, in a quantifiable manner, as you describe your evaluation process. Please state the number of people/clients that you will be evaluating (should be the same number stated in your Objective.)

Evaluation: Outcome progress will be measured by attendance, pre- and post-surveys, and group discussions during the sessions.

Use the following format for your objectives, respective activities and expected outcomes:

BELOW IS AN EXAMPLE OF GOAL, OBJECTIVE, OUTCOME AND EVALUATION:

Objective, Outcome and Evaluation should align and should be written in a linear format, using actual numbers, and data that are quantifiable and verifiable. Do not use percentages)

D) Timeline

Provide a timeline for implementing the project. State the start date and ending date of the project, include timeframes for specific activities, as appropriate. The start date and end date should be the same dates on the cover page.

- **November 2020:** Enrollment begins for Sustainable Sundays cooking, food preservation and meal prep classes to be held on alternating weekends.
- **November 2020 – January 2021** – Participating parents will engage in canning and freezing of fresh produce harvested from outdoor gardens or from surplus food sources.
- **January 2021 – April 2021** – The Center’s staff will meet with the project’s Advisory Committee to review data collected so far for purposes of assessing the effectiveness of programming to date and to make adjustments.
- **May – June 2021** – Host a fresh food festival for families with tastings of parent-prepared dishes along with fresh foods from participating markets and restaurants. Recipes and menus will be shared, along with other resources on nutritious foods.
- **July – October 2021** – Produce grown in the Center’s outdoor and indoor hydroponic gardens will be harvested and used for cooking, food preservation and meal prep classes.

E) Target Population

1. Who will this grant serve?

We are anticipating serving a total of 150-200 parents to participate in both classes once a month. We plan to schedule a maximum of 50 parents per class x 2 classes each of the alternating Sundays for a total of 100 parents each Sunday that classes are held or 200 parents a month when the classes are held twice a month.

We believe this is a reasonable estimate to serve since the previous Friday Lunch Bunch cooking classes served 25-30 parents each session when held during a weekday. By rescheduling to Sundays when most parents are available, plus expanding the types of classes offered, we are confident that the attendance will double.

2. How many people will be impacted? See Question #1

Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.

F) Projects in the Community

1. How does this project relate to other existing projects in the community?

While numerous community garden projects have developed in recent years, there are few, if any, agencies that offer classes or resources that help families in the preparation, storage, or preservation of the produce. Our project will lead to greater consumption of fresh produce and less food waste as our families learn how to reuse leftovers or surplus food from other sources.

2. Who are your community partners (if any)?

Community partners in the Sustainable Sundays sessions are: Harvesters – The Food Network provides fresh, canned and frozen foods at a low cost; Kanbe’s Market offers low-cost produce; Pete’s Garden trains parents in refreshing and packaging surplus food for storage; Kansas City Community Gardens teaches parents how to grow different produce; The Giving Grove helps with the selection and planting of fruit-bearing trees and bushes that provide a variety of fruit to be canned or frozen; and Longfellow Farm and Ivanhoe Farmers Market donate excess crops for the onsite food pantry and cooking sessions.

3. Who else in the community is providing this service or has a similar project?

After making numerous inquiries, we are unaware of any churches, agencies, or schools offering similar cooking, food preservation or meal prep sessions in the Kansas City, MO area.

4. How are you utilizing volunteers?

We have used volunteers to help plant and harvest produce that is used in some of the cooking and food preservation classes. With the expansion of sessions and anticipated increase in parent attendance, we may request volunteer support to assist our culinary arts teacher and food pantry coordinator during their sessions.

G) Use of Grant Funds

How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes

We are respectfully requesting \$25,000 from the S.I. Gimbel Foundation to support Operation Breakthrough’s Sustainable Sundays cooking, food preservation, and meal prep classes. We have budgeted the grant request as follows:

Staff Stipends -- \$7,500 total

\$5,000 for the Culinary Arts Teacher and \$2,500 for the Food Pantry Coordinator. The stipends are in addition to their salaries paid by the Center since these parent sessions will be held on Sundays and would require overtime pay. The stipends would cover time spent planning, conducting, and cleaning up after the hour-long sessions twice a month.

Supplies & Materials -- \$17,500 total

Supplies and materials would include food supplies, disposable plates and utensils for the cooking classes; canning jars and lids, freezer bags, and other supplies for the food preservation classes; and food storage containers for the meal prep classes. Cleaning supplies are needed for all classes.

We are anticipating a total of 150-200 parents to participate in both classes once a month. We plan to schedule a maximum of 50 parents per class x 2 classes each Sunday for a total of 100 parents each Sunday that classes are held and 200 parents a month when the classes are held twice a month.

III. Project Future

A) Sustainability

Explain how you will support this project after the grant performance period. Include plans for fundraising or increasing financial support designated for the project.

Since the families we serve are low-income and unable to pay any program fees, Operation Breakthrough's Sustainable Sundays cooking, food preservation and meal prep project is not intended to be self-sustaining. We have, however, established strong relationships with over 10,000 individual, corporate and foundation donors, who are cultivated and stewarded by experienced board members, leadership and development staff to maximize philanthropic revenue. Tax credits, when available, are offered selectively to donors who give consistently, but have not increased their giving level in the past 2-3 years, as well as to provide an incentive to new donors. We also rely heavily on in-kind donations for our food pantry, classrooms, and other program needs.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

1. Describe your board of directors and the role it plays in the organization.

Operation Breakthrough's board of directors consists of 18 members – 8 males and 10 females; 17% African American, 83% Caucasian; and 28% of the board members are residents of Kansas City, MO, with the remainder of them in surrounding suburbs. Board members meet during 10 months/year and fully support the Center through financial and volunteer commitments.

2. What committees exist within your board of directors?

We have the Executive, Finance & Audit, Development, Communication, and Nomination & Governance Committees. We also have a Quality Work Group.

3. How does the board of directors make decisions?

Board members discuss key agenda items, then vote on them. A simple majority vote approves an item.

B) Management

Describe the qualifications of key personnel/staff responsible for the project.

Key staff members who will lead the project include:

Dominique Allen, Culinary Arts Lead Educator, has been an executive chef for the past nine years, working in corporate and military settings. As a graduate of the Community College of the Air Force with an AAS in Food Service Management, he often found himself teaching fellow servicemen how to prepare vegan, vegetarian, ketogenic, and either high/low calorie dishes.

Since joining Operation Breakthrough in 2019, Dominique has shared his passion and knowledge of food and cooking with our children and families as he teaches them various aspects of food prep, cooking different dishes, and even in food preservation, including freezing, canning and drying. He will plan, coordinate and implement all aspects of the food preservation and meal prep classes.

Michell Jones, Food Pantry Coordinator, has been in her current position for two years while being a parent at Operation Breakthrough for the past nine years. She launched the Friday Lunch Bunch, the precursor to Sustainable Sundays, in the 2018-19 program year assisted by a VISTA volunteer. She will continue to coordinate meetings, arrange for the appropriate foods

and quantities to be available, and prepare the facility for the cooking classes. She will also conduct sessions on some of the financial literacy lessons she's learned on how to stretch food and household budgets, such as coupon clipping, bargain shopping, and even watching for the best days of the week to shop for sales.

Mary Esselman, President & CEO, will oversee the coordination and implementation of the Sustainable Sundays parent classes, including gaining access to the building during off hours on Sundays. Mary also will oversee the coordination of services from community partners and the evaluation process for the project.

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V. Project Budget and Narrative (Do not delete these instructions on your completed form).

A) **Budget Table:** Provide a detailed line-item budget for your entire project by completing the table below. Note that if funded, this is the budget that you will have to refer to in the Evaluation (Final) Report.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost**
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff compensation, benefits: **Do not use FTE percentages.**
 - a. Identify the position; for each position request, **specify the hourly rate and the number of hours** (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.
- 4) The Gimbel Foundation **does not fund indirect costs.**

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project
Culinary Arts Lead Teacher	Stipend will cover preparation, conducting, and cleaning up facility after each one-hour session, twice/month for a maximum of 50 parents.	Stipend is above annual salary of \$43,680 and benefits @ 20% (\$8,736)	\$2,500 pending grant request from the Prime Health Foundation.	\$5,000	\$59,916
Food Pantry Coordinator	Stipend will cover preparation, conducting, and cleaning up facility after each one-hour session, twice/month for a maximum of 50 parents.	Stipend is above annual salary of \$29,000 and benefits @ 20% (\$5,800)	\$2,500 pending grant request from the Prime Health Foundation.	\$2,500	\$39,800
Supplies & Materials	This line includes: food, disposable plates and utensils for the cooking classes; canning jars and lids, freezer bags, and other supplies for the food preservation classes; and food storage containers for the meal prep classes. Cleaning supplies are needed for all classes.	\$22,500 – Balance of cost for food, supplies and materials not covered by pending grants or in-kind donations.	\$10,000 pending grant request from the Prime Health Foundation.	\$17,500	\$50,000
TOTALS:		\$109,716	\$15,000	\$25,000	\$149,716

B) Narrative: The budget narrative is the justification of “how” and/or “why” a line item helps to meet the project deliverables. Provide a description for each line item. Each line item must have a narrative. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative.

Budget Narrative:

1. **Culinary Arts Teacher** -- \$7,500 stipends (Salary + benefits = \$52,416) **Total: \$59,916**

2. **Food Pantry Coordinator** -- \$5,000 stipends (Salary + benefits = \$34,800) **Total: \$39,800**
Stipends for both instructors cover preparation, conducting, and cleaning up facility after each one-hour session, twice/month x 12 months for a maximum of 50 parents per session. Since the parent classes are held on Sunday afternoons, a stipend is offered for services so overtime pay wouldn't need to be paid. However, since both staff members are salaried employees at the Center, their salaries and benefits are reflected in the budget as support from the Center, totaling \$87,216.

3. **Supplies & Materials: \$50,000 total**
This budget line includes: food supplies, disposable plates and utensils for the cooking classes; canning jars and lids, freezer bags, and other supplies for the food preservation classes; and food storage containers for the meal prep classes. Cleaning supplies are needed for all classes.

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VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
Head Start/Early Head Start & MO Department of Social Services	\$4,133,856
Ewing M. Kauffman Foundation	\$ 250,000
Children's Services Fund of Jackson County, MO	\$ 248,058
Sherman Family Foundation	\$ 200,000
Community Mental Health Fund of Jackson County	\$ 153,000
Francis Family Foundation	\$ 150,000
Stanley F. Durwood Foundation	\$ 150,000
Health Forward Foundation	\$ 142,797
United Way of Greater KC	\$ 105,063
Oppenstein Brothers Foundation	\$ 90,000
Sarli Family Foundation	\$ 75,000
Jackson County Outside Agencies Fund	\$ 70,000
Jacob & Ella Loose Foundation	\$ 70,000
35 additional funders	\$ 700,260
GRAND TOTAL TO DATE	\$2,404,178

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Stowers Foundation	\$ 73,678	8/3/2020
Health Forward Foundation	\$ 64,350	8/19/2020
Sisters Circle	\$ 20,000	8/28/2020
KC Pre-K Cooperative Fund	\$ 86,142	9/30/2020
Federal Reserve Bank	\$ 10,000	9/30/2020
Every Hometown Grant	\$ 25,000	10/30/2020
TOTAL PENDING TO DATE	\$279,170	By 10/30/2020

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$2,849,500	23%	Non-govt. Grants	\$2,661,567	21%
Fundraising/Special Events	\$1,838,838	15%	Misc. Income	\$ 623,791	5%
Corporate/Fdn. Grants	\$ 334,178	3%			
Government Grants	\$4,133,856	33%			

Notes:

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VII. Financial Analysis

Agency Name: Operation Breakthrough

Current Fiscal Year (Dates): From November 1, 2019 To: October 31, 2020

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$10,636,282	\$8,318,344	\$1,686,797	\$631,141

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	78.21	15.86	5.93

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's <u>Current Total Budget</u> used for Administration -- 15.83%	Column C, Management & general expenses per 990 above 15.83%	Differential -- 0
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If the differential is above (+) or below (-) **10%**, provide an explanation:

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Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
44.8%	40.7%	14.5%	100%

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end -- \$205,500	Excess or (Deficit) Prior fiscal year end \$1,628
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Notes:

OPERATION BREAKTHROUGH Budget Comparison

	Actuals Most Recently Completed Year	Budget Projections Current Year	Variance
	2019	2020	
Income			
Individual Contributions	4,078,062	2,849,500	1,228,562
Corporate Contributions	57,985	65,000	-7,015
Foundation Grants	2,930,745	3,095,000	-164,255
Government Contributions	4,135,423	4,133,856	1,567
Other Earned Income	1,525,860	2,062,765	-536,905
Other Unearned Income	194,329	125,642	68,687
Interest & Dividend Income	138,134	144,056	-5,922
Total Income	13,060,538	12,475,819	584,719
Expenditures			
Personnel			
Salary CEO	168,000	175,000	-7,000
Staff Salary (total)	7,607,063	8,170,000	-562,937
Payroll Taxes	581,610	648,877	-67,267
Insurance - Workers' Comp	130,111	124,000	6,111
Insurance - Health	862,993	940,000	-77,007
Payroll Services	-	-	-
Retirement	-	-	-
Total Personnel	9,349,777	10,057,877	-708,100
General Program/Administrative			
Bank/Investment Fee	32,073	31,000	1,073
Publications	-	-	-
Conferences & Meetings	37,389	40,120	-2,731

Mileage	3,384	7,150	-	-3,766
Audit & Accounting	27,000	27,000	-	-
Program Consultants	246,274	250,000	-	-3726
Insurance Expense	138,734	141,200	-	-2,466
Telephone Expense - Land Lines	11,815	11,000	-	815
DSL & Internet Website	11,016	6,500	-	4,516
Office Supplies	36,919	45,000	-	-8,081
Postage & Delivery	6,354	6,000	-	354
Printing & Copying			-	-
Miscellaneous	3,158,175	2,058,194		1,101,981
Total General Program/Administrative	3,709,133	2,623,164		1,085,969
Total Expenditures	13,058,910	12,681,041		377,869
Revenue Less Expense	1,628	205,222	-	203,954



Department of the Treasury
Internal Revenue Service
PO Box 606
Buffalo, NY 14225

In reply refer to: 0152759536
Aug 18, 2009 LTR 147C
43-0971560

OPERATION BREAKTHROUGH INC
3039 TROOST AVE
KANSAS CITY MO 64109-1540 398

Taxpayer Identification Number: 43-0971560

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of August 18th, 2009.

Your Employer Identification Number (EIN) is 43-0971560. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms Walsh
0621560
Customer Service Representative

Project Budget and Narrative

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project
Culinary Arts Lead Teacher	Stipend will cover preparation, conducting, and cleaning up facility after each one-hour session, twice/month for a maximum of 50 parents.	Stipend is above annual salary of \$43,680 and benefits @ 20% (\$8,736)	\$2,500 pending grant request from the Prime Health Foundation.	\$5,000	\$59,916
Food Pantry Coordinator	Stipend will cover preparation, conducting, and cleaning up facility after each one-hour session, twice/month for a maximum of 50 parents.	Stipend is above annual salary of \$29,000 and benefits @ 20% (\$5,800)	\$2,500 pending grant request from the Prime Health Foundation.	\$2,500	\$39,800
Supplies & Materials	This line includes: food, disposable plates and utensils for the cooking classes; canning jars and lids, freezer bags, and other supplies for the food preservation classes; and food storage containers for the meal prep classes. Cleaning supplies are needed for all classes.	\$22,500 – Balance of cost for food, supplies and materials not covered by pending grants or in-kind donations.	\$10,000 pending grant request from the Prime Health Foundation.	\$17,500	\$50,000
TOTALS:		\$109,716	\$15,000	\$25,000	\$149,716

B) **Narrative:** The budget narrative is the justification of “how” and/or “why” a line item helps to meet the project deliverables. Provide a description for each line item. Each line item must have a narrative. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative.

Budget Narrative:

1. **Culinary Arts Teacher** -- \$7,500 stipends (Salary + benefits = \$52,416) **Total: \$59,916**

2. **Food Pantry Coordinator** -- \$5,000 stipends (Salary + benefits = \$34,800) **Total: \$39,800**

Stipends for both instructors cover preparation, conducting, and cleaning up facility after each one-hour session, twice/month x 12 months for a maximum of 50 parents per session. Since the parent classes are held on Sunday afternoons, a stipend is offered for services so overtime pay wouldn't need to be paid. However, since both staff members are salaried employees at the Center, their salaries and benefits are reflected in the budget as support from the Center, totaling \$87,216.

3. **Supplies & Materials: \$50,000 total**

This budget line includes: food supplies, disposable plates and utensils for the cooking classes; canning jars and lids, freezer bags, and other supplies for the food preservation classes; and food storage containers for the meal prep classes. Cleaning supplies are needed for all classes.

2020 BOARD OF DIRECTORS

E/G*	MEMBER	ADDRESS	OCCUPATION/ AFFILIATION	BOD START/ CURRENT TERM END (11/1)
C / M	David Ayres Vice-Chair	1200 E. 151 st St., Olathe, KS (913) 397-8200	Garmin - Assistant General Council	2018 / 2024
C / M	Chace Brundige, Chair	6300 Lamar Ave, Shawnee Mission, KS (913) 677-4249	Waddell & Reed	2015 / 2021
C / F	Joan Cohen	4846 W. 139 th Terrace, Leawood, KS (816) 678-6062	Founder, JKC Consulting. LLC	2015 / 2021
C / M	Jamey Bertram **	9400 Ward Parkway, KCMO (816) 333-9400	Vice President Burns & McDonnell	2019 / 2025
C / F	Sarah Smith	6455 Winchester Ave., KCMO (816) 221-9999	President & General Manager KMBC Television	2018 / 2024
AA / M	Spencer Hardwick **	2000 Baltimore Ave., Ste. 300, KCMO (816) 753-0774	Chief of Staff, Teach for America	2018 / 2024
C / F	Diana Keating, Secretary	6040 Lockton, Fairway, KS (913) 488-4682	Retired, formerly at Hallmark	2015 / 2021
C / M	Jack Kilroy **	400 W. 44 th Terr., Apt. 2054, KCMO (816) 374-0584	Shareholder, Posinelli	2014 / 2020
C / F	Tammy Ham	4520 Main Street, Suite 1500, KCMO (816) 949-8721	BioNovus Innovations	2016 / 2019
C / F	Pam Ungashick **	7354 Belleview Ave., KCMO 64114 816-590-9357	Retired	2018 / 2024
C / M	Ramsey Mohsen	2020 W. 89 th St, 2 nd Fl, Leawood, KS (913) 826-6522	Everhance, LLC	2015 / 2021
C / F	Karen Prange	11500 Outlook St, Overland Park, KS (913) 664-1692	Lockton	2014 / 2020
C / F	Beth Soukup	1001 Locust St., KCMO 64106 (816) 474-8600	CFO - JE Dunn Construction	2018 / 2024
AA / M	Michael Roane	12616 Cedar St., Leawood, KS (816) 332-0176	Retired, formerly JE Dunn Construction	2014 / 2020
C / F	Martha Gershun	5710 Lockton Lane, Fairway, KS (913) 378-6654	Retired, formerly with Jackson County CASA	2019 / 2025
C / F	Laura Fitzmaurice	2401 Gillham Rd., KCMO (816) 234-3899	Physician, Children's Mercy Hospital	2018 / 2024
AA / F	Lannette Woodruff **	4262 Jefferson St., #8104, KCMO 202-271-8507	Former Member of the D.C. State Board of Education	2019 / 2025
C / M	Tray Vedock	8320 Hedge Lane Ter., Shawnee, KS 913-422-4222	President & CEO, SKC Communications	2019 / 2025
C/F	Mary Esselman **	3039 Troost Avenue, KCMO (816) 329-5200	President & CEO Operation Breakthrough	Ex Officio
C/M	Mike Thomas **	3039 Troost Avenue, KCMO (816) 329-5231	COO Operation Breakthrough	Ex Officio
C/F	Cheryl Duffy **	3039 Troost Avenue, KCMO (816) 329-5260	CFO, Board Treasurer Operation Breakthrough	Ex Officio

*E/G – Ethnicity– C=Caucasian; AA=African American/Gender—M=Male; F=Female

** KCMO resident

Mission Statement: The mission of Operation Breakthrough is to provide a safe, loving and educational environment for children in poverty and to empower their families through advocacy, emergency aid and education. Our vision is all children have the opportunity to achieve their full potential.

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	471,117.	471,117.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	274,586.	205,940.	46,679.	21,967.
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	5,943,935.	4,779,785.	767,938.	396,212.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	807,773.	630,136.	146,953.	30,684.
10 Payroll taxes	451,545.	362,337.	55,648.	33,560.
11 Fees for services (non-employees):				
a Management				
b Legal	12,274.		12,274.	
c Accounting				
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.)	337,659.	108,197.	170,439.	59,023.
12 Advertising and promotion				
13 Office expenses	10,618.	81.	136.	10,401.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,478.	2,765.	713.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	195,509.		195,509.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	442,628.	391,412.	34,466.	16,750.
23 Insurance	201,885.	164,740.	25,514.	11,631.
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 CAFETERIA	273,627.	273,627.		
b PROGRAM SUPPLIES	269,094.	224,330.	33,867.	10,897.
c MAINTENANCE & REPAIRS	227,776.	188,318.	28,222.	11,236.
d UTILITIES	198,440.	178,692.	12,572.	7,176.
e All other expenses	514,338.	336,867.	155,867.	21,604.
25 Total functional expenses. Add lines 1 through 24e	10,636,282.	8,318,344.	1,686,797.	631,141.
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 if following SOP 98-2 (ASC 958-720)

Operation Breakthrough, Inc.
FY 2020 Budget

**Total Annual
Budget**

Revenues	
Contributions	1,666,398.00
Grants and Fees	8,878,573.00
Fundraising	2,230,000.00
Other Revenue	<u>178,404.00</u>
Total Revenues	12,953,375.00
Expenditures	
Personnel Cost	9,977,262.00
Other Staff	290,876.00
Fundraising and Events	170,555.00
Direct Assistance	201,012.00
Maintenance, Equipment and Vehicles	449,500.00
Overhead Expense	364,352.00
Food, Services and Field Trips	596,219.00
Insurance, Bank Fees and Interest	217,200.00
Professional and Other	<u>180,404.00</u>
Total Expenditures	<u>12,447,380.00</u>
Total Oper Rev Over (Under) Expend Excluding Non-Cash Items	<u>505,995.00</u>
Non-Cash items	
Depreciation	<u>500,000.00</u>
Total Non-Cash items	<u>500,000.00</u>
Total Operating Revenues Over (Under) Expenditures	<u>5,995.00</u>

PUBLIC DISCLOSURE COPY



CBIZ MHM, LLC

700 W 47th Street, Suite 1100
Kansas City, MO 64112
Ph: 816.945.5500 ■ Fx: 816.897.1280

OPERATION BREAKTHROUGH, INC
3039 TROOST
KANSAS CITY, MO 64109

OPERATION BREAKTHROUGH, INC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2017 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CBIZ MHM, LLC

RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
OCTOBER 31, 2018

PREPARED FOR:

OPERATION BREAKTHROUGH, INC
3039 TROOST
KANSAS CITY, MO 64109

PREPARED BY:

CBIZ MHM, LLC
700 WEST 47TH STREET, SUITE 1100
KANSAS CITY, MO 64112

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL PAPER COPY THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY SEPTEMBER 16, 2019.

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or fiscal year beginning NOV 1, 2017, and ending OCT 31, 2018

2017

▶ **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

OPERATION BREAKTHROUGH, INC

43-0971560

Name and title of officer

MARY ESSELMAN
CEO

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 1 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>16,717,806.</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 2017 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 CBIZ MHM, LLC to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 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 2017 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 _____ 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.

48373534187

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning NOV 1, 2017 and ending OCT 31, 2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
OPERATION BREAKTHROUGH, INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3039 TROOST
 City or town, state or province, country, and ZIP or foreign postal code
KANSAS CITY, MO 64109

D Employer identification number
43-0971560

E Telephone number
(816) 756-3511

G Gross receipts \$ **17,647,051.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **OPERATIONBREAKTHROUGH.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1971** **M State of legal domicile:** **MO**

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	226
	6 Total number of volunteers (estimate if necessary)	6	1000
	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 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		13,731,596.	13,935,851.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,065,901.	918,188.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,521.	115,435.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,098,540.	1,748,332.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,926,558.	16,717,806.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	471,117.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,448,945.	7,477,839.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	631,141.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,167,167.	2,687,326.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	8,616,112.	10,636,282.
	20 Total assets (Part X, line 16)	7,310,446.	6,081,524.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	25,460,862.	33,512,387.
		1,711,962.	3,678,496.
		23,748,900.	29,833,891.

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: **MARY ESSELMAN, CEO** Date: _____
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **LISA BURKE** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00220718**
 Firm's name: **CBIZ MHM, LLC** Firm's EIN: **34-1874260**
 Firm's address: **700 WEST 47TH STREET, SUITE 1100** Phone no.: **816-945-5500**
KANSAS CITY, MO 64112

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HELP CHILDREN AND THEIR FAMILIES WHO ARE LIVING IN POVERTY DEVELOP TO THEIR FULLEST POTENTIAL BY PROVIDING THEM A SAFE, LOVING AND EDUCATIONAL ENVIRONMENT.

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 \$ 7,766,832. including grants of \$ 471,117.) (Revenue \$ 887,524.)

EARLY CHILDHOOD EDUCATION PROGRAM FOR PRESCHOOLERS & INFANTS - SERVED APPROXIMATELY 438 PRESCHOOLERS & INFANTS, BEFORE AND AFTER SCHOOL (205 SCHOOL AGED CHILDREN) AND SUMMER YOUTH PROGRAMS (160 SCHOOL AGED CHILDREN). OPERATED AT OR NEAR CAPACITY FOR FYE 10-31-2018. SUPPORTIVE SERVICES INCLUDE HEALTH, MENTAL HEALTH, FAMILY SERVICES AND EMERGENCY ASSISTANCE. PROGRAMS ARE FUNDED MAINLY BY CONTRIBUTIONS AND GRANTS AND SERVE LOW INCOME FAMILIES BASED ON FEDERAL GUIDELINES. PROGRAM ALSO RECEIVES HEAD START FUNDS.

4b (Code:) (Expenses \$ 551,512. including grants of \$) (Revenue \$ 30,664.)

PROVIDED MEALS FOR ENROLLED CHILDREN. PROGRAMS ARE SUBSIDIZED BY USDA FOR APPROVED LOW INCOME CHILDREN. MEALS INCLUDE A HOT BREAKFAST & LUNCH AND ALSO AN AFTERNOON SNACK.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 8,318,344.

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>	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>		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>		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>		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>		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>		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>		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>	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>		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>		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>		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>		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>	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>		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>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>	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>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	