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	PUBLIC DISCLOSURE COPY
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TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	DAKOTA CENTER, INC. 33 BARNETT STREET DAYTON, OH 45402
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 COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

** PUBLIC DISCLOSURE COPY **

990

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

OMB No. 1545-0047

▶ 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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the	2018 calendar year, or tax year beginning and e	ending	-	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres change	DAKOTA CENTER, INC.			
	Name change			31-0	731056
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 33 BARNETT STREET	E Telephone number 937-228-8961		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	371,539.
	Amend return	DATION, OIL 45402		H(a) Is this a group re	
	Applica tion pendin			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) 0	r 527	1	list. (see instructions)
		e: ► WWW.DAKOTACENTER.ORG	1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 1965 N	1 State of legal domicile: OH
		Briefly describe the organization's mission or most significant activities: ${f THE}$	<u>ነል ሦ</u> ርጥ ል	CENTER ACC	TOTO TTO
Se	1 1	750 CLIENTS IN REACHING THEIR FULL POTENT	TAT. A	S STIIDENTS	AND IID
nar	2	Check this box if the organization discontinued its operations or disposit			
Governance	3 1	Number of voting members of the governing body (Part VI, line 1a)			10
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			10
8		Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)			7
Ϋ́		Total number of volunteers (estimate if necessary)			70
Activities &	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	l d	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)		153,599.	229,453.
Revenue	1	Program service revenue (Part VIII, line 2g)		15,000. 107,202.	15,650. 109,575.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		107,202.	15,366.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		286,509.	370,044.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		137,760.	165,874.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>p</u>	b -	Total fundraising expenses (Part IX, column (D), line 25)	31.		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		203,888.	214,279.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		341,648.	380,153.
	19	Revenue less expenses. Subtract line 18 from line 12		-55,139.	-10,109.
Net Assets or Find Balances	<u> </u>		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		3,364,813.	3,125,252.
let A	21	Fotal liabilities (Part X, line 26)		5,145. 3,359,668.	46,323. 3,078,929.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,339,000.	3,070,323.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	v knowledge and belief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of whi			, knowledge and belief, it is
	<u> </u>				
Sig	jn	Signature of officer		Date	
He		CHARLETTE BUESCHER, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	7	Date Check Check	PTIN
Pai	L	CHRISTOPHER C. MCCASKEY		self-employ	
		Firm's name FLAGEL HUBER FLAGEL		Firm's EIN	31-0796034
USE	Only	Firm's address 3400 SOUTH DIXIE DRIVE		DI / O	27\200 2400
_		DAYTON, OH 45439		Phone no. (9	37)299-3400
ıvıa	y tne IH	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	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:
	TO BE A SAFE COMMUNITY GATHERING PLACE OFFERING PROGRAMS FOR
	NEIGHBORHOOD CHILDREN AND SENIORS THAT FEED, EDUCATE, AND NURTURE THE
	WHOLE PERSON.
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 X 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?
	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 \$ 254 , 244 • including grants of \$) (Revenue \$) (Revenue \$)
	YOUTH PROGRAMS: YOUTH PROGRAMS ENCOMPASS SEVERAL WAYS THE DAKOTA CENTER
	IMPACTS AT-RISK YOUTH IN OUR COMMUNITY. THE AFTER SCHOOL PROGRAM
	PROMOTES PERSONAL AND ACADEMIC GROWTH, VALUE DEVELOPMENT AND LEADERSHIP
	SKILLS FOR CHILDREN IN FIRST GRADE THROUGH MIDDLE SCHOOL. DAKOTA CENTER
	PROVIDES A SAFE LEARNING ENVIRONMENT WHERE THE YOUNGSTERS RECEIVE
	HOMEWORK ASSISTANCE WITH AN EMPHASIS ON READING AND MATH SKILLS TO MEET
	STATE STANDARDS. CHARACTER AND LEADERSHIP DEVELOPMENT, NUTRITIOUS
	MEALS, ATHLETIC ACTIVITIES, AND POSITIVE SOCIAL INTERACTION ROUND THE
	PROGRAM. DURING THE SUMMER MONTHS, AFTER SCHOOL BECOMES THE SUMMER DAY
	CAMP. THE SUMMER CAMP CONTINUES ALL OF THE ACTIVITIES OF THE AFTER
	SCHOOL PROGRAM WITH MORE FUN ACTIVITIES. READING IS EMPHASIZED TO HELP
	IN PREVENTING SUMMER BACKSLIDE FOR OUR KIDS. ADDITIONALLY, THE CAMPERS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
710	(Code) (Expenses #
	65 220 1 022 x
4c	(Code:) (Expenses \$65,339. including grants of \$) (Revenue \$1,923.) SENIORS PROGRAM: DAKOTA CENTER HAS A VERY ACTIVE GOLDEN AGERS PROGRAM
	FOR SENIOR ADULTS IN THE COMMUNITY. THE SENIORS GATHER FOR SOCIAL
	ACTIVITIES, NUTRITIOUS MEALS (AS A CONGREGATE MEAL SITE), HEALTH
	EDUCATION, PHYSICAL ACTIVITIES, AND EDUCATIONAL ENRICHMENT. ONE OF THE
	GOALS OF OUR PROGRAM IS TO HELP SENIORS STAY SAFELY IN THEIR OWN HOMES
	AS LONG AS POSSIBLE. VISITS FROM NURSES OF PUBLIC HEALTH DAYTON AND
	MONTGOMERY COUNTY, GENTLE EXERCISE, LEARNING COMPUTER AND FINANCIAL
	LITERACY, GOOD NUTRITION AND SOCIAL INTERACTION ALL CONTRIBUTE TO
	REACHING THAT GOAL. THE SENIORS ALSO ENGAGE IN COMMUNITY SERVICE GIVING
	BACK TO THE COMMUNITY IN SEVERAL WAYS INCLUDING A SEMI ANNUAL "BABY
	SHOWER" FOR NEW AND EXPECTANT MOTHERS IN THE AREA - A REAL THREE
	GENERATION INTERACTION!
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 319,583.

Form 990 (2018) DAKOTA CENTER, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, 1 , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves." complete Schedule F. Parts Land IV.	14h		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2018) DAKOTA CENTER, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		X
24 8	a 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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds? 1 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 4 u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ŀ	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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):	00		Х
6		28a		X
t .		28b		
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
25	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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 Int V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
_	- Entantha number reported in Pay 2 of Farms 1000. Entan 0 if yet and in the last of the l		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1b 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 2			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [1b] Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2018) DAKOTA CENTER, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 7 b If all least one is reported on line 2a, did the organization file all required federal employment tax returner? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file ges instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation in Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation in Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation in Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation in Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation in Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation in Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 3b, provide an explanation for Schedule 0 3c If Yes, "a file the name of the foreign country," Yes, If Yes, "if ye's 10 line 5a or 5b, did the organization that It was or is a party to a prohibitot tax schedule transaction? 5c If Yes, "if ye's 10 line for year yes 10 line 10 l					Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of line 2a, did the organization file all required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A 2A strip medium, and a foreign country (such as a bank account, securities account, or other financial account)? 4a A 1a yit met the name of the freeign country. 5b If 1'Ve's, 'note the name of the freeign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibited tax shafet ransaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shafet ransaction? 5c If 'Wes' to line Sa or Sh, did the organization the roll of the organization than the was not tax deductible as charitable contributions? 6b Did any taxable party notify the organization than the was or is a party to a prohibited tax shafet transaction? 6c If 'Wes' to line Sa or Sh, did the organization the Grom 88867. 6c If 'Wes' to line Sa or Sh, did the organization the organization and the organization and the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 6c If 'Wes' to line Sa or Sh, did the organization the organization and the organization and the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c Organization start may receive deductible contributions under section 170(c). 6d If 'Wes', indicate the number of Forms \$882 filed during the year 6d If 'Wes, indicate the number of Forms \$82 filed during the year 6d Did the organization received a contribution of qualified meliacular property for which it was required to the Forms \$890 as required? 7d Did the organization received a contribution	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
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 unrolated business gross income of \$1,000 or more during the year? 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 I "Yes," enter the name of the foreign country, seven as bank account, securities account, or other financial accounts? 5b If "Yes," enter the name of the foreign country, seven as bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shalter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shalter transaction at any time during the tax year? 5b If "Yes," the line Sa or Sb, did the organization file Form 88887? 6c I boes 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? 7c Organizations that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Did the organization selle, exhappe, or otherwise dispose of tangible personal property for which it was required to the Form 8829? 7e Did the organization negation selle, exhappe, or otherwise dispose of tangible personal property for which it was required? 7d If "Yes," indicate the number of Forms 8222 filed during the year 9 Did the organization negation and annual transfer of the property of the programization for the property of the p		filed for the calendar year ending with or within the year covered by this return	2a 7			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if 11 **es*, has at Itide a Form 990 Tor this year of 11 **Not * file as 3,000 or more during the year? 4c 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 accounts (FBAR). 5c Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Bo Was the organization that it was or is a party to a prohibited tax shelter transaction? 5c C I if **ver's to line \$a or \$b, did the organization the Form 888617. 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit are vorticulated any contributions that were not tax deductible as charitable contributions? 5d If **ver's time for the organization that it was or is a party to a prohibited tax shelter transaction solicit are vorticulated any contributions or gifts were not tax deductible? 6d If **ver's indicate the number or lower section to the organization that organization that were not tax deductible as charitable contributions under section 170(c). a bid the organization set and any receive deductible contributions under section 170(c). b If **ver's indicates the number of Forms 8282 filed during the year c bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the payor? 7d If **ver's indicate the number of Forms 8282 filed during the year 6b If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization receive	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
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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.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
		If "Yes," complete Form 4720, Schedule O.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		Ť		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	d finan	cial	
	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			
	CHARLETTE BUESCHER - 937-228-8961			
	33 ΒΑΡΝΈΨΨ ΟΨΡΈΕΨ ΠΑΥΨΌΝ ΟΗ 45402-8206			

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)	(B)	Τ		((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per week	offi	, unie cer ar	ss pe nd a d	erson i directo	r/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	æ			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Institutional trustee		ee ee	ubeus		(W-2/1099-MISC)		organization and related
	below	dualtr	itional	_	Key employee	st cor	<u></u>			organizations
	line)	Indivi	Institu	Officer	Key eı	Highest compensated employee	Former			3
(1) ED STUTZ	1.65									
PRESIDENT		Х		Х				0.	0.	0.
(2) MICHAEL BOYKIN	1.00									
FIRST VICE PRESIDENT		Х		Х				0.	0.	0.
(3) CHARLETTE BUESCHER	10.00									
TREASURER		Х		Х				0.	0.	0.
(4) BRO. PAUL HOFFMAN, S.M.	0.60							_	_	_
2ND VICE PRESIDENT		Х		Х	L			0.	0.	0.
(5) MICHAEL BRITT	2.00								_	
FORMER TRUSTEE		Х			L			0.	0.	0.
(6) PATRICK DONNELLY	2.00									
SECRETARY		Х		Х	L			0.	0.	0.
(7) KEITH MCFARLAND	0.20	↓								
TRUSTEE	0 85	Х			<u> </u>			0.	0.	0.
(8) BRIAN ROBERTS	0.75	١							•	•
LEGAL COUNSEL	1 00	Х			<u> </u>			0.	0.	0.
(9) ALAN SALAWANCHIK	1.00	١							•	•
TRUSTEE	0.05	Х			<u> </u>			0.	0.	0.
(10) VONDA DENISE FORD	2.25	١,,							0	0
TRUSTEE	1 00	Х			<u> </u>			0.	0.	0.
(11) KRISTINA JACKSON WARE	1.00	٠,,						0.	0	0
TRUSTEE	1.00	Х			├			0.	0.	0.
(12) WILLIAM WARE	1.00	X						0.	0.	0
TRUSTEE	35.00	_			├			0.	0.	0.
(13) MICHAEL MILLER	33.00	-		x				30,504.	0.	0.
EXECUTIVE DIRECTOR		-		^	┢			30,304.	0.	0.
		-								
		\vdash			\vdash					
		1								
		\vdash			\vdash					
		1								
					\vdash					
		1								
	1							ı		

31-0731056

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
- Pai	T VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director op objection op	not c	Pos heck	ition more erson lirecto		one th an stee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MIS	on d s	Estir amo ot compe fror orgar and i	mated bunt of ther ensation m the nization related izations
			-										
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	II, Section A						<u> </u>	30,504. 0. 30,504. eceived more than \$100	0,000 of reportab	0. 0. 0.		0 0 0
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors Complete this table for your five highest countries the organization. Report compensation for	uch individual um of reportab 0,000? If "Yes, accrue compet uplete Schedul ompensated incompensated incompensated	ole co ," co nsati le J f	omp omple ion f for se	ensa ete S from uch	ation Sche any pers	n and edule y uni son	d ot e J r relat	her compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of com		3 4 5	X X X
	(A) Name and business			ONI		with	Or w		(B) Description of s		C	(C) Compens	ation
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	mite	d to	tho (se li:	stec	d above) who received n	nore than			00 (00)

Form 990 (2018) DAKOTA (
Part VIII Statement of Revenue

		Check if Schedule O conta	aine a reenonee	or note to any line	a in this Part VIII			
		Check ii Genedale G conta	anis a response	or note to any line	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
t t	1 2	Federated campaigns	1a	62,969.				3.2 3.1
ributions, Gifts, Grants Other Similar Amounts		Membership dues						
		Fundraising events						
		d Related organizations						
		Government grants (contributi		58,057.				
		All other contributions, gifts, grant	, 					
but		similar amounts not included abov		108,427.				
ÖĘ		Noncash contributions included in lines						
ang	_	Total. Add lines 1a-1f		>	229,453.			
				Business Code	·			
ø.	2 8	SUMMER CAMP PROGRAM		624110	8,870.	8,870.		
Other Revenue	- k	GARDEN INCOME	_	624100	2,100.	2,100.		
		SENIOR PROGRAM	_	624110	1,923.	1,923.		
		BASKETBALL PROGRAM		624110	1,627.	1,627.		
	•	HOMEWORK CLUB PROGRAM	_	624110	1,050.	1,050.		
Pre	f	All other program service reve	nue	624110	80.	80.		
		Total. Add lines 2a-2f			15,650.			
	3	Investment income (including						
		other similar amounts)			109,575.			109,575.
	4	Income from investment of tax						
	5	Royalties	-					
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	7,840					
	k	Less: rental expenses	0					
		Rental income or (loss)	7,840					
	(Net rental income or (loss)			7,840.			7,840.
	7 8	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	Less: cost or other basis						
		and sales expenses						
	(Gain or (loss)						
		Net gain or (loss)						
ø		Gross income from fundraising						
I		including \$	of					
ě		contributions reported on line	1c). See					
Ψ.		Part IV, line 18	а	4,095.				
Ŧ.	k	Less: direct expenses	b	1,495.				
١	(Net income or (loss) from fund	raising events		2,600.			2,600.
		a Gross income from gaming ac						
		Part IV, line 19	а					
	k	Less: direct expenses	b					
	(Net income or (loss) from gam	ing activities					
	10 a	a Gross sales of inventory, less	returns					
		and allowances	a					
	k	Less: cost of goods sold	b					
	(Net income or (loss) from sales	s of inventory .					
		Miscellaneous Revenue	е	Business Code				
	11 a	REBATES		624110	4,926.			4,926.
	k							
	C							
		d All other revenue						
	6	Total. Add lines 11a-11d		▶ [4,926.			
	12	Total revenue See instructions			370 044.	15 650.	0.	124 941.

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).

3601	On 50 I (C)(3) and 50 I (C)(4) organizations must com	·		· · · · · · · · · · · · · · · · · · ·	
Da	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	30,504.	23,090.	5,830.	1,584.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	104 074	05 460	22 722	F 000
7	Other salaries and wages	124,074.	95,462.	22,722.	5,890.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,296.	8,550.	2,159.	587.
10	Payroll taxes	11,290.	0,330.	4,1000	307•
11	Fees for services (non-employees): Management				
	Legal Accounting	13,739.	1,145.	12,515.	79.
	Lobbying				
	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.)				
12	Advertising and promotion	4,739.			4,739.
13	Office expenses	4,627.	3,423.	947.	257.
14	Information technology				
15	Royalties				
16	Occupancy	49,978.	49,098.	776.	104.
17	Travel	1,217.	1,217.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,846.	1,816.	26.	4.
20	Interest Payments to efficience	1,040.	1,010.	40•	4.
21	Payments to affiliates	66,010.	64,905.	975.	130.
22 23	Depreciation, depletion, and amortization Insurance	12,745.	12,454.	257.	34.
23 24	Other expenses. Itemize expenses not covered	,,	,,	237.	51.
4 4	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 0.)	0.5 = 0.5	0.4 = 0.5		
а	PERSONAL GROWTH PROGRAM	36,798.	36,798.		
b	SENIORS PROGRAM	10,037.	10,037.		
С	ADMINISTRATIVE EXPENSES	8,730.	8,618.	99.	13.
d	EMPLOYEE TRAINING	2,222.	2,135.	87.	260
	All other expenses	1,591. 380,153.	835. 319,583.	496. 46,889.	260. 13,681.
25	Total functional expenses. Add lines 1 through 24e	300,133.	313,363.	40,009.	13,001.
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)				
	or 10.21.10				Earm 990 (2018)

Form 990 (2018) Part X Balance Sheet

Part	. ^	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	27,710.	1	70,501.
	2	Savings and temporary cash investments	156,990.	2	152,519.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	7,225
	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			
<u>م</u>		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,276.	9	4,710
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 1,824,590.			
	b	Less: accumulated depreciation 10b 1,042,600.	797,900.	10c	781,990
	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	2,378,937.	15	2,108,307
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,364,813.	16	3,125,252
	17	Accounts payable and accrued expenses	5,145.	17	5,830
	18	Grants payable		18	
	19	Deferred revenue		19	
:	20	Tax-exempt bond liabilities		20	
:	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န္မ ဒ	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
- :	23	Secured mortgages and notes payable to unrelated third parties		23	40,493
:	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	5,145.	26	46,323
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.	000 501		272 522
g :	27	Unrestricted net assets	980,731.	27	970,622
Fund Balances	28	Temporarily restricted net assets	0 200 220	28	0 100 200
[]	29	Permanently restricted net assets	2,378,937.	29	2,108,307
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ğ		and complete lines 30 through 34.			
; šet	30	Capital stock or trust principal, or current funds		30	
Yš;	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	2 252 662	32	2 072 000
_ '	33	Total net assets or fund balances	3,359,668.	33	3,078,929
	34	Total liabilities and net assets/fund balances	3,364,813.	34	3,125,252

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	38 -1 3,35	0,0 0,1 0,1 9,6	44. 53. 09. 68.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			- , -	
	column (B))	10	3,07	8,9	29.
Pa	rt XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		2b	х	
С	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?			х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Employer identification number Name of the organization DAKOTA CENTER. INC. 31-0731056 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). 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.) 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 X 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
•							
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	,	. ,	. ,	` '	,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stop						
organization, check this box and stop here							
14	Public support percentage for 2018 (I	ine 6. column (f) d	ivided by line 11.	column (f))		14	%
	Public support percentage from 2017					15	%
	6a 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						
b	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						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	nis box and stop h	nere. Explain in Par	rt VI how the organ	ization
	meets the "facts-and-circumstances"		•	-	•	•	▶□
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	>
18	Private foundation. If the organization		-	•			s

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.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(-) = - : :	(-,	(=,====	(-)	(-)	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	393,762.	383,397.	266,982.	153,599.	229,453.	1427193.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in		, , ,				
	any activity that is related to the organization's tax-exempt purpose		9,968.	16,632.	15,000.	15,650.	57,250.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	393,762.	393,365.	283,614.	168,599.	245,103.	1484443.
7 <i>a</i>	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
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						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						1484443.
8	Public support. (Subtract line 7c from line 6.)						1484443.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014 393, 762.	(b) 2015 393,365.	(c) 2016 283,614.	(d) 2017 168, 599.	(e) 2018 245,103.	(f) Total 1484443.
	Amounts from line 6	333,102.	333,303.	203,014.	100,399.	245,105.	1404443.
IUa	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	64.	112,486.	160,650.	113,127.	117,415.	503,742.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		110 106	460 650	440 405	445 445	500 540
	Add lines 10a and 10b	64.	112,486.	160,650.	113,127.	11/,415.	503,742.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on		4,767.	7,215.			11,982.
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.)	393,826.	510,618.	451,479.	281,726.	362,518.	2000167.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	74.22 %
16	02.20						
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	7 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 25.18 %					, -	
18	8 Investment income percentage from 2017 Schedule A, Part III, line 17						
	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 as	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2017. If the	•			•	•	and
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	▶Ш

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

- 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.)

		Yes	No
	1		
	1		
	2		
	3a		
	3b		
	OD.		
	3с		
	4a		
	4b		
	710		
	4c		
	5a		
	5b		
	5с		
	6		
	_		
	7		
	8		
	3		
	9a		
	0.		
	9b		
	9c		
	10a		
m ^	10b 90 or 99	00 E 71	2019
т 9	90 or 95	ou-EZ	2018

Pa	t IV Supporting Organizations (continued)			
	(GOTHINGO)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion 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			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
•	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		
Sec	tion 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 yea(see instructions)	-		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	ructions	ÍП	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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			1
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	ne organization is responsive	9	
	(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			
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

DAKOTA CENTER, INC. 31-0731056 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check 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.

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;

Special Rules

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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i>

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

31-0731056

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		63,984.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		9,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 17,925.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$0,018.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

DAKOTA CENTER, INC.

31-0731056

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		⁵	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		,,	
I			

Name of organization Employer identification number DAKOTA CENTER, INC. 31-0731056 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 Part III 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Open to Public Inspection

Name of the organization

DAKOTA CENTER, INC.

Employer identification number 31-0731056

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 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		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic 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 cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove 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	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic 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 tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

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

	t III Organizations Maintaining C	<u> </u>		torical Tr	easures.	or Othe				ued)
3										
_	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	e		Other	9- 9					
c	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	on's exer	not purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of									
•	to be sold to raise funds rather than to be m								Yes	☐ No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa							, ,	,	
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								00	
-	Troo, explain the arrangement in that the	and complete the re	nownig '	iabic.					Amount	
c	Beginning balance						1c		711100111	
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.								_ 103	
	t V Endowment Funds. Complete is						0			
		(a) Current year		rior year	(c) Two year			ears hack	(a) Four v	years back
12	Beginning of year balance		(D)	noi yeai	(C) TWO you	13 back (uj mice y	ours buck	(e) rour	yours buok
	Contributions									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					-				
	Administrative expenses									
_	End of year balance		/l: 4		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
2	Provide the estimated percentage of the cur	rent year end baland	-	g, column (a)) neid as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	=								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for th	ne organiz	ation	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				'				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	T T			ı					
	Description of property	(a) Cost or o			t or other	٠,	cumulate	d	(d) Book	value
		basis (investr	ment)	basis	(other)	dep	reciation			
	Land				4,775.					,775.
	Buildings			1,78	3,988.	1,0	17,89	98.	766	,090.
	Leasehold improvements			_			44 -			
d	Equipment				.7,827.		11,20			,625.
	Other				.8,000.		13,50	00.		.,500.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line	10c.)			▶	781	,990.

Schedule D (Form 990) 2018

Investments - Other Securities.

Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-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 en	d-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"		line 11d. See Form 990	, Part X, line 15.	
	Description			(b) Book value
(1) BENEFICIAL INTEREST IN PE	RPETUAL TRU	STS		2,108,307
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•	2,108,307
Part X Other Liabilities.	- ,			
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See For	m 990. Part X. line 25	j.
1. (a) Description of liability		(b) Book value		-
(1) Federal income taxes		.,		
(2)			-	
(3)			-	
			4	
(4)				
(5)				
(6)			4	
(7)			_	
(<i>r</i>) (8) (9)			_	

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 X

Schedule D (Form 990) 2018 DAKOTA CENTER, 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	109,999.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	9,090.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	-270,630.		
е	Add lines 2a through 2d			2e	-261,540.
	Subtract line 2e from line 1			3	371,539.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-1,495.		
С	Add lines 4a and 4b			4c	-1,495.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	370,044.

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	390,738.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	9,090.		
b	Prior year adjustments 2b			
	Other losses 2c			
d	Other (Describe in Part XIII.)	1,495.		
	Add lines 2a through 2d		2e	10,585.
3	Subtract line 2e from line 1		3	380,153.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	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	380,153.

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 SINCE THE ORGANIZATION 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 THE ORGANIZATION'S TAX EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION 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. THE ORGANIZATION DOES NOT HAVE ANY

Part XIII Supplemental Information (continued)
MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITIONS THAT WOULD PLACE
THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY AT DECEMBER 31, 2018 AND
2017. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS FOR THE TAX YEARS PRIOR TO 2015.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS
PART XI, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EVENT COSTS
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT COSTS

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DAKOTA CENTER, INC.

Employer identification number 31-0731056

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDEPENDENT SENIOR CITIZENS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ARE OFFERED THE OPPORTUNITY TO GO SWIMMING ONCE EACH WEEK AND THERE IS

A WEEKLY FIELD TRIP FOR LEARNING AND FUN. EACH DAY THE CENTER PROVIDES

A NUTRITIOUS BREAKFAST AND LUNCH AND, OF COURSE, SNACKS.

THE DRUM, DRILL AND DANCE INNOVATORS (3DI) TEACHES A SMALL GROUP OF
INTERESTED STUDENTS DRUMLINE MUSICAL SKILLS, DRILL TEAM PRECISION
SKILLS AND COORDINATING DANCE ROUTINES. THE TEAMS PRACTICE WEEKLY
DURING THE SCHOOL YEAR AND PERFORM IN VARIOUS COMPETITIONS AND
EXHIBITIONS, SOME OF THEM OUT OF STATE. THE TRIPS PROVIDE THE STUDENTS
OPPORTUNITY TO SEE THINGS AND GO PLACES THEY MIGHT NOT OTHERWISE VISIT
ON THEIR OWN. THIS PROGRAM INSTILLS PRIDE IN THE DISCIPLINE AND SKILLS
NEEDED TO BE SUCCESSFUL AS A TEAM AND IN LIFE.

FINALLY, THE DAKOTA CENTER SUPPORTS A LIVELY BASKETBALL AND

CHEERLEADING PROGRAM SERVING CHILDREN AGES 7 THROUGH 18. THE TEAMS

COMPETE IN THE CITY OF DAYTON RECREATION LEAGUE AND THE KINGDOM SPORTS

CENTER AAU PROGRAM. THIS PROGRAM SERVES APPROXIMATELY 68 PLAYERS AND

CHEERLEADERS.

FORM 990, PART VI, SECTION A, LINE 2:

TWO BOARD MEMBERS ARE MARRIED TO EACH OTHER.

Name of the organization DAKOTA CENTER, INC.	Employer identification number 31-0731056
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD REVIEWS FORM 990 PRIOR TO ITS FILING WITH THE 1	INTERNAL REVENUE
SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY INTER	RESTS THAT COULD
GIVE RISE TO CONFLICTS.	
FORM 990, PART VI, SECTION C, LINE 18:	
FORMS 1023 AND 990 ARE AVAILABLE FOR PUBLIC INSPECTION UP	PON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
DAKOTA CENTER, INC. WILL MAKE ITS POLICIES, DOCUMENTS, AN	ID FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON THE REQUEST OF THE	HIS INFORMATION.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	-270,630.
FORM 990, PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS	S FOR OVERSIGHT
OF THE AUDIT OF THE FINANCIAL STATEMENTS.	

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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 Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 31-0731056 DAKOTA CENTER, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 33 BARNETT STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions DAYTON, OH 45402 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 CHARLETTE BUESCHER The books are in the care of ► 33 BARNETT STREET -DAYTON, OH 45402-8206 Telephone No. ► 937-228-8961 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 」. 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. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning ___ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

За

3b