Part III – Confidential Financial Information Submission Requirements

8.5.1.1 Section I – Title Page

Part III – Confidential Financial Information	
RFP Title:	Juvenile Services Evidenced Based Program Resource Center
RFP:	3502
Vendor Name:	Strategic Progress, LLC
Address:	PO Box 34294, Reno, NV 89533
Opening Date:	November 1, 2017
Opening Time:	2:00 PM

Section II – Financial Information and Documentation

Vendors shall place the information required per ***Section 3.1.10*** in this section

Strategic Progress. LLC

3.1.11 Financial information and documentation to be included in accordance with Section 8.5, Part III – Confidential Financial Information.

3.1.11.1 Dun and Bradstreet Number **- 963678656**

3.1.11.2 Federal Tax Identification Number **– 20-4209798**

3.1.11.3 The last two (2) years and current year interim:

A. Profit and Loss Statement- ***See Below***
B. Balance Statement- ***See Below***

Strategic Progress, LLC - Tax Basis

10/24/17 Statement of Revenue and Expenses-All Disclosures Omitted Cash Basis January through September 2017

Jan - Sep 17	Jan - Sep 16	$ Change	% Change
Ordinary Income/Expense Income			
Consulting Income	708,575.58	722,025.25	-13,449.67	-1.9%
Total Income	708,575.58	722,025.25	-13,449.67	-1.9%
Expense				
Automobile Expense	2,596.79	493.90	2,102.89	425.8%
Bank Service Charges	-3.00	210.00	-213.00	-101.4%
Business Licenses and Perm...	888.02	685.79	202.23	29.5%
Computer and Internet Expe...	6,001.24	7,951.51	-1,950.27	-24.5%
Continuing Education	6,978.70	1,639.16	5,339.54	325.8%
Donation	683.00	2,750.00	-2,067.00	-75.2%
Donation to 501 c 3	0.00	850.00	-850.00	-100.0%
Dues and Subscriptions	234.95	400.00	-165.05	-41.3%
Gasoline Insurance Expense	1,872.20	1,464.02	408.18	27.9%
General Liability Insurance	0.00	5,852.25	-5,852.25	-100.0%
Insurance Expense - Other	9,826.19	1,586.01	8,240.18	519.6%
Total Insurance Expense	9,826.19	7,438.26	2,387.93	32.1%
Meals and Entertainment	5,754.31	2,848.41	2,905.90	102.0%
Miscellaneous Expense	2,213.69	7,056.45	-4,842.76	-68.6%
Office Supplies	8,658.20	3,625.37	5,032.83	138.8%
Payroll Expenses	112,764.34	79,000.00	33,764.34	42.7%
Payroll Taxes	7,917.76	525.04	7,392.72	1,408.0%
Postage and Delivery	338.40	182.95	155.45	85.0%
Professional Fees	5,222.12	9,504.00	-4,281.88	-45.1%
Program Supplies	18,099.82	20,710.36	-2,610.54	-12.6%
Subcontractor Payment	315,855.07	340,893.21	-25,038.14	-7.3%
Taxes	147.50	0.00	147.50	100.0%
Telephone Expense	2,197.08	2,680.63	-483.55	-18.0%
Travel Expense	3,201.56	5,965.16	-2,763.60	-46.3%
Total Expense	511,447.94	496,874.22	14,573.72	2.9%
Net Ordinary Income	197,127.64	225,151.03	-28,023.39	-12.5%
Other Income/Expense Other Income				
Interest	33.55	8.88	24.67	277.8%
Total Other Income	33.55	8.88	24.67	277.8%
Other Expense				
Federal Withholding S Corp	8.22	0.00	8.22	100.0%
SEP contribution	15,990.00	20,000.00	-4,010.00	-20.1%
Total Other Expense	15,998.22	20,000.00	-4,001.78	-20.0%
Net Other Income	-15,964.67	-19,991.12	4,026.45	20.1%
Net Income	181,162.97	205,159.91	-23,996.94	-11.7%

No CPA Provides Any Assurance on These Financial Statements Page 1

Strategic Progress, LLC - Tax Basis					
10/24/17	Statement of Assets/Liab.-PY Compare-All Disclosures Omitted Cash Basis				
Sep 30, 17	Sep 30, 16	$ Change	% Change		
ASSETS					
Current Assets Checking/Savings					
Bank of America - Checking	50,068.41	74,394.63	-24,326.22	-32.7%	
Bank of America - Savings	150,405.59	105,010.62	45,394.97	43.2%	
Total Checking/Savings	200,474.00	179,405.25	21,068.75	11.7%	
Total Current Assets	200,474.00	179,405.25	21,068.75	11.7%	
Fixed Assets Furniture and Equipment	99,175.54	91,846.27	7,329.27	8.0%	
Intangible Asset	8,000.00	8,000.00	0.00	0.0%	
Vehicles	42,181.62	0.00	42,181.62	100.0%	
z-Accum. Amortization	-4,561.00	-4,027.00	-534.00	-13.3%	
z-Accum. Depreciation	-59,829.00	-53,787.00	-6,042.00	-11.2%	
Total Fixed Assets	84,967.16	42,032.27	42,934.89	102.2%	
TOTAL ASSETS	285,441.16	221,437.52	64,003.64	28.9%	
LIABILITIES & EQUITY Liabilities Current Liabilities Credit Cards					
Bank of America	1,986.42	0.00	1,986.42	100.0%	
Total Credit Cards	1,986.42	0.00	1,986.42	100.0%	
Other Current Liabilities Mazda Capital Services	21,141.22	0.00	21,141.22	100.0%	
Total Other Current Liabilities	21,141.22	0.00	21,141.22	100.0%	
Total Current Liabilities	23,127.64	0.00	23,127.64	100.0%	
Total Liabilities	23,127.64	0.00	23,127.64	100.0%	
Equity Retained Earnings	86,382.64	46,903.80	39,478.84	84.2%	
Shareholder Distributions	-5,232.09	-30,626.19	25,394.10	82.9%	
Net Income	181,162.97	205,159.91	-23,996.94	-11.7%	
Total Equity	262,313.52	221,437.52	40,876.00	18.5%	
TOTAL LIABILITIES & EQUITY	285,441.16	221,437.52	64,003.64	28.9%	
No CPA Provides Any Assurance on These Financial Statements					

Innovative Research & Analysis LLC

3.1.12 Financial information and documentation to be included in accordance with Section 8.5, Part III – Confidential Financial Information.

3.1.11.1 Dun and Bradstreet Number ***085742423***

3.1.11.2 Federal Tax Identification Number ***47-3721965***

3.1.11.3 The last two (2) years and current year interim:

A. Profit and Loss Statement - ***See Below***

B. Balance Statement - ***See Below***

Innovative Research & Analysis LLC Profit & Loss Statement (2015-2017)			
Period Ending	Year-end 2015	Year-end 2016	Current Year to Date*
	31-Dec-15	31-Dec-16	24-Oct-17
Total Revenue	$119,590.99	$230,747.97	$199,037.31
Cost of Revenue (total of Operating Costs)	($36,868.18)	($102,212.93)	($134,195.37)
Gross Profit	**$82,722.81**	**$128,535.04**	**$64,841.94**
Operating Costs			
Taxes	($20,526.00)	($55,386.00)	($38,000.00)
Business Expenses (includes licenses, software, etc.)	($2,692.18)	($10,590.00)	($43,000.00)
Business Travel	($6,000.00)	($5,916.93)	($2,125.46)
Insurance (Health, dental, vision)	($7,650.00)	($10,440.00)	($13,362.12)
Donations	$0.00	($2,550.00)	($8,260.29)
Retirement Contributions (Personal 401k, SEP IRA)	$0.00	($5,500.00)	($19,500.00)
Sub-contractors	$0.00	($11,830.00)	($9,947.50)
Total Operating Costs	($36,868.18)	($102,212.93)	($134,195.37)
**Includes planned expenses through the end of the year as of current date*			

Innovative Research & Analysis LLC Balance Sheet			
Current Year (2017) to Date as of 24 October 2017			
Current Assets		Current Liabilities	
Accounts receivable (to be paid to year-end)	$33,000.00	Subcontractor Wages (outstanding)	$0.00
Accounts receivable (billed/not paid)	$8,250.00	Subcontractor Wages (anticipated)	($2,000.00)
Checking	$4,900.00	Taxes	($20,000.00)
Savings	$2,100.00	Accounts Payable	($2,000.00)
SEP IRA	$15,100.00	Other Business Expenses	($500.00)
Total Assets	**$63,350.00**	**Total Liabilities**	**($24,500.00)**

Applied Research and Policy Institute

3.1.13 Financial information and documentation to be included in accordance with Section 8.5, Part III – Confidential Financial Information.

3.1.11.1 Dun and Bradstreet Number - ***080632345***

3.1.11.2 Federal Tax Identification Number ***81-2538158***

3.1.11.3 The last two (2) years and current year interim:

A. Profit and Loss Statement
B. Balance Statement

We requested an up to date Profit and Loss and Balance Statement but were not able to get those in time for this proposal. We have included the 2016 tax information for your review, and will be happy to supply updated financials for our subcontractor, ARPI, at any time.

Form **8879-EQ**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning JUL 18 , 2016 and ending DEC 31 , 2016

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at *www.lrs.aov/form8879eo.*

OMB No. 1545-1878

2016

Name of exempt organization

APPLIED RESEARCH AND POLICY INSTITUTE

Employer identification number

81-2538158

Name and title of officer

CYNTHIA MARIE GUSTAFSON

Part I DENTIype of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here	[X]	**b Total revenue,** if any (Form 990, Part VIII, column **(A),** line 12)..	1b 104,976.
2a Form 990-EZ check here	D	**b Total revenue,** if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	D	**b Total tax** (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	D	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here	D	**b Balance Due** (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account . To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

00 1 authorize KOHN & COMPANY LLP to enter my PIN 05312

ERO firm **name** — **Enter five numbers, but do not enter all zeros**

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

D As an officer of the organization , I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

EXTENDED TO NOVEMBER 15, 2017

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.
Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 18, 2016 and ending DEC 31, 2016

B Check if applicable: D Address change D e [X] \; D rjnl terminated o Amended return D Application pending

C Name of organization
APPLIED RESEARCH AND POLICY INSTITUTE

Daina business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1697 CRESCENT POINT COURT

City or town, state or province, country, and ZIP or foreign postal code
RENO, NV 89523

D Employer identification number
81-2538158

E Telephone number
702-241-8033

G Gross receipts $ 104,976.

F Name and address of principal officer: CYNTHIA MARIE GUSTAFSON
1697 CRESCENT POINT COURT, RENO, NV 89523

H(a) Is this a group return for subordinates? DYes OONo

H(b) I've all subordinates incl D Yes D No
If "No," attach a list. (see instructions)

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

J Website: WWW.POLICYAPPLIED.ORG

H(c) Group exemption number

K Form of organization: I X I Corporation I I Trust I I Association I I Other

L Year of formation: 20161 M State of legal domicile: NV

I Part I I Summary

1 Briefly describe the organization's mission or most significant activities: PROVIDE RESEARCH, ANALYTICS AND ANALYSIS TO ADVANCE LARGE SCALE SYSTEMS CHANGE ISSUES AND PUBLIC

2 Check this box LJ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		104,975.
9	Program service revenue (Part VIII, line 2g)		0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		104,976.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,495.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,495.
19	Revenue less expenses. Subtract line 18 from line 12		77,481.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)		81,481.
21	Total liabilities (Part X, line 26)		4,000.
22	Net assets or fund balances. Subtract line 21 from line 20		77,481.

I Part II I Signature Block

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

Sign Here

!Signature of officer — Date

CYNTHIA MARIE GUSTAFSON, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check LJ self-employed	PTIN
BETH KOHN-COLE	ETH KOHN-COLE	05/23/17		00212562

Firm's name KOHN & COMPANY LLP — Firm's EIN 46-3281627

Firm's address 5310 KIETZKE LANE, SUITE 101
RENO, NV 89511 — Phone no. 775-828-7300

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION