COPY FOR PUBLIC INSPECTION

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

2018
Open to Public Inspection

OMB No. 1545-0047

_	ו ווי	e 20 to calefidat year, or tax year beginning 001 1, 2016 and	enaing i	ON 30, 2019				
В	Check it applicat	C Name of organization		D Employer identifi	cation number			
	Addr chan	DCCCA, INC.						
	Nam- chan			23-7	368880			
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final retur	3312 CLINTON PARKWAY	7858414138					
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	28,307,953.				
L	Amer	DAWKENCE, KD 00047		H(a) Is this a group re				
	Appli tion pend	ng i		for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: X 501(c)(3)	or 52	If "No," attach a	list. (see instructions)			
		te: ▶ DCCCA. ORG	·····	H(c) Group exemption				
	orm o	forganization: X Corporation Trust Association Other ► Summary	L Year	r of formation: 1974	M State of legal domicile: KS			
	1	Briefly describe the organization's mission or most significant activities: DCCC	A, INC	C. PROVIDES	AND			
Activities & Governance		COORDINATES SERVICES ACROSS KANSAS AND OK						
ra	2	Check this box if the organization discontinued its operations or dispos	ed of more	e than 25% of its net as:	sets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14			
Č	4	Number of independent voting members of the governing body (Part VI, line 1b)			14			
es &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			274			
viti	6	Total number of volunteers (estimate if necessary)		6	60			
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	7b	0.			
			_	Prior Year	Current Year			
ā	8	Contributions and grants (Part VIII, line 1h)		17,246,799.				
en	9	Program service revenue (Part VIII, line 2g)		2,394,018.	2,003,547.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,799,651.	2,743,049.			
	177	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-71,064.	-199,830.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,369,404.	22,379,456.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		177,790.	141,521.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ė	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,116,219.	10,486,896.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
X	_b	Total fundraising expenses (Part IX, column (D), line 25)		11 060 411	11 (50 000			
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,269,411.	11,653,279.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,563,420.	22,281,696.			
	19	Revenue less expenses. Subtract line 18 from line 12		-194,016.	97,760.			
Net Assets or Fund Balances	20	Total accests (Dart V. line 10)	B	eginning of Current Year 53,551,152.	End of Year			
Asse Bala	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		2,189,330.	53,575,676.			
let/	22	Net assets or fund balances. Subtract line 21 from line 20		51,361,822.	1,976,245. 51,599,431.			
	irt II	Signature Block		JI, JUI, UZZ.	JI, JJJ, 431.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			kilowieuge and belief, it is			
00,	00.100	gand completes boold attend of property (action than officer) to become on an information of win	ion proparci	nas any knowledge.				
Sigr	า	Signature of officer		Date				
Her		KERYE J. JACKSON, CHIEF FINANCIAL OFFI	CER					
	_	Type or print name and title		,)				
		Print/Type preparer's name Preparer's signature	I _k	Date U 8 20 Check	PTIN			
Paid			mound	CPY self-employ	P00016097			
Prep		Firm's name BT&CO., P.A.	O Sale	Firm's EIN ▶	48-1066439			
Use	Only	Firm's address 4301 SW HUNTOON ST.						
	-	TOPEKA, KS 66604		Phone no. 78	5-234-3427			
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DCCCA'S MISSION IS IMPROVING LIVES. WE PROVIDE SOCIAL AND COMMUNITY
	SERVICES THAT IMPROVE THE SAFETY, HEALTH, AND WELL-BEING OF THOSE WE
	SERVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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.
т	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 \$ 9,715,111. including grants of \$) (Revenue \$)
	CPA SPECIALISTS RECRUIT, TRAIN, AND PROVIDE ONGOING SUPPORT FOR FOSTER
	FAMILIES ACROSS KANSAS, MISSOURI AND OKLAHOMA. THE SPECIALISTS SUPPORT
	FOSTER FAMILIES THROUGH ALL STAGES OF THEIR PLACEMENT 24 HOURS A
	DAY, 7 DAYS A WEEK.
	DOGG WAS DROWNED SHIP DIAGNA SERVICES SINCE 2002 AND SHIP WELFADE
	DCCCA HAS PROVIDED CHILD PLACING SERVICES SINCE 2002, AND CHILD WELFARE SERVICES SINCE 1997. DCCCA HAS RECRUITED, TRAINED, AND SUPPORTED OVER
	SERVICES SINCE 1997. DCCCA HAS RECRUITED, TRAINED, AND SUPPORTED OVER 565 FOSTER FAMILIES IN THE PAST YEAR AND SERVED OVER 2,130 CHILDREN (AN
	ADDITIONAL 230 CHILDREN THAN IN THE PREVIOUS YEAR). DCCCA WORKS WITH
	THE DEPARTMENT FOR CHILDREN AND FAMILIES (KANSAS), THE DEPARTMENT OF
	HUMAN SERVICES (OKLAHOMA) AND THE DEPARTMENT OF SOCIAL SERVICES
	(MISSOURI) TO RECRUIT, TRAIN, AND SUPPORT FOSTER FAMILIES ACROSS
4b	(Code:) (Expenses \$ 6,475,656 · including grants of \$) (Revenue \$)
	DCCCA HAS PROVIDED BEHAVIORAL HEALTH TREATMENT IN KANSAS SINCE 1974.
	DCCCA'S SUBSTANCE USE DISORDER TREATMENT PROGRAMS SERVED 2,900
	INDIVIDUALS (REPRESENTS A 5% INCREASE FROM PRIOR YEAR). 100 CHILDREN
	LIVED WITH THEIR MOTHERS AT FIRST STEP AND WOMEN'S RECOVERY CENTER IN
	WICHITA. 120 INDIVIDUALS RECEIVED OUTPATIENT MENTAL HEALTH SERVICES.
	187 PEOPLE ADMITTED TO SOCIAL DETOX, REPRESENTING 68% INCREASE FROM
	PRIOR YEAR. SYSTEM WIDE, 75% OF CLIENTS COMPLETED SOCIAL DETOX AND ADMITTED TO ONGOING TREATMENT AND 69% OF CLIENTS SUCCESSFULLY COMPLETED
	RESIDENTIAL TREATMENT. TO BETTER SERVE OUR CLIENTS, DCCCA SUCCESSFULLY
	DECREASED THE WAIT TIME FOR THE FIRST APPOINTMENT BY 40% AND DECREASED
	THE WAIT TIME BETWEEN THE ASSESSMENT AND FIRST TREATMENT ACTIVITY BY
	23%. DCCCA EXPANDED COMMUNITY BASED SERVICES BY 24% IN OUR THREE
4c	(Code:) (Expenses \$ 2,987,808. including grants of \$ 141,520.) (Revenue \$ 14,500.)
	PREVENTION SERVICES PROGRAMS DESIGN AND DEVELOP IN-PERSON AND VIRTUAL
	LEARNING MODULES AND TRAINING RESOURCES ADDRESSING TECHNICAL NEEDS OF
	COLLABORATIVE COMMUNITY PREVENTION EFFORTS AND ARE USED FOR SUBSTANCE
	ABUSE, MENTAL HEALTH, SUICIDE, AND PROBLEM GAMBLING. WORKING WITH THE
	PARTNERSHIPS FOR SUCCESS PROGRAMS IN KANSAS AND OKLAHOMA, DCCCA ADDRESSES THE ISSUES OF BOTH PRESCRIPTION DRUG MISUSE AND ABUSE WITH
	PREVENTION AND EDUCATION.
	LVEADMITON WAN EDOCULION.
	DCCCA'S PREVENTION INITIATIVES SPAN MULTIPLE FUNDING STREAMS IN TWO
	STATES. IN KANSAS, WE HAVE TWO PRIMARY PROJECTS, A STATEWIDE TRAINING
	AND TECHNICAL ASSISTANCE PROJECT AND A STATEWIDE PRESCRIPTION DRUG
	MISUSE PREVENTION PROJECT. OUR TRAINING AND TECHNICAL ASSISTANCE
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,975,398 · including grants of \$) (Revenue \$ 62,702 ·)
-	

Form 990 (2018) DCCCA, INC.

Part IV Checklist of Required Schedules

. 41	City Officialist of Hodgings Confession		Yes	No
4	Is the organization described in section 501(c)(2) or 4947(a)(1) (other than a private foundation)?		res	INO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
0	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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			
7	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ĭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	00466445
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	33,600		Mariana.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	77	
	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			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
f	the organization's separate of consolidated inflaticial statements for the tax your included a feet let discussed 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			
120	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	The state of the s	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
	complete Schedule G, Part III	19	\vdash	$\frac{\hat{x}}{x}$
20a		20a 20b	 	 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	 	
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	
	uomestic government on Fart ix, column (حل, ille ۱۴ ال Yes, "Comblete Schedule I. Parts Land II		000	L

Form **990** (2018)

Part IV Checklist of Required Schedules (continued) Ves No.	Form	990 (2018) DCCCA, INC. 23-7500	0000	Pè	iqe •
Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Park N. Column (M), line 2? If "Yes," complete Schedule I, Part I and III 20 the organization answer "Yes" to Park VII, Section A, line 0,4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Park III 20 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 date? December 31, 2002? If "Yes," answer fines 29 through 74d and complete Schedule K. If "No," or 0 line 25a. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did to be organization and the second of tax-exempt bonds beyond a temporary period exception? 24d Did the organization and an "in behalf of issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? 24d Did the organization and an "in behalf of issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? 25d Section 60 (105), 50 (106), 40 (10(2)) organizations. Did the organization shall ge an an excess benefit transaction with a disquallified person during the year? if "yes," complete Schedule I, Part I is the organization answer that it engaged in an excess benefit transaction with a disquallified person during the year? if yes, complete Schedule I, Part II 25d Did the organization answer that it engaged in an excess benefit transaction with a disqualled person in a prior year, and that the transaction has not been reported on any of the organization prior of several part of the organization provide and the organization provide and the organization provide and the organization and the part of the organization provide and the organization provide and the part of the organization provide and the part of the organization and the part of the organization an	Par	t IV Checklist of Required Schedules (continued)		т	
Part K, column (A), line 2? // "Yes," complete Schedule I, Parts I and III and				Yes	No
Part K, column (A), line 2? // "Yes," complete Schedule I, Parts I and III and	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization arewer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and forms of interest, directors, hustees, key employees, and highest compensated employees? "If Yes, complete Schedule J			22		X
and former officers, directors, trustases, key employees, and highest compensated employees? If "Yes," complete Schedule Is, Part I V 18-25 or 18-2	93				
Schedule J. 23 X 24 Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	20				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. "Mo." you is me 25e. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any an excess of the second			23	х	
size tday 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 25s. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c) Did the organization maintain an escrow account other than a refunding escow at any time during the year to defease any tax exempt bonds? d) Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? d) Did the organization across that it angaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 18 the organization aware that it angaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 18 the organization aware that it angaged in an excess benefit transaction with a disqualified person of under 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 is 18 the organization aware that it angaged in an excess benefit transaction with a disqualified persons? If "Yes," complete Schedule L, Part II is 18 the organization aware that it and the organization aware that it is a part of the available of the organization aware that it is a part of the available of the organization aware that it is a part of the available of the organization provide a grant or other assistance to an orificer, director, rustee, key employee, substantial contributor or applicable life life giresholds, conditions, and exceptions? a A current or former officer, director, transec, or key employee? If "Yes," complete Schedule L, Part IV institutions or applicable life life giresholds, conditions, and exceptions? b) A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,					
Schedule K. If "No." go to line 25a. b Did the organization meant any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization orgage in an excess benefit transaction with a disqualified person than the year? If Yes, complete Schedule L, Part I 25a X b is the organization avavare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bean reported on any of the organization's prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part I 25b X 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 25b X 27 27 27 27 27 27 27	24 a	· · · · · · · · · · · · · · · · · · ·			
b Did the organization maintain an escrow account other than a refunding serrow at any time during the year? bit the organization maintain an escrow account other than a refunding serrow at any time during the year? did bit the organization and at as an 'on behalf of 'issuer for bonds outstanding at any time during the year? did bit the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? did bit the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? did bit the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 'I 'Yes,' complete Schedule I, Part I 'Ess accordance Schedule I, Part I 'Iss accordance on the organization aware that it engaged in an excess benefit transaction with a disqualified person and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? 'If 'Yes,' complete Schedule I, Part I 'Iss accordance on the organization are not on the organization's prior Forms 990 or 990 EZ? 'If 'Yes,' complete Schedule I, Part II' 'Iss accordance or employee thereof a grant selection committee member, or to a 35% controlled antity or family member of any of these persons?' If 'Yes,' complete Schedule I, Part II' 'Iss accordance or application or particular or employee thereof a grant selection committee member, or to a 35% controlled antity or family member of any of these persons?' If 'Yes,' complete Schedule I, Part IV' 'Iss accordance or application apparty to a business transaction with one of the following parties (see Schedule I, Part IV' 'Iss A Internation or application in prior demand "If 'Yes,' complete Schedule I, Part IV' 'Iss A Internation or application or former officine, director, trustee, or key employee? If 'Yes,' complete Schedule I, Part IV' 'Iss A Internation or application or former officine, director, trustee, or key employee? If 'Yes,' complete Schedule I, Part IV' 'Iss A Internation or even or th					v
c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any taxexempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 f(c)(3), 50 f(c)(4), and 60 f(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes, complete Schedule I, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-E77 If "Yes," complete Schedule I, Part I		Schedule K. If "No," go to line 25a			
any tax-exempt bonds? d) Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 28a Section 601(c)(3), 601(c)(4), and 601(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I, Part I 28b Is the organization aware that the regaged in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I, Part I 28b Uit the organization aware that the regaged 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 I, Part II 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee themot. a grant selection committee member, or to a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III 27c Was the organization apert by to a business transaction with one of the following parties (see Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a Accurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV instructions or contributions of rifered towner If "Yes," complete Schedule I, Part IV instructions or contributions of rifered towner If "Yes," complete Schedule I, Part IV instructions or contributions of rifered towner If "Yes," complete Schedule I, Part IV instructions or contributions of rifered towner or contributions of rifered towner If "Yes," complete Schedule I, Part I instructions or contributions of rifered towner in the contributions of the contributions of the contributions o	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 001(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yea,' complete Schedule I., Part I ' b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Former of Sections. The section of the prior of the prior of the section of the prior of the pr	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			24c		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? #'Yes," complete Schedule L, Part I 25b X 25b	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? #'Yes," complete Schedule L, Part I 25b X 25b	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? // 17'vsc," complete Schedule I, Part II			25a		X
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part I	b				
Schedule L, Part I 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 discualified persons? If "Yes," complete Schedule L, Part II 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 28 Was the organization applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or director, trustee, or direct or indirect or the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV instructions or instructions? If "Yes," complete Schedule Instructions or in	_				
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 I., Part II			25b		X
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // *Yes,* complete Schedule L, Part // 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 55% controlled entity or family member of any of these persons? // *Yes,* complete Schedule L, Part // *Xes* complete Schedule L, Part I// *Xes* complete Schedule filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? // *Yes,* complete Schedule L, Part I// *Xes* complete Schedule I// *Xes* complete Sch	06				
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37		If "Yes," complete Schedule H, Part V, line 2			
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37	·	27		x
Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			37		
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable b Enter the number of Forms W·2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38			v	1
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	
Ta Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pa				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V		·····	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1 1 _	- Torquestion	Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	1a	Eliter the humber reported in Box 6 of Form 1000; Eliter 6 in Not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			<u>0</u>	1	
			1c	X	

Form	990 (2018) DCCCA, INC.		23-7368	880	Р	age 5
Par						T
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.7.4			
	filed for the calendar year ending with or within the year covered by this return	2a	274	ANNESS	47	10000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	1000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			000000	77
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun)?	<u>4a</u>	TOO STANSES	X
b	If "Yes," enter the name of the foreign country:		(ED 4 D)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				10000000	Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		.,	5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6a		X
	any contributions that were not tax deductible as charitable contributions?			Ua	 	
D	If "Yes," did the organization include with every solicitation an express statement that such contribut			6b		
-	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	•••••		- 05		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	wices n	ovided to the payor?	7a	***********	Х
a			ovided to the payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
C	to file Form 8282?	20 10qu	ii ou	7c		x
ų	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	in the state of th			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					l
	amounts due or received from them.)	11b				- Village
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	100000000000000000000000000000000000000	2
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		- 1050 G to 300
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1				
	organization is licensed to issue qualified health plans	13b	*****			
С	Enter the amount of reserves on hand	13c				7
14a	,,,,			14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b	 -	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					₩
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	t inna-	200	46		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	LINCOU	16 ?	16		
	If "Yes," complete Form 4720, Schedule O.			1 0000000000000000000000000000000000000	1	

Form 990 (2018)

DCCCA, INC.

Part VI Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			X
	Check if Schedule O contains a response or note to any line in this Part VI			Δ
Sec	tion A. Governing Body and Management	1		
	1.1 14	er ik Sankara	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			l
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			l
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			ľ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	200		37
	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			v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	 -	х	l
	more members of the governing body?	7a_		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76	Х	
	persons other than the governing body?	7b	47	1939339
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	400000000
а	The governing body?	8a		Х
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Saa	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
	City of the standard branches on affiliates O	10a	163	X
	Did the organization have local chapters, branches, or affiliates?	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		İ
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
		ııa		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IEW		
С		12c	х	
40	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		Х
h	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 ► NONE			
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)	availal	ole
	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	financ	ial	
	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			
	KERYE JACKSON - 785-841-4138			
	3312 CLINTON PARKWAY, LAWRENCE, KS 66047-3624			

23-7368880 F

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

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

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

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

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

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

(A)	(B)	T	III		<u>0011</u> C)	ipoi	Juli	(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and Title	hours per	box	, unle	ss pe	rson i	than o	n an	compensation	compensation	amount of
	week	\vdash	cer ar	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ag			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC)		organization and related
	below	Jual tr	tiona		oldin	st cor	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD EBMEIER, PH.D.	0.50									
BOARD MEMBER		X						0.	0.	0.
(2) CHRIS CALDWELL	0.50									
BOARD MEMBER		Х						0.	0.	0.
(3) BRUCE WOHLERS	0.50						l			
BOARD MEMBER		X						0.	0.	0.
(4) MORRIS D. FAIMAN, PH.D.	0.50									
BOARD MEMBER		X						0.	0.	0.
(5) DOROTHY DEVLIN, LMSW	0.50									_
BOARD MEMBER		Х			<u> </u>	<u> </u>	ļ	0.	0.	0.
(6) ERNESTO HODISON	0.50							_		_
VICE PRESIDENT		X		X			ļ	0.	0.	0.
(7) JOHN MONAGHAN	0.50									_
BOARD MEMBER		X						0.	0.	0.
(8) RODNEY BISHOP, M.D.	0.50									
BOARD MEMBER	<u> </u>	X			ļ		ļ	0.	0.	0.
(9) KRYSTAL BUTELL	0.50									•
SECRETARY	 	X		X				0.	0.	0.
(10) DONNA HOENER-QUEAL	0.50	 								•
BOARD MEMBER	L	X	_				ļ	0.	0.	0.
(11) SHEILA VANDER TUIG	0.50				ŀ				_	•
BOARD MEMBER		X			_	_	<u> </u>	0.	0.	0.
(12) PAT SLABAUGH	0.50						İ			•
BOARD MEMBER	L 0 F0	X						0.	0.	0.
(13) NIKKI WHITE	0.50	٠,,		٠,,			İ		0	0
PRESIDENT		X	-	X			-	0.	0.	0.
(14) JEFF DAVIS	0.50	٠,		٠,				_	^	^
TREASURER	40.00	X	-	X		-	<u> </u>	0.	0.	0.
(15) KERYE JACKSON	49.08	1		₩.				126 054	0.	7 017
CHIEF FINANCIAL OFFICER (16) LORI ALVARADO	46.20	\vdash	H	Х		-	 	126,854.	U •	7,017.
(16) LORI ALVARADO CHIEF EXECUTIVE OFFICER	40.40	1		x				162,397.	0.	21 /21
(17) SANDRA DIXON	46.50	\vdash		<u> </u>	 	 	-	104,337.		21,421.
DIR. BEHAVIORAL HEALTH	40.30	1				х		104,877.	0.	10,805.
DIR, DENRYTORAL REALIN		<u> </u>	L	L	L	177		104,011.	1 0.	Form 990 (2018)

Form 990 (2018) DCCCA, IN									23-7	<u> 368</u>	880	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hi	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(do		Pos		1 than c	nna	Reportable	Reportable	,	Estin	nated
	hours per	box	, unles	ss pe	rson i	is both	an	compensation	compensation	on .	amo	unt of
	week		cer an	dad	irecto	or/trus	tee)	from	from related			her
	(list any	ector						the	organization			nsation
	hours for related	or dii	g,			ated		organization	(W-2/1099-MI	SC)		n the
	organizations	ustee	trust		9.	suado		(W-2/1099-MISC)			_	ization elated
	below	ual tr	tional		ploye	t con	١.					zations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	Zations
(18) JEANETTE OWENS	45.64	_=_	=	0	¥	工む	-					·
DIR. CHILD PLACING						х		104,260.		0.	10	,071.
					\vdash		_					
4.34		Г		-	<u> </u>							-
				_		-						
					_							
		L						400 200			40	214
1b Sub-total								498,388.		0.	49	,314.
c Total from continuation sheets to Part VI	I, Section A							0.		0.	4.0	0.
d Total (add lines 1b and 1c)							<u> </u>	498,388.		0.	49	,314.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э		Æ
compensation from the organization											TV	es No
3 Did the organization list any former officer,	director or tra	ictor	s ko	von	nnlo	waa	or	highest compensated or	molovee on	ı		00 110
											3	$\frac{1}{x}$
line 1a? If "Yes," complete Schedule J for s											3	21
4 For any individual listed on line 1a, is the su											4	X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	
rendered to the organization? If "Yes." com							siali	ed organization or marvic	dai ioi seivices		5	X
Section B. Independent Contractors	Diete Ochedine		07.3		7075	<u> </u>						
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith (or wi	thin	the organization's tax y	ear.			
(A)								(B)	andos	_	(C)	ation
Name and business	address							Description of s	ervices		ompens	
ALLEGIANT TECHNOLOGY 10983 GRANADA LANE, OVERI	AND DAR	ĸ	ĸ	g	66	21	1	TT STIPPORT/H	ARDWARE		201	,878.
ALLOY ARCHITECTURE, 3500								ARCHITECTUAL				,0,0.
500, WICHITA, KS 67226				_ ,				SERVICES			116	,893.
TEKNIQ DATA CORP												
9393 W 110TH ST, OVERLAND	PARK,	KS	6	62	10			IT SUPPORT			116	,317.
WICHITA STATE UNIVERSITY,	1845 F	ΑI	RM	OU	NT			PROGRAM EVAL	AND			
BOX 201, WICHITA, KS 6726	0-0201							TRAINING			101	,202.
O Tatalanahan (Calanahan)	l di t t	4 11		J + -	4b :-	20.11		abaya) wha received	ara the	33333		1
2 Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization).	_	JT III	nitec	O) t		se lis 1	ted	above) who received mo	ле шап			
wroo,ooo or compensation from the organia	auon											

23-7368880 Page 9 DCCCA, INC. Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 3,701. 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts. 1b Membership dues c Fundraising events 10 1d d Related organizations 17,591,508. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 237,481 similar amounts not included above 109,778 g Noncash contributions included in lines 1a-1f: \$ _ 17,832,690. h Total. Add lines 1a-1f Business Code 1,755,251 1,755,251 2 a MEDICAID 624100 **Program Service** CLIENT CO-PAY AND 3RD PARTY PAYME 621400 248,296. 248,296, f All other program service revenue 2,003,547 Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,619,588 1,619,588. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ii) Personal (i) Real 29,586. 6 a Gross rents 322,552. b Less: rental expenses -292,966. c Rental income or (loss) -292,966. -292,966. d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 2,784,262 assets other than inventory 3,945,144 b Less: cost or other basis 3,597,923. 2,008,022 and sales expenses 776,240 347,221. c Gain or (loss) 1,123,461. 1,123,461 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 46,953. 46,953. 11 a TRAINING 900099 b MISCELLANEOUS 900099 46,183. 46,183

93,136.

2,096,683.

22,379,456.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a 11d

Form 990 (2018) DCCCA, INC. Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
23000	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	141,521.	141,521.		
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,	224 651		224 651	
	trustees, and key employees	334,651.		334,651.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	7,903,669.	7,119,569.	689,095.	95,005.
7	Other salaries and wages	1,303,003.	1,113,303.	007,093.	<u> </u>
8	Pension plan accruals and contributions (include	149,300.	110,205.	35,890.	3,205.
_	section 401(k) and 403(b) employer contributions)	1,418,876.	1,286,519.	121,772.	10,585.
9	Other employee benefits	680,400.	598,803.	74,552.	7,045.
10	Payroll taxes	000,400.	370,003.	74,3324	7,010.
11	Fees for services (non-employees):				
	Management	7,166.	3,170.	3,996.	
	Legal	32,000.	12,250.	19,750.	
	Accounting	32,950.	6,950.	26,000.	
	Lobbying Configuration Configuration Configuration 17	32,3301	0,550.	20,000	
	Professional fundraising services. See Part IV, line 17	43,653.	and was a second and a second and a second and a second and a second and a second and a second and a second and	43,653.	
	Investment management fees	43,033.		13/0001	
g	column (A) amount, list line 11g expenses on Sch 0.)	536,506.	534,868.	1,638.	
40	• • • • • • • • • • • • • • • • • • • •	10,141.	9,973.	168.	
12	Advertising and promotion	184,751.	163,944.	20,742.	65.
13	Office expenses	918,095.	820,788.	96,651.	65. 656.
14 15		710/050	0=0,.001		
16	Royalties Occupancy	565,538.	508,188.	52,241.	5,109.
17	T1	335,709.	329,616.	5,971.	122.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	89,623.	88,446.	1,139.	38.
20	Interest	, -			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	504,949.	504,949.		
23	Insurance	251,103.	238,468.	12,635.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	FOSTER FAMILES/SUBCONTR	6,370,548.	6,370,548.		
h	DIRECT IMPACT AND PROG	1,259,120.	1,222,874.	36,237.	9.
ν.	FOOD	410,192.	410,192.		
d	MISCELLANEOUS	130,558.	27,602.	97,072.	5,884.
	All other expenses	-29,323.	1,644,530.	-1,673,853.	
25	Total functional expenses. Add lines 1 through 24e	22,281,696.	22,153,973.	0.	127,723.
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)				
					Form 990 (2018)

Par	tΧ	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			-21,238.	1	-12,892.
	2	Savings and temporary cash investments		i i	1,673,981.	2	2,099,031.
	3	Pledges and grants receivable, net			1,713,593.	3	1,768,363.
	4	Accounts receivable, net			369,364.	4	190,622.
	5	Loans and other receivables from current and form					
		trustees, key employees, and highest compensate		1			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifie					
		section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	n 501(d	c)(9) voluntary			
ο		employees' beneficiary organizations (see instr). C	omplet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			27,350.	7	0.
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			328,570.	9	176,314.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,519,073.			
	b	Less: accumulated depreciation	10b	5,251,053.	7,873,163.		
	11	Investments - publicly traded securities			41,586,369.	11	42,086,218.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	53,551,152.	16	
	17	Accounts payable and accrued expenses			2,049,888.	17	1,957,033.
	18	Grants payable			120 440	18	10 010
	19	Deferred revenue			139,442.	19	19,212.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to current and former o					National Control
Liabilities		key employees, highest compensated employees,		i			
dei		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1				25	
		Schedule D			2,189,330.	26	1,976,245.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958),	obook	horo X and	2,105,330.	20	2,5,0,223
		complete lines 27 through 29, and lines 33 and		nere P 11 and			
Ses	07	Unrestricted net assets			51,252,500.	27	51,502,425.
au	27 28	Temporarily restricted net assets	109,322.	28	97,006.		
Ba	29			29			
밑	25	Organizations that do not follow SFAS 117 (AS		check here			
匠		and complete lines 30 through 34.					
S 0	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ				31	
t As	32	Retained earnings, endowment, accumulated inco				32	
Se	33	Total net assets or fund balances			51,361,822.	33	51,599,431.
	34	Total liabilities and net assets/fund balances		i	53,551,152.	34	53,575,676.
	1 5-7	, otal liabilitios and not assets/fund balances					Form 990 (2018)

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DCCCA,	INC.
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orm	990 (2018) DCCCA, INC.	23-736	8880	Pag	_{le} 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,379		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	22,281		
3	Revenue less expenses. Subtract line 2 from line 1	3			60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		51,361		
5	Net unrealized gains (losses) on investments	5	139	<u>, 84</u>	<u> 19.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	51,599	, 4	<u>31.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
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	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	X	
			Form	990	(2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► 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 23-7368880 DCCCA INC 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. __ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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 II, 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 (iii) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes 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	tion A. Public Support						
Cale	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.")	17140065.	18172351.	18397688.	17246798.	17832690.	88789592.
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	17140065.	18172351.	18397688.	17246798.	17832690.	88789592.
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,			110			
	column (f)						
6	Public support. Subtract line 5 from line 4.						88789592.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	17140065.	18172351.	18397688.	17246798.	<u> 17832690.</u>	88789592.
8	Gross income from interest,						
	dividends, payments received on		-				
	securities loans, rents, royalties,						
	and income from similar sources	2528720.	5223918.	1196132.	1657063.	1649174.	12255007.
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.)	75,378.	71,542.	119,090.	71,524.	93,136.	430,670.
11	Total support. Add lines 7 through 10						101475269
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 10	,400,642.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and stor						>
Sec	ction C. Computation of Publi	c Support Per	centage			T T	
	Public support percentage for 2018 (I					14	87.50 %
	Public support percentage from 2017					15	87.30 <u>%</u>
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				-	_	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instruction	

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	tion A. Public Support						
Cale	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	Ì					
	include any "unusual grants.")						
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						
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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Publi					T T	
	Public support percentage for 2018 (I			column (f))		15	<u>%</u>
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19:	a 33 1/3% support tests - 2018. If the						7 is not
	more than 33 1/3%, check this box ar						
ı	33 1/3% support tests - 2017. If the						nd
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>

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		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7 8		i i i i i i i i i i i i i i i i i i i
9a		
9b 9c		
10a		

Par	Supporting Organizations (continued)			r
			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)			48,600
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	i1b		
		11c		L
Sect	tion B. Type I Supporting Organizations			
		America (Co	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	SSM No.	
	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,	2	-05/2007/0000	194125425541
	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		12.000000115.000A
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			
<u></u>	supported organizations played in this regard.	3		L
-	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 year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line's perow. The organization supported a government entity (see instructions). The organization supported a government entity (see instructions).	tional		
2	Activities Test. Answer (a) and (b) below.	10113).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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		

.	ALLA (F. COO. COO. FT) COO. D.C.C.A. TNC			22 7260000
	edule A (Form 990 or 990-EZ) 2018 DCCCA, INC。 rt V	a Oras	nizations	23-7368880 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			,
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			10
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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

<u>4</u> 5

Minimum asset amount for prior year (from Section B, line 8, Column A)

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

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2018

t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
on D -	- Distributions			Current Year
Amou	unts paid to supported organizations to accomplish exe	mpt purposes		
Amou	unts paid to perform activity that directly furthers exemp	t purposes of supported		
organ	nizations, in excess of income from activity			
Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
		ne organization is responsive		
		,		
		······································		
LIIIO C	S arrival arrival of arrival a	(A)	(ii)	(iii)
on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
Distrib	butable amount for 2018 from Section C, line 6			
Unde	rdistributions, if any, for years prior to 2018 (reason-			
able c	cause required- explain in Part VI). See instructions.			
Exces	ss distributions carryover, if any, to 2018			
From	2013			
From	2014			
From	2015			
From	2016			
From	2017			
Total	of lines 3a through e			
ilagA	ed to underdistributions of prior years			
			Y.	
			·	
				Annual management of the property of the control of
	3			
	•			
	on D - Amou Amou Amou Orgar Admi Amou Outli Distri Line & Outli Carry From From From From From From From From	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemplorganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.	on D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI), See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions Distributable amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Postributable amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section D, line 7: Section Section Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 2018 from Section C, line 6 Line 8 amount for 20	on D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to sequire exempt-use assets Qualified set aside amounts (prior IRSa approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions (i) Underdistributions amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions (ii) Underdistributions (iii) Underdistributions Pre-2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required: explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 From 2013 From 2014 From 2015 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, and, and 31 from 3f. Distributions for 2018 from Section D, line 7: \$ Applied to underdistributions or prior years Applied to underdistributions or prior years Applied to 2018 distributable amount Remainder. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Fereakdown of line 7: Excess from 2018 Excess from 2018 Excess from 2018 Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 DCCCA,	INC.	23-7368880 Page 8
Part VI	Supplemental Information. Properties 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3;	ovide the explanations required by Part II, line 10; Part II, line 17a o o, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part , Section E, lines 2, 5, and 6. Also complete this part for any addition	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
			Market 1997
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

<u> 2018</u>

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• :	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	ne of organization			Empl	oyer identification number
	DCCCA,	INC.			23-7368880
Pa	irt I-A Complete if the org	janization is exempt und	ler section 501(c) (or is a section 527 or	ganization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		▶ \$	
		janization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization un-	der section 4955	> \$	
	Enter the amount of any excise tax				
	If the organization incurred a section		*		
	Was a correction made?				Yes No
	olf "Yes," describe in Part IV. Int I-C Complete if the org	ianization is exempt une	ler section 501/c)	except section 501/c	1/21
		•			
	Enter the amount directly expended				
2	Enter the amount of the filing organ exempt function activities		•		
2	Total exempt function expenditures				
3	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and en				
·	made payments. For each organiza				
	contributions received that were pro-	omptly and directly delivered to	a separate political orga	nization, such as a separate	e segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Part I	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2018	DCCCA	. INC.			23-7	368880 Page 2
Part II-A Complete if the organization 501(h)).	ganizatio	n is exer	npt under sectior	1 501(c)(3) and file	ed Form 5768 (ele	ction under
A Check if the filing organiz expenses, and sha	are of exces	s lobbying e	expenditures).		group member's name	e, address, EIN,
B Check ▶ if the filing organiz	ation cneck	ed box A ar	nd "limited control" pro	visions apply.	(a) Filing	(h) Affiliated group
	nits on Lobb nditures" m		nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence publ	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to inf	luence a leg	islative boo	ly (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and	l 1b)				
d Other exempt purpose expenditu	res					
e Total exempt purpose expenditure	es (add lines	s 1c and 1d)			
f Lobbying nontaxable amount. En	ter the amou	unt from the	following table in bot	n columns.		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
	-					
g Grassroots nontaxable amount (e						<u> </u>
h Subtract line 1g from line 1a. If ze						
i Subtract line 1f from line 1c. If zer		*****				
j If there is an amount other than z					Г	_, _,
reporting section 4911 tax for this					L	Yes No
(Some organizations	that made a	section 5	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	of the five columns be	elow.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018 DCCCA, INC. 23-73688 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a	1)	(t)
the lobbying activity.		Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?			Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through	h 1i)?		Х		
c Media advertisements?			X		
d Mailings to members, legislators, or the public?	E .		Х		
e Publications, or published or broadcast statements?	ı		X		
f Grants to other organizations for lobbying purposes?			Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		32	,950
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			Х		
i Other activities?			Х		
j Total. Add lines 1c through 1i	1.000			32	950
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			X		
b If "Yes," enter the amount of any tax incurred under section 4912	1,550				
c If "Yes," enter the amount of any tax incurred by organization managers under section 49	4889				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4	4), section 5	501(c)(5	5), or se	ction	
501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures. 	ures from the p	rior year'	3		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures of \$2,000 or less?	ures from the pr 4), section 5	rior year' 501(c)(5	3 5), or se	ction	0.1-
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures. 	ures from the pr 4), section 5	rior year' 501(c)(5	3 5), or se	ction : III-A, line	e 3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure art III-B Complete if the organization is exempt under section 501(c)(4 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).	ures from the pr 4), section 5 nswered "No nts of political	rior year 501(c)(t o," OR	3 5), or se (b) Part 1 2a 2b	ction : III-A, line	e 3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures to 1 complete if the organization is exempt under section 501(c) (a 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(a lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobbed expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliation)	ares from the pi 4), section 5 aswered "No ats of political (e) dues a of the excess bying and political	rior year 501(c)(\$ o," OR	3 3 5), or se (b) Part 2a 2b 2c 3	: III-A, line	e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures to 100 (c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ares from the pi 4), section 5 nswered "No nts of political (e) dues n of the excess bying and political iated group list	rior year 501(c)(\$ o," OR cal	3 3 5), or se (b) Part 2a 2b 2c 3	and 2 (see	e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditurat III-B Complete if the organization is exempt under section 501(c)(4 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amoun expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e). If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobb expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilistructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES:	res from the process of political description of the excess bying and political detection of the excess of political detection of the excess of political detection of the excess of political detection of the excess of the exce	rior year/501(c)(\$ 501(c)(\$ 50," OR cal	2 3 5), or se (b) Part 2a 2b 2c 3 4 5 A, lines 1 a	and 2 (see	e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure art III-B Complete if the organization is exempt under section 501(c)(4 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(and if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobbe expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilistructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES: CCCA, INC. HAS CONTRACTED WITH ONE SHARED LOBBY EHALF OF THE AGENCY, TO FACILITATE AND MANAGE C	res from the pi 4), section 5 rswered "No ris of political re) dues re) due	cal ADVOC	3 3 5), or se (b) Part 1 2a 2b 2c 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 5 4 5 4 5 5 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 6 7 1 1 5 6 7 1 1 6	and 2 (see	e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures to 10 (c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobb expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilistructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES: CCCA, INC. HAS CONTRACTED WITH ONE SHARED LOBBY	res from the pi 4), section 5 rswered "No ris of political re) dues re) of the excess re) and political risted group list rist TO A CONTACT A	cal ADVOC	3 3 5), or se (b) Part 1 2a 2b 2c 3 4 5 A, lines 1 a 2	and 2 (see	e 3, is

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

DCCCA, INC.

Employer identification number 23-7368880

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(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 w	riting that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	ter 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ease	-	-
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
_		- Note the constitution of a setting 476	O/L-V/AVDV()
8	Does each conservation easement reported on line 2(d) above		<u> </u>
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on s imanciai statements that describes	s the organization's accounting for
Pai	conservation easements. rt III Organizations Maintaining Collections of A	Art. Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
12	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art
iu	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describe		,
b	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:		3
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			6
2	If the organization received or held works of art, historical treas		
-	the following amounts required to be reported under SFAS 116		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b			> •

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
(check all that apply):								
a Public exhibition d Loan or exchange programs								
b Scholarly research e Other								
c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	No							
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or	140							
reported an amount on Form 990, Part X, line 21.								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included								
·	A1							
	No							
b If "Yes," explain the arrangement in Part XIII and complete the following table:								
Amount								
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No							
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years b	ack							
1a Beginning of year balance 41,586,370. 38,953,199. 34,513,538. 34,800,130. 33,622,7	59.							
b Contributions								
c Net investment earnings, gains, and losses 2,068,402. 3,609,684. 5,260,535194,649. 1,315,2	66,							
d Grants or scholarships								
e Other expenditures for facilities								
and programs 1,525,000. 933,000. 781,000.								
f Administrative expenses 43,553. 43,513. 39,874. 91,943. 137,8	95.							
g End of year balance 42,086,219. 41,586,370. 38,953,199. 34,513,538. 34,800,1								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100.00 %								
b Permanent endowment \bigs\%								
The percentages on lines 2a, 2b, and 2c should equal 100%.								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	No_							
	<u>X</u> _							
	<u>X</u>							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								
4 Describe in Part XIII the intended uses of the organization's endowment funds.								
Part VI Land, Buildings, and Equipment.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value								
basis (investment) basis (other) depreciation								
1a Land 3,959,614. 3,959,61								
b Buildings 7,279,723. 4,268,548. 3,011,17								
	0.							
d Equipment 1,241,423. 944,192. 297,23	1.							
e Other								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	0.							

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 DCCCA, INC.			23-	7368880	Page
Part VII 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 end-c	f-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests				M-1	
(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.	<u> </u>				
	F 000 D-+ W #	11- C F 000	Dark V. Bras 40		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		valuation: Cost or end-c	fvear market v	عاداه
	(b) Book value	(c) Welliod of	valuation. Cost of end c	i year market v	aiue
(1)					
(2)					
(3)					
(4)					
(5)			·		
<u>(6)</u>					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11d. See Form 990.	Part X. line 15.		
	Description	,		(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					***************************************
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)				
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Forr	n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8) (9)

AS OF JUNE 30, 2018 THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND

RECORDED AS A LIABILITY.

Schedule D (Form 990) 2018 DCCCA, INC.	23-7368880 Page 5
Schedule D (Form 990) 2018 DCCCA, INC. Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	322,552.
	•
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	322,552.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

▶ Attach to Form 990.

2018 OMB NO. 1545-0047

1

Open to Public Inspection Employer identification number

ž COMMUNITIES THAT ARE HIGH 23-7368880 PRESCRIPTION DRUG ABUSE RISK AND HIGH NEED FOR TO ASSESS AND IDENTIFY (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SAME AS ABOVE SAME AS ABOVE Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٠ o 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 562. (d) Amount of 62,777 70,181 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table œ (c) IRC section (if applicable) 27-5247081 | 501(C)(3) 47-2125575 501(C)(3) 26-3762121 Сниксн Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? INC 1 (a) Name and address of organization DCCCA LIVE WELL LIVE ATCHISON, INC ST FINNEY COUNTY COMM HEALTH PARTNERS FOR WICHITA, INC COALITION - 310 E WALNUT or government GARDEN CITY, KS 67846 ATCHISON, KS 66002 WICHITA, KS 67203 200 S 10TH ST 925 N WACO Part Part II

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

Schedule I (Form 990) (2018)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 23-7368880 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. THAT ARE HIGH RISK AND HIGH NEED FOR PRESCRIPTION DRUG ABUSE AND MIS-USE ORGANIZATION OR GOVERNMENT: FINNEY COUNTY COMM HEALTH COALITION GRANT MONITORING PROCEDURES INCLUDE SAMS CHECKS, IN PERSON SITE REVIEW PURPOSE OF GRANT OR ASSISTANCE: TO ASSESS AND IDENTIFY COMMUNITIES BUDGETS, MONTHLY FISCAL AND PROGRAM REPORTS, AND COPIES OF FISCAL (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients INC. COLUMN (H): DCCCA, (a) Type of grant or assistance <u>,</u> Schedule I (Form 990) (2018) PART I, LINE 2: PART II, LINE EXPENDITURES NAME OF 832102 11-02-18 Part III (H)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Attach to Form 990. Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

Department of the Treasury

DCCCA, INC.

Part I Questions Regarding Compensation

Employer identification number 23-7368880

OMB No. 1545-0047

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
ıu	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			3 3 3 3 3
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tidatees, and onicers, including the oborexecutive birector, regularing the terms of bornes of the fact.			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
J	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			l I
	The period of compensation consultant X Approval by the board or compensation committee X Ap			
	Point 990 of other organizations			
,	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
_	· · · · · · · · · · · · · · · · · · ·	4a		X
	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The storage of lines 4a.c., list the persons and provide the applicable amounts for each item in a tim.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
_	The organization?	5a	100000000000000000000000000000000000000	Х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
O	contingent on the net earnings of:			L
_	The organization?	6a		Х
a		6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
7		7	1000000000	X
0	not described on lines 5 and 6? If "Yes," describe in Part III			
8		8		X
0				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		00000000
	Regulations section 53.4958·6(c)?	9		L

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

Schedule J (Form 990) 2018

INC.

DCCCA,

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) LORI ALVARADO	Ξ	162,397.	0	0	6,750.	14,671.	183,818.	0
CHIEF EXECUTIVE OFFICER	€	0.	0	0.	0	0.	• 0	0.
	Θ							
	⊞							
	ε							
	(E)							
	ε							
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	▣							
	(E)							
	▣							
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	▣				100			
	Ξ							
	⊞							
	Ξ							
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Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Employer identification number

	DCCCA, INC.				23	3-7368880
Pai						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining ntribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate · Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► (CLIENT GIFTS)	X	0	82,232.		
26	Other ▶ (SUPPLIES)	X	0	12,082.	COST	
27	Other					
28	Other ()					
29	Number of Forms 8283 received by the organize	ation during	the tax year for co	ontributions		
	for which the organization completed Form 828	33, Part IV, [Oonee Acknowledg	ement 29		
						Yes No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for	
	exempt purposes for the entire holding period?			•••••		30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31 X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash		
	contributions?		=	•		32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is ched	ked,	
	describe in Part II.					

Schedule M	(Form 990) 2018	DCCCA, I	NC.	23-7368880	Page 2
Part II	Supplementa	I Information	 Provide the information required by Part I, lines 30le e number of contributions, the number of items receion. 	b, 32b, and 33, and whether the organization ived, or a combination of both. Also completed	วท

	1331-07-07				·····

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 23-7368880

DCCCA INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HEALTH, SAFETY, AND WELL-BEING OF THOSE WE SERVE. WE WORK TO IMPROVE LIVES BY PROVIDING BEHAVIORAL HEALTH TREATMENT AND PREVENTION SERVICES, RECRUITING, TRAINING AND SUPPORTING FOSTER HOMES AND PROVIDING TRAFFIC SAFETY EDUCATION AND RESOURCES. DCCCA, INC. ALSO COOPERATES WITH LOCAL, STATE, AND NATIONAL PROGRAMS AND ASSOCIATIONS TO PROVIDE EDUCATION, SERVICE, AND RESOURCES WHEN NEEDED. WE VALUE: PROVIDING EDUCATION AND SERVICES BASED ON RESEARCH AND A DEDICATED COMMITMENT TO IMPROVING LIVES. THE PEOPLE AND COMMUNITIES WE SERVE BY RESPECTING THEIR EXPERIENCES AND TREATING THEM WITH DIGNITY. ENCOURAGING LEADERSHIP BY CHALLENGING EXISTING CONDITIONS AND FINDING INNOVATIVE WAYS TO GROW AND LEARN. DELIVERING HIGH QUALITY SERVICES EVERY DAY AND HOLDING OURSELVES ACCOUNTABLE FOR OUR OUTCOMES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: KANSAS, OKLAHOMA, AND MISSOURI. DCCCA RESPONDS TO CHILD WELFARE SYSTEM NEEDS BY CONTINUALLY ENHANCING, CHANGING, AND ADDING PROGRAMS TO ASSIST WITH THE DEMANDS OF THE SYSTEM. IN ADDITION, DCCCA WORKS TO PREVENT CHILDREN FROM COMING TO FOSTER CARE BY PROVIDING SHORT-TERM RESPITE SERVICES TO CHILDREN ON THE SERIOUS

EMOTIONAL DISTURBANCE (SED) WAIVER.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Employer identification number Name of the organization DCCCA. INC. 23-7368880 FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: OUTPATIENT SITES, INCLUDING A 110% INCREASE IN INTENSIVE OUTPATIENT TREATMENT. DCCCA'S COMMUNITY COLLABORATION INITIATIVES FOCUSED ON INTEGRATED, PARTNERSHIP DRIVEN INTERVENTIONS (PRIMARY MEDICAL CARE, INTENSIVE CARE COORDINATION, PSYCHIATRIC CARE, JAIL DIVERSION, AND CRIMINAL JUSTICE RECIDIVISM REDUCTION) AND DATA SHARING TO IMPROVE OVERALL HEALTH OUTCOMES. DCCCA'S PEER SUPPORT SERVICE EXPANDED INTO DOUGLAS COUNTY, INCLUDING A SPECIAL INITIATIVE HELPING INDIVIDUALS ACCESS SOCIAL DETOX SERVICES FROM THE LOCAL HOSPITAL EMERGENCY ROOM. ONE MEASURE OF THIS NEW PROJECT'S SUCCESS IS INDIVIDUALS ENGAGING IN SOCIAL DETOX SERVICES, WITH HELP FROM DCCCA PEERS, 84% COMPLETED THAT SERVICE. HIGHER COMPLETION RATES (COMPARED TO TOTAL DCCCA DETOX ADMISSIONS) SUGGESTS THAT ENGAGEMENT WITH THOSE WHO HAVE LIVED EXPERIENCE AND A REDUCTION IN TRANSPORTATION BARRIERS CAN POSITIVELY IMPACT A PERSON'S INITIAL RECOVERY STEP. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PROJECT PROVIDES SUPPORT TO COALITIONS IN KANSAS ADDRESSING SUBSTANCE ABUSE PREVENTION, MENTAL HEALTH PROMOTION, SUICIDE PREVENTION AND PROBLEM GAMBLING PREVENTION. WE PROVIDE VIRTUAL AND IN-PERSON LEARNING OPPORTUNITIES TO BUILD PREVENTION CAPACITY ACROSS THE STATE. WITHIN OUR KANSAS PRESCRIPTION DRUG PREVENTION WORK, WE PROVIDE DIRECT

FUNDING TO TWO COMMUNITY COALITIONS TO ADDRESS PRESCRIPTION DRUG MISUSE

WITHIN OUR TARGET AGE GROUP. WE PROVIDE OVERSIGHT AND COMPLIANCE

MONITORING TO ENSURE GRANT OUTCOMES ARE MET. WE ALSO COORDINATE THE

KANSAS PRESCRIPTION DRUG AND OPIOID ADVISORY COMMITTEE AND COORDINATE

ACTIVITIES TO PROMOTE THE SAFE USE, STORAGE AND DISPOSAL OF

PRESCRIPTION MEDICATION. THIS INCLUDES COORDINATION WITH PHARMACIES,

LAW ENFORCEMENT, PHYSICIANS AND OTHER COMMUNITY PARTNERS TO ADDRESS

PRESCRIPTION DRUG MISUSE AND ABUSE.

IN OKLAHOMA, WE HAVE THREE PROJECTS ADDRESSING DIFFERENT ASPECTS OF

PRESCRIPTION DRUG MISUSE PREVENTION AND EDUCATION. EACH PROJECT FOCUSES

ON A DIFFERENT ASPECT OF ADDRESSING THE PRESCRIPTION DRUG AND OPIOID

EPIDEMIC - COMMUNITY-BASED PLANNING AND IMPLEMENTATION OF

EVIDENCE--BASED PREVENTION STRATEGIES; MEDICAL AVAILABILITY OF

PRESCRIPTION DRUGS INCLUDING PRESCRIBER POLICIES, PRESCRIBER POLICY

ENFORCEMENT, ADVOCATING FOR PRESCRIBERS TO UTILIZE THE OKLAHOMA OPIOID

PRESCRIBING GUIDELINES AND USE OF THE PRESCRIPTION MONITORING PROGRAM;

AND A FOCUS ON EXTENDING THE PROMOTION OF NALOXONE ADMINISTRATION,

REFERRAL TO TREATMENT SERVICES AND MEDICATION ASSISTED TREATMENT WITH

TASKS CENTERING ON HEALTH EDUCATION, PROMOTION AND COMMUNITY

CONSULTATION.

DCCCA MAINTAINS A PARTNERSHIP WITH THE KANSAS DEPARTMENT OF

TRANSPORTATION TO PROVIDE EDUCATION AND SAFETY RESOURCES THROUGH THE

KANSAS TRAFFIC SAFETY RESOURCE OFFICE. DCCCA ALSO DEVELOPED AND

OPERATES SAFE (SEATBELTS ARE FOR EVERYONE), A TEEN RUN, PEER-TO-PEER

PROGRAM IN KANSAS, MISSOURI, AND OKLAHOMA. THIS PROGRAM IS DESIGNED TO

REDUCE THE NUMBER OF MOTOR VEHICLE-RELATED INJURIES AND FATALITIES

AMONG TEENS AND IS A PROVEN COUNTERMEASURE THAT WORKS TO CHANGE

BEHAVIOR. ADDITIONAL GRANT FUNDING FOR UNDERAGE DRINKING PROJECTS AND

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Employer identification number Name of the organization DCCCA, INC. 23-7368880 YOUTH PROGRAMMING IS ALSO RECEIVED. USING VARIOUS METRICS AND BENCHMARKS TO MEASURE SUCCESS AND EFFECTIVENESS, DCCCA DETERMINES APPROPRIATE AND MEASURABLE OUTCOMES TO IMPROVE THE QUALITY OF THE SERVICES PROVIDED. THE RESEARCH AND ANALYSIS TEAM ALSO ASSISTS IN DATA ANALYSIS FOR OUTSIDE LOCAL, STATE, AND GOVERNMENT AGENCIES. IN ADDITION, DCCCA PERFORMS AND MONITORS DIRECT OBSERVATION PASSENGER SAFETY SURVEYS TO IDENTIFY VULNERABLE POPULATIONS AND AREAS IN THE STATE SO THEY CAN BE PROVIDED MORE EDUCATION AND RESOURCES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: DCCCA, INC.'S REMAINING PROGRAMS SERVE OUR MISSION TO IMPROVE OUR CLIENTS' QUALITY OF LIFE AND ENSURE THEIR SAFETY AND WELL-BEING. ALL DCCCA'S PROGRAMS HAS A COMMITMENT TO THEIR CLIENTS TO PROVIDE THE BEST SERVICE POSSIBLE. ADDITIONAL INFORMATION CAN BE FOUND AT WWW.DCCCA.ORG. EXPENSES \$ 2,975,398. INCLUDING GRANTS OF \$ 0. REVENUE \$ 62,702. FORM 990, PART VI, SECTION A, LINE 6: DCCCA CURRENTLY HAS 20 ORGANIZATIONAL MEMBERSHIPS. ALL BOARD OF DIRECTORS ARE MEMBERS AND THERE ARE NO MEMBERS OTHER THAN THOSE INDIVIDUALS SERVING ON THE GOVERNING BOARD. FORM 990, PART VI, SECTION A, LINE 7A: ONLY INDIVIDUALS SERVING ON DCCCA'S GOVERNING BODY (BOARD OF DIRECTORS) HAVE MEMBERSHIPS. THE GOVERNING BODY HOLDS ANNUAL ELECTIONS TO ELECT

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number 23-7368880 DCCCA, INC. DIRECTORS EACH YEAR. BOARD MEMBERS ARE ELECTED FOR A THREE YEAR TERM. FORM 990, PART VI, SECTION A, LINE 7B: ONLY INDIVIDUALS SERVING ON DCCCA'S GOVERNING BODY (BOARD OF DIRECTORS) HAVE MEMBERSHIPS AND AS SUCH THE DECISIONS OF THE BOARD OF DIRECTORS (THE GOVERNING BODY) ARE RATIFIED BY THE MEMBERS. FORM 990, PART VI, SECTION A, LINE 8B: THE COMMITTEES OF THE ORGANIZATION ARE ADVISORY IN NATURE AND DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT OF THE RETURN IS REVIEWED BY THE CEO AND CFO. IT IS THEN PROVIDED TO THE FINANCE/AUDIT COMMITTEE, AND THEN TO THE FULL BOARD FOR REVIEW PRIOR TO FILING. ANY QUESTIONS ARE ADDRESSED AND CHANGES ARE MADE IF NECESSARY. WHEN THE RETURN HAS BEEN APPROVED, THE RETURN IS FILED ELECTRONICALLY BY THE PAID PREPARER. FORM 990, PART VI, SECTION B, LINE 12C: DCCCA HAS A REQUIRED WRITTEN ANNUAL DISCLOSURE FORM COMPLETED BY EACH MEMBER OF THE GOVERNING BODY AND SENIOR MANAGEMENT MEMBER. THE ANSWERS FROM THOSE FORMS ARE REVIEWED FOR ANY POTENTIAL CONFLICTS BY DCCCA'S CORPORATE COMPLIANCE OFFICER. ADDITIONALLY, DCCCA'S CORPORATE COMPLIANCE OFFICER REVIEWS CORPORATE COMPLIANCE, INCLUDING CONFLICT OF INTERESTS, WITH THE GOVERNING BOARD, AND SENIOR MANAGEMENT EMPLOYEES ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

DURING FISCAL YEAR 2019 DCCCA'S EXECUTIVE COMMITTEE PROPOSED, AND THE FULL

Name of the organization DCCCA, INC.	Employer identification number 23-7368880
BOARD OF DIRECTORS APPROVED, THE COMPENSATION TO BE PAID I	BY DCCCA TO ITS
CEO. DCCCA AUTHORIZES COMPENSATION FOR THE SENIOR MANAGEME	ENT MEMBERS.
COMPENSATION SURVEYS, INCLUDING BUT NOT LIMITED TO THE ABI	BOTT/LANGER
NONPROFIT NATIONAL SURVEY AND THE GUIDESTAR NONPROFIT SALA	ARY SURVEY ARE
USED FOR COMPARISON PURPOSES. ADDITIONALLY, INTERNAL INFO	RMATION INCLUDING
HISTORIC SALARY LEVELS, AVERAGE INCREASES, LENGTH OF TIME	IN POSITION,
MANAGEMENT RESPONSIBILITIES, THE ORGANIZATION'S CURRENT FI	NANCIAL POSITION,
AND THE OVERALL INDUSTRY ECONOMIC CONDITIONS AND PROJECTION	ONS ARE
CONSIDERED.	
FORM 990, PART VI, SECTION C, LINE 19:	
ANY PUBLIC INFORMATION IS MADE AVAILABLE UPON REQUEST TO A	A SENIOR
MANAGEMENT MEMBER, OFFICER OR MEMBER OF THE GOVERNING BODY	. ONCE THE
REQUEST IS RECEIVED THE INFORMATION IS EITHER MAILED, FAXE	ED, OR EMAILED TO
THE REQUESTOR, DEPENDING UPON THEIR PREFERENCE.	
PART XII, LINE 2C	
NO CHANGE FROM PRIOR YEAR.	
	,

EXTENDED TO MAY 15, 2020 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Name of organization (Check box if name changed and see instructions.) Check box if (Employees' trust, see address changed instructions.) DCCCA, INC. 23-7368880 **B** Exempt under section Print E Unrelated business activity code (See instructions.) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 3312 CLINTON PARKWAY 408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) LAWRENCE, KS 66047 7529(a) C Book value of all assets F Group exemption number (See instructions.) , 575, 676 . G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here NONE . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ L If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ► KERYE JACKSON Telephone number \triangleright 785-841-4138 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 12 Other income (See instructions; attach schedule) Total, Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 Repairs and maintenance 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22 23 23 24 Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

0.

0.

0

25 26

27

28

29

30

31

24 25

26

27 28

29

30

31

Part I	II	Total Unrelated Business Taxable Income					
33	Tota	l of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	0.	
34		ounts paid for disallowed fringes					
35	Ded	uction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)		35		
36		l of unrelated business taxable income before specific deduction. Subtract line 35 from the su				***************************************	
		33 and 34			36		
37	Spec	cific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	******************		37	1,000.	
38		elated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3					
		r the smaller of zero or line 36	•		38	0.	
Part I	٧	Tax Computation					
39	Orga	inizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			▶ 39	0.	
40	Trus	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of					
		Tax rate schedule or Schedule D (Form 1041)			▶ 40		
41	Prox	y tax. See instructions			4 1		
42	Alter	native minimum tax (trusts only)			42		
43	43 Tax on Noncompliant Facility Income. See instructions						
44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44							
Part \		Tax and Payments					
45 a		ign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				
b		r credits (see instructions)	45b				
C	Gene	eral business credit. Attach Form 3800	45c				
d	Cred	it for prior year minimum tax (attach Form 8801 or 8827)	45d				
е	Tota	l credits. Add lines 45a through 45d			. 45e		
46	Subt	ract line 45e from line 44			46	0.	
47 Utner taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47							
48	/					0.	
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1		49	0.	
		nents: A 2017 overpayment credited to 2018	50a				
b	2018	estimated tax payments	50b				
C	Tax	deposited with Form 8868	50c				
		gn organizations: Tax paid or withheld at source (see instructions)	50d				
		up withholding (see instructions)	50e				
f	Cred	it for small employer health insurance premiums (attach Form 8941)	50f				
g		r credits, adjustments, and payments: Form 2439					
		Form 4136 Other Total ▶	50g				
51	Total	payments. Add lines 50a through 50g			. 51		
					52		
53		due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			► 53		
54		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	······		54		
55 Part V		the amount of line 54 you want: Credited to 2019 estimated tax Statements Regarding Certain Activities and Other Information	Re	funded	55		
		y time during the 2018 calendar year, did the organization have an interest in or a signature o				Yes No	
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization i)			
	here	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	oreign country			W	
				0		X	
		ig the tax year, did the organization receive a distribution from, or was it the grantor of, or trai s," see instructions for other forms the organization may have to file.	nsteror to, a for	reign trust?	***************************************	X	
		the amount of tax-exempt interest received or accrued during the tax year					
	Ur	nder penalties of perjury. I declare that I have examined this return, including accompanying schedules and state	ements, and to the	best of my know	wledge and belief	it is true	
Sign	co	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer $CHIEF\ FJ$	nas any knowledge TNANCTA	Ť.			
Here		OFFICER	21111110111	_		uss this return with	
		Signature of officer Date Title			the preparer show instructions)?		
		Print/Type preparer's name Preparer's signature Date	1()	Check	if PTIN		
Paid		\(\lambda_1\) \(\lambda_1\)	418130	self- employe			
Prepa	rer	CHERYL G. HAYWARD Church D. Layron	1 - 0 0	23.1 Simpley		016097	
Use O		Firm's name ▶ BT&CO., P.A.		Firm's EIN		1066439	
536 O	···y	4301 SW HUNTOON ST.		. IIII O EIIV			
		Firm's address ► TOPEKA, KS 66604		Phone no.	785-234	1-3427	